

Agenda Item 12.0

PART I MEETING OF THE CASTLE POINT & ROCHFORD CLINICAL COMMISSIONING GROUP GOVERNING BODY

ON 28TH MAY, 2015

COMMITTEE TERMS OF REFERENCE

Submitted by: Alasdair Bovaird, Interim Head of Performance and Corporate Services

Prepared by: Alasdair Bovaird, Interim Head of Performance and Corporate Services

Status: For Approval

EXECUTIVE SUMMARY

i. Recommendations

- a. That the Governing Body approve the draft terms of reference for the Committees appended to this report and agree their incorporation into Schedule 8 of the constitution.
- b. That the Governing Body agree the incorporation of the summary table of other committees appended to this report into Schedule 8 of the constitution.

ii. Overview

At the previous meeting of the Governing Body, a revised governance and committee structure was approved. At that time the Governing Body was advised that it would be necessary to prepare detailed terms of reference for the committees established as part of this structure. This report presents draft terms of reference for a number of the standing committees, and sets out a timescale for the presentation of draft terms of reference for the remaining standing committees.

iii. Key Issues

Committee terms of reference need to be updated to reflect changes in the range of activities for which the CCG is responsible and in light of changes of the ways in which the CCG wishes to work following its successful exit from Recovery.

The proposed drafts reflect these changes in working and will be submitted to NHS England for approval following the endorsement of the Governing Body.

iv. Risks

The revised structure will require the approval of NHS England before it can be formally implemented, and the existing structure will remain in place until that approval is received. The existing structure addresses the issue of conflicts of interest, but at the expense of inhibiting the extent of clinical leadership that can be brought to bear on the integrated planning of healthcare commissioning in the Castle Point and Rochford area.

The proposed revision to Schedule 8 of the constitution set out elsewhere in the agenda for this meeting will allow a more flexible approach to changing terms of reference in future, but this is also subject to the approval of NHS England.

v. Associated Papers

Appendix 1 - Draft terms of reference for Audit, Finance and Performance,
Primary Care, Procurement and Remuneration Committees

Appendix 2 - Summary table of committees

GOVERNING BODY MONITORING INFORMATION
<p>Internal governance</p> <p>None</p>
<p>Stakeholder and Community Engagement</p> <p>None</p>
<p>Resource Implications</p> <p>None</p>
<p>Legal Implications</p> <p>The purpose of the report is to ensure that the decision-making processes of the CCG are sound and meet the requirements of the relevant statutes and the CCG constitution.</p>
<p>NHS Constitution</p> <p>This report supports the following NHS Constitution principles:</p> <p>Principle 3: The NHS aspires to the highest standards of excellence and professionalism</p> <p>Principle 5: The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.</p> <p>Principle 6: The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources</p> <p>Principle 7: The NHS is accountable to the public, communities and patients that it serves.</p>
<p>Equality and Diversity Implications</p> <p>An initial equality impact assessment has been completed and this report has no impact on equality issues.</p>
<p>Further Information</p> <p>For further information about this report, contact Alasdair Bovaird on 07875 094378</p>

Agenda Item 12.0

PART I MEETING OF THE CASTLE POINT & ROCHFORD CLINICAL COMMISSIONING GROUP GOVERNING BODY

ON 28TH MAY, 2015

COMMITTEE TERMS OF REFERENCE

1. PURPOSE

This report presents draft terms of reference for three of the CCG's standing committees. These are in Appendix 1 of the report. Draft terms of reference for the remaining four standing committees will be brought forward to the next meeting of the Governing Body.

2. PROPOSED TERMS OF REFERENCE

There is a certain rigidity in the current approach to the management of terms of reference for committees which requires all changes, however minor, to be treated as constitutional amendments which require the support of 75% of member practices and subsequent approval by NHS England. A revised approach is set out in the revised Schedule 8 which has been drafted for the CCG constitution. This enables minor amendments to terms of reference to be made without having to undergo this full process.

The highest priority for redrafting terms of reference has been given to the newly established committees and those whose role requires significant change in the new structure. Therefore the Governing Body is asked to approve the draft terms of reference for the following committees at this meeting:

- Primary Care Committee
- Procurement Committee
- Remuneration Committee

The remaining standing committee terms of reference will be brought forward for consideration at the next meetings of the Governing Body, namely:

- Audit Committee
- Clinical Executive Committee
- Finance and Performance Committee
- Quality and Governance Committee

3. OTHER COMMITTEES

The constitution allows other committees to be established by the Governing Body or the CCG's standing committees. A number of these are proposed, and are listed in Appendix 2, together with a summary of their purpose and membership.

4. RECOMMENDATIONS

- a. That the Governing Body approve the draft terms of reference for the Committees appended to this report and agree their incorporation into Schedule 8 of the constitution.
- b. That the Governing Body agree the incorporation of the summary table of other committees appended to this report into Schedule 8 of the constitution.

Appendix 1: Proposed Terms of Reference

Note: Each of the attached terms of reference include a series of standard requirements for the management of the respective committees. These are included so that they can be considered in the round by the committee in planning its work. However, when incorporated into Schedule 8 of the constitution, they will be recorded only once (as 'Committee Management – General Provisions') with only specific provisions that relate uniquely to a given committee recorded under that committee's terms of reference.

Committee:	Primary Care Committee
Frequency Of Meetings:	Monthly.
Committee Chair:	Lay Member (PPI)
Membership:	Lay Members x 2 (PPI, Governance) Accountable Officer Chief Finance Officer Director of Integration & Transformation (Deputy Chair) Chief Nurse Secondary Care Clinician Public Health (LA) representative
Attendance:	GP Members (2) NHSE Representation LMC representative Health and Wellbeing Board Representative
Lead Officer:	Director of Integration and Transformation
Secretary:	CCG Admin Office
Quorum:	The Committee will be quorate with 4 members present, at least 1 of which must be a Lay Member of the Governing Body and one of which must be clinically qualified.

Approval:	Included in Constitution
Date Approved:	

Version	V1.3
Review Date:	Annually – April

Delegated Authority

The Primary Care Committee is established in accordance with the constitution of NHS Castle Point & Rochford Clinical Commissioning Group (CCG), its standing orders and scheme of delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the CCG's Constitution and Standing Orders. The Committee will operate as a subcommittee of the CCG Governing Body.

The Committee terms of reference are available upon request.

It is acknowledged that the Governing Body is ultimately accountable for the actions of the Primary Care Committee and therefore the Committee will:

- I. Report on its work by presenting the minutes of its meetings to the Governing Body. These may be abridged to exclude any items that may cause a conflict of interest to GP members of the Governing Body.
- II. Report to the Governing Body on an annual basis, the work undertaken in the previous year and the intended programme of work for the forthcoming year.
- III. Review the Terms of Reference annually and submit for Governing Body approval.

Purpose of Committee

In line with the requirements of Primary Care Co-commissioning arrangements the Primary Care Committee must provide oversight of the duties delegated to the CCG in respect of contract management of GP practices in line with the delegation agreement.

The remit of the Committee does not include:

- Decisions regarding the procurement of primary care services which will be carried out by a separate Procurement Committee.
- Developing the Primary Care Commissioning strategy which will be carried out by the Clinical Executive Committee

All references made to Primary Care within the terms of reference should be taken to mean Primary Medical Care.

The Primary Care Committee has been established as a Committee of the NHS Castle Point and Rochford CCG Governing Body, reporting via the Director of Integrated Services and Transformation, in order to:

- Support the delivery of the strategic vision for the commissioning of primary care (general practice) in Castle Point & Rochford.

- Oversee the performance management of the Primary Medical Service contractors.
- Ensure that appropriate links are made between the implementation of the primary care strategy and the work of the CCG

The Quality and Governance Committee will support the Primary Care Committee with regards to overseeing the performance development process for all independent contractor groups and through this and other relevant mechanisms provide assurance to the Governing Body on the quality of primary care

CONDUCT AND CONFLICTS OF INTEREST

The CCG's rules on the management of conflicts of interest as set out in the CCG Constitution, Standing Orders and Standing Financial Instructions apply to the work of this Committee. Members or those in attendance must, at the outset of the meeting, declare any interest that they may have in a matter and withdraw from the discussion on that item.

In carrying out its remit, the Committee shall ensure that it is able to benefit from the best available clinical advice by:

- receiving the advice of the clinically qualified members of the committee and its regular attendees who have not declared any conflict and
- Receiving reports on the performance of the various primary care providers whose services have already been procured by the CCG and making recommendations about any necessary response to issues arising from those reports.
- Ensuring that all conflicts of interest are declared and recorded and that any clinicians with a conflict of interest are excluded from the decision making process in line with the CCG's conflict of interest policy.

In order to promote the highest standards of conduct and transparency and openness in the use of public funds, the Committee shall ensure that it conducts its business in such a way that any potential conflict of interests that might arise are minimised and that the actions taken by the Committee to manage those conflicts are recorded.

The Audit Committee carries overall responsibility on behalf of the Governing Body to provide assurance regarding the effectiveness of control systems, including the management of conflicts of interests. The Audit Committee should take necessary steps to assure itself that conflicts of interest are being managed appropriately in relation to decisions made by all Committees of the CCG. The Audit Committee may call in the services of the internal auditors should they require independent assurance on this issue.

The Committee will prepare and operate to an annual work plan that will be determined in order to support the delivery of the CCG's Primary Care Strategy. NHS Castle Point & Rochford CCG Constitution v1.6 Page 92 of 102

Devolved Functions

Section 9 of the CCG Constitution describes the CCG functions and duties delegated to the Governing Body. The Governing Body delegates to the Primary Care Committee those functions relating to areas outlined in the remit and responsibilities of the Primary Care Committee stated below.

Remit & responsibilities

The Committee has delegated authority to approve primary care spend within the parameters of the primary care allocation as agreed by the Governing Body.

The Committee should assure itself that any commissioning cases for proposed new services have been fully debated at the Clinical Executive Committee prior to approval.

Within the context of the CPR CCG Vision, Strategic Plan, and Primary Care Strategy the Committee will:

- Ensure that national policy is implemented at the local level in respect of primary care,
- Make decisions in relation to the management of Primary Medical Services Contracts, including but not limited to the following activities:
 - decisions in relation to Enhanced Services;
 - decisions in relation to Local Incentive Schemes (including the design of such schemes);
 - decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
 - decisions about 'discretionary' payments;
 - decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
 - Oversee the implementation of appropriate remedial action and contract termination
- Approve practice mergers;
- Plan primary medical care services in the Area, including carrying out needs assessments, assessing list closures etc;
- Undertake reviews of primary medical care services in the Area;
- Make decisions in relation to the management of poorly performing GP practices as highlighted by the Quality and Governance Committee and supporting decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
- Manage delegated funds in the Area;

- Manage Premises Costs Directions Functions;
- Co-ordinate a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
- Manage such other ancillary activities that are necessary in order to exercise the Delegated Functions.
- Keep all services provided in primary care – whether through SLAs, Enhanced Services, incentive schemes or secondary to primary care shift schemes – under review to ensure appropriate quality, cost effectiveness and value for money
- Oversee the Emergency Assignment process to secure temporary high quality alternative support mechanisms for general practice in order to maintain continuity of care for patients in the event of an unforeseen short term break in provision
- Oversee the management of the primary care budget ensuring that financial risk to the CCG is understood and mitigated.
- Delegate these and any other appropriate matters to sub-groups as required.

Managing the Committee

Membership

- The Committee membership shall be appointed by the CCG Governing Body as set out in the constitution and may include individuals who are not on the Governing Body. The lay member on the CCG Governing Body with a lead role in overseeing key elements of patient and public involvement, will be the chair of the Primary Care Committee.
- The membership of the Committee will be made up of:
 - Lay Members x 2 (PPI, Governance)
 - Accountable Officer
 - Chief Finance Officer
 - Director of Integrated Care and Transformation (Deputy Chair)
 - Chief Nurse
 - Secondary Care Clinician
 - Public Health representative
- GP members will be invited to attend and participate in discussions but, to ensure conflicts of interest are managed, will not be voting members of the committee
- Other attendees invited are:
 - NHSE Representation
 - LMC representative
 - Health and Wellbeing Board Representative
- The nominated Secretary shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chairman and Committee members during and outside of Committee meetings.

Committee Chair

Castle Point and Rochford Clinical Commissioning Group

In line with national guidance the Lay Member (Governance) will not chair the Primary Care Committee to ensure there is not conflict with the role of Audit Committee chair. Therefore, in the event of the Chair of the Committee being unable to attend all or part of the meeting, the Director of Integrated Services and Transformation will act as deputy chair. However, to ensure meeting quoracy, at least one Lay Member should be present.

In the event of split decisions, the Committee chair will have a second, deciding vote.

Emergency Decisions

Should there be a requirement to make decisions between meetings the following process should be followed

- Full details of the decision required will be set out in a clear proposal with rationale as to why an urgent decision is needed
- Proposal will be submitted via e-mail to Committee members from the lead Executive Director or Accountable Officer
- Minimum support required from at least 4 members of the Committee including the Chair (or alternative lay member should the Chair not be available) and at least 1 clinical member. If there is a financial implication support is needed from the Chief Finance Officer (or senior finance manager should the Chief Finance Officer not be available)
- Report of the decision made presented to next scheduled meeting for endorsement.

Quorum

The Committee will be quorate with 4 members present, at least 1 of which must be a Lay Member of the Governing Body and one of which must be clinically qualified.

Secretary

The nominated officer who shall act as secretary is stated at the outset of this Terms of Reference. The secretary will be responsible for supporting the Chair in management of Committee business and for drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate

Frequency and notice of meetings

Meetings shall be held monthly.

Minutes and Committee Papers

The minutes of Committee meetings shall be formally recorded by the designated secretary and submitted to the Governing Body after approval by the Committee that they represent an accurate record of the meeting. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the full Governing Body, or require executive action.

At the discretion of the chair of the Primary Care Committee, minutes may be abridged to exclude any items that may cause a conflict of interest to GP members of the Governing Body.

Reporting & Review

The Committee will report to the Governing Body annually on its work. The Committee will conduct an annual self-assessment of its effectiveness and report the findings of the assessment to the Governing Body.

**Castle Point and Rochford
Clinical Commissioning Group**

Committee:	Procurement Committee
Frequency Of Meetings:	Monthly
Committee Chair:	Lay Member (Governance)
Membership:	Lay Members x 2 (PPI, Governance) Accountable Officer Chief Finance Officer Director of Integration & Transformation Chief Nurse Joint Director of Commissioning Secondary Care Clinician Public Health (LA) representative
Attendance:	Procurement representative Project and/or clinical lead as required
Lead Officer:	Chief Finance Officer
Secretary:	Admin Office
Quorum:	At least four committee members, including a lay member, Clinician and executive officer

Approval:	Included in Constitution
Date Approved:	
Version	V1
Review Date:	Annually – July

Delegated Authority

The Governing Body has established a Committee of the Governing Body to be known as the Procurement Committee (the Committee), in accordance with the CCG Standing Orders and Standing Financial Instructions. The committee is a non-executive committee of the Governing Body and has no executive powers, other than those specifically delegated in these terms of reference.

The Committee is established in accordance with the Castle Point & Rochford NHS CCG's constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the constitution.

The Committee terms of reference are available upon request.

It is acknowledged that the Governing Body is ultimately accountable for the actions of the Procurement Committee and therefore the Committee will:

- I. report on its work by presenting the minutes of its meetings to the Governing Body that are summarised to exclude any items that may cause a conflict to GP members of the Governing Body. Excluded items will be presented to the Governing Body as soon as any conflict of interest no longer applies. Any items that are commercially sensitive in nature will be present to the private part of the Governing Body meeting.
- II. report to the Governing Body on an annual basis, the work undertaken in the previous year and the intended programme of work for the forthcoming year.
- III. review the Terms of Reference annually and submit for Governing Body approval.

Purpose of Committee

The role of the Contract and Procurement Management Group (CPMG) is to oversee the implementation of the CCG Procurement Strategy ensuring that the CCG follows agreed principles and methods in:

- Procurement planning - using information on population, priorities and providers to ensure good local procurement decision making
- Procurement process - following an agreed local process in undertaking a procurement
- Publishing procurement information – ensuring that the CCG meets its obligation of transparency

The Committee is authorised by the Governing Body to make procurement decisions and approve award of contracts following a procurement process. It is recognised that GP members on the Governing Body are likely to have conflicts of interest with regards to procurement decisions and therefore the Committee is delegated to make decisions provided the parameters set on within commissioning decisions are not breached. The Committee is responsible for assuring that procurements are carried out to deliver the clinical models of care approved within each commissioning case and that there is adequate independent clinical expertise involved in the evaluation process for each procurement.

The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

The Committee will be required to give assurance that conflicts of interest are being managed at all times.

Devolved Functions

The CCG Constitution describes the CCG functions and duties delegated to the Governing Body. The Governing Body delegates to the Procurement Committee those functions relating to areas outlined in the remit and responsibilities of the Procurement Committee stated below.

Remit & responsibilities

Register of Procurement Decisions

- It will be the responsibility of the Procurement Committee to oversee the management of the Register of Procurement Decisions that the CCG is required by statutory guidance to maintain. It will issue instructions and guidance to staff and others on the form this Register is to take and provide assurance that the Register is being appropriately maintained.

Planning

- Implement investment commissioning or decommissioning decisions which has been approved by the Board and Management Team ensuring compliance with CCG Standing Orders and Standing Financial Instructions and legal obligations in respect of tendering and contract procedures
- Develop the CCG annual procurement work programme and monitor on an on-going basis reshaping and/or refocusing as required to take account of emerging and changing factors
- Develop new skills within the CCG around the functions and processes of procurement, including the CCG procurement training programme, procurement guide and lessons learnt review document
- Maintain effective relations with key stakeholders and ensure effective communication within and outside the CCG, taking steps as necessary to ensure widespread engagement and understanding of the Contract and Procurement Management Group programme.
- Ensure all relevant inputs have been prepared by the lead commissioning or service redesign manager to enable a robust decision making process on whether, and how, to procure any specific service.

Process

- Review and oversee the progress of all CCG procurements, ensuring compliance with the NHS Procurement, Patient Choice and Competition Regulations which came into force on 1st April 2013 and in particular to:

Castle Point and Rochford Clinical Commissioning Group

- Recommend the procurement route to be used for individual procurements e.g. the use of a framework agreement, Single Tender Action, Formal Competitive Tender or Any Qualified Provider (AQP) ensuring that there is sufficient evidence to support the decision and that advice has been sought from the expert procurement team for the decision of Management Team
- Approve the process by which advertising of procurements is to be undertaken, delegating approval of specific stages of this process at its discretion.
- Approve the issue of tender documentation
- Approve the evaluation strategies to be used by procurement project teams
- Approve the award of tenders in accordance with the CCGs Scheme of Delegation
- Endorse the inclusion of contractors onto a “Any Qualified Provider” list, a Framework Agreement or similar arrangement
- Manage conflict of interest between commissioners and providers and ensure that any conflicts identified are appropriately addressed

Publishing

- Ensure all CCG procurement contract adverts, invitations for expressions of interest and contract awards are published as required on Contracts Finder and on the CCG website or otherwise in accordance with the CCG’s Standing Financial Instructions and procurement policies.
- Maintain a record of all CCG awarded contracts and will ensure that this is accessible to patients and the public via the CCG website
- Write an annual report, which will be considered and approved by the Contract and Procurement Management Group at its first meeting in each financial year, covering the preceding financial year and will be presented to the CCG Board following approval by the Contract and Procurement Management Group. The report will be available to patients and the public on the CCG website
- Maintain a website page specifically on procurement that provides patients and the public with transparent and timely information on the CCG’s procurement process and activities.

Managing the Committee

Membership

- The Committee shall be appointed by the CCG Governing Body as set out in the constitution and may include individuals who are not on the governing body.
- The Committee shall consist of no less than two Lay members. The Procurement Committee Chairman shall be the Lay Member responsible for governance, appointed by the CCG Governing Body in accordance with the Constitution.
- GP Members of the CCG Governing Body shall not be members of the Committee to ensure conflicts of interest are managed at all times.

Castle Point and Rochford Clinical Commissioning Group

- The nominated Secretary shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chairman and committee members during and outside of procurement committee meetings.

Committee Chair

In the event of the chair of the committee being unable to attend all or part of the meeting, he or she will nominate a replacement from within the membership to deputise for that meeting.

Secretary

The nominated officer who shall act as secretary is stated at the outset of this Terms of Reference. The secretary will be responsible for supporting the chair in management of committee business and for drawing the committee's attention to best practice, national guidance and other relevant documents as appropriate

Frequency and notice of meetings

Meetings shall be held monthly. Additional meetings may be convened for urgent decisions if required.

Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the chair or committee secretary at least 1 week before the meeting takes place. Supporting papers for such items need to be submitted at least 5 working days before the meeting takes place.

The date, time and venue of all committee meetings will be notified to members at least 7 days' notice. The agenda and papers for the meeting will be circulated to members 4 working days in advance of the meeting.

Minutes and Committee Papers

The minutes of Committee meetings shall be formally recorded by the designated secretary and submitted to the Governing Body after approval by the Committee that they present an accurate record of the meeting. Minutes presented to the Governing Body will be summarised to exclude any items that will cause a conflict of interest for GP members of the Governing Body. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the full Governing Body, or require executive action.

Related Committees

The Committee may request copies of other Committee minutes to give assurance that commissioning decisions have been executed appropriately prior to approval of procurement decisions.

Reporting & Review

Reporting to the CCG Governing Body

The Committee will report to the Governing Body annually on its work

Annual Review of Effectiveness

The committee will conduct an annual self-assessment of its effectiveness and report the findings of the assessment to the Governing Body.

Conflicts of Interest

The CCG's rules on conflicts of interest as set out in the CCG Constitution, Standing Orders and Standing Financial Instructions apply to the work of this Committee. Members or those in attendance must, at the outset of the meeting, declare any interest that they may have in a matter and withdraw from the discussion on that item.

Terms of Reference

Committee:	Remuneration Committee
Frequency Of Meetings:	As an when required, minimum of twice a year
Committee Chair:	Lay Member (Governance)
Membership:	Lay Members x 2 (PPI, Governance) GP member Secondary Care Clinician Public Health (LA) representative
Attendance:	Accountable Officer Chief Finance Officer
Lead Officer:	Accountable Officer
Secretary:	Admin Office
Quorum:	At least two committee members, including a lay member, Clinician.

Approval:	Included in Constitution
Date Approved:	
Version	V1
Review Date:	Annually – July

Delegated Authority

The Governing Body has established a Committee of the Governing Body to be known as the Remuneration Committee (the Committee), in accordance with the CCG Standing Orders and Standing Financial Instructions. The committee is a non-executive committee of the

Governing Body and has no executive powers, other than those specifically delegated in these terms of reference.

The Committee is established in accordance with the Castle Point & Rochford NHS CCG's constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the constitution.

The Committee terms of reference are available upon request.

It is acknowledged that the Governing Body is ultimately accountable for the actions of the Remuneration Committee and therefore the Committee will:

- I. report on its work by presenting the minutes of its meetings to the private part of the Governing Body that are summarised to exclude any items that may cause a conflict to members of the Governing Body or are of a sensitive nature.
- II. report to the Governing Body on an annual basis, the work undertaken in the previous year and the intended programme of work for the forthcoming year.
- III. review the Terms of Reference annually and submit for Governing Body approval.

Purpose of Committee

The purpose of the committee is to make recommendations to the Governing Body on determinations about pay and remuneration for employees of the CCG, and people who provide services to the CCG, and allowances under pension scheme.

The Committee will advise the Governing Body on the adequacy of HR arrangements operating within the CCG.

The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

Devolved Functions

The CCG Constitution describes the CCG functions and duties delegated to the Governing Body. The Governing Body delegates to the Remuneration Committee those functions relating to areas outlined in the remit and responsibilities of the Procurement Committee stated below.

Remit & responsibilities

- The Committee will make recommendations to the Governing Body on determinations about pay and remuneration for employees of the CCG, and people who provide services to the CCG, and allowances under pension scheme.
- The Committee will make recommendations to the Governing Body about determining the remuneration and conditions of service for the employed members of the Board.
- The Committee will make recommendations to the Governing Body after reviewing the performance of the Accountable Officer.

- The Committee will make recommendations to the Governing Body after considering severance payments for the Accountable Officer and all other employees.
- The Committee will advise the Governing Body on the adequacy of HR arrangements operating within the CCG.
- Review plans produced by the Chair and/or Accountable Officer which set out appropriate succession planning for clinical posts and senior officers, taking into account the challenges and opportunities facing the CCG, and what skills and expertise are therefore needed on the Governing Body in the future.
- The Committee will advise the Governing Body on any proposals to alter the remuneration and terms of engagement for the Governing Board Chair.

Managing the Committee

Membership

- The Committee shall be appointed by the CCG Governing Body as set out in the constitution from amongst its Governing Body members
- The Committee shall consist of no less than two Lay members. The Remuneration Committee Chairman shall be the Lay Member responsible for governance, appointed by the CCG Governing Body in accordance with the Constitution.
- The nominated Secretary shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chairman and committee members during and outside of remuneration committee meetings.
- Attendance at the Committee by other officers will be at the discretion of the Lay Members

Committee Chair

In the event of the chair of the committee being unable to attend all or part of the meeting, he or she will nominate a replacement from within the membership to deputise for that meeting.

Secretary

The nominated officer who shall act as secretary is stated at the outset of this Terms of Reference. The secretary will be responsible for supporting the chair in management of committee business and for drawing the committee's attention to best practice, national guidance and other relevant documents as appropriate

Frequency and notice of meetings

Meetings shall be held as and when required and as a minimum twice in every financial year.

Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the chair or committee secretary at least 1 week before the meeting takes place. Supporting papers for such items need to be submitted at least 5 working days before the meeting takes place.

The date, time and venue of all committee meetings will be notified to members at least 7 days' notice. The agenda and papers for the meeting will be circulated to members 4 working days in advance of the meeting.

Minutes and Committee Papers

The minutes of Committee meetings shall be formally recorded by the designated secretary and submitted to the Governing Body after approval by the Committee that they present and accurate record of the meeting. Reporting into the Governing Body will need to take appropriate account of confidentiality requirements in terms of staffing issues. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the full Governing Body, or require executive action.

Reporting & Review

Reporting to the CCG Governing Body

The Committee will report to the Governing Body annually on its work

Annual Review of Effectiveness

The committee will conduct an annual self-assessment of its effectiveness and report the findings of the assessment to the Governing Body.

Conflicts of Interest

The CCG's rules on conflicts of interest as set out in the CCG Constitution, Standing Orders and Standing Financial Instructions apply to the work of this Committee. Members or those in attendance must, at the outset of the meeting, declare any interest that they may have in a matter and withdraw from the discussion on that item.

APPENDIX 2: Summary of Proposed Committee Structure, purpose and membership

Leads	Summary of Role	Membership ⁱ	Non member attendees	Frequency of meetings
Audit Committee				
Chair: Lay member (Governance) Lead Executive: Chief Finance Officer	Reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the CCG's activities (both clinical, in liaison with the Quality and Governance Committee, and non-clinical), that supports the achievement of the organisation's objectives.	Lay Members x 3 (PPI, Audit, Governance) Practice Manager(1) GP Members (2)	Chief Finance Officer Accountable Officer Head of Performance and Corporate Services Internal Auditors External Auditors Counter Fraud Officer / Security Management Officer	5 times per annum
Clinical Executive Committee				
Chair: Governing Body Chair Lead Executive: Accountable Officer	Responsible for supporting the Governing Body in setting the CCG's strategic direction (including primary care), developing plans and executing their delivery. Form the main linkage in the relationship between the Locality Commissioning Groups and the Governing Body. Main focus will be on the development and delivery of clinically led plans and providing clinical leadership to the transformation programme Supports the Governing Body with its corporate decision making across the whole range of its responsibilities within the powers delegated to it.	GP GB members Accountable Officer Chief Finance Officer Director of Integration & Transformation Chief Nurse Joint Director of Commissioning Public Health (LA) representative ⁱⁱ	Head of Commissioning Head of Performance Management Head of Medicines Management	Fortnightly

Leads	Summary of Role	Membership ⁱ	Non member attendees	Frequency of meetings
Commissioning Reference Group				
Chair: Lay Member (PPI) Lead Exec: Director of Integration and Transformation	Provides a public/patient/carer voice within the CCG, aiming to ensure the views of local stakeholders are fully understood and considered by CP&R CCG Advises the CCG on how to promote patient and public involvement, in general Advises the CCG on appropriate engagement techniques for specific pieces of work	GP lead for PPI Chief Nurse Director of Integration and Transformation Lay Member (PPI) PPE representatives from Castle Point and Rochford localities Voluntary Sector Representatives Representatives of Essex Healthwatch		Bi Monthly

Leads	Summary of Role	Membership ⁱ	Non member attendees	Frequency of meetings
Finance and Performance Committee				
Chair: GP lead Lead Executive: Chief Finance Officer	<p>Provides an opportunity to discuss and understand the financial issues which face the CCG. It will provide members with greater clarity and more information about the underlying position for the CCG and put into context the framework under which finance operates. It will also be the Committee which helps to shape the financial strategy for the CCG.</p> <p>Oversees the development, co-ordination and implementation of all CCGs commissioning decisions, taking into consideration the Integrated Plan and any related financial considerations or issues.</p> <p>Reviews the performance of the main services commissioned by CPR CCG. It will provide members with greater clarity and more information about the underlying performance (in terms of cost, activity and quality) on key services commissioned by the CCG and on delivery of the annual commissioning programme set out in the CCG's Integrated Plan.</p> <p>Monitors progress against all objectives outlined within the CCGs Integrated Plan and challenge areas of poor performance.</p> <p>Monitors the activity plan for the CCG</p>	Two CCG GP Governing Body Members (1 acting as Chair) CCG Governing Body Chair Two Lay Members – (1 Governance (Deputy Chair)) Accountable Officer (GP) Head of Performance and Corporate Services Director of Integration & Transformation Chief Finance Officer Joint Director of Commissioning		Monthly

Leads	Summary of Role	Membership ⁱ	Non member attendees	Frequency of meetings
Locality Commissioning Groups				
Chair(s): GP leads Lead Executive: Director of Integration & Transformation/Joint Director of Commissioning	Enable engagement with Member Practices of the CCG, to ensure that practices continue to shape the future of the CCG and contribute to and deliver the CCG vision, values and strategies. Sets and delivers strategy and objectives that meet the needs of the local population and contribute to the overall aims and objectives of the CCG. Provides the CCG / Governing Body with advice and guidance that is informed by the Member practices within each locality.	The elected GPs for the locality there are four elected GPs in Castle Point and four in Rayleigh Rochford locality) Lead Commissioning GP from each practice or nominated deputy Lead CCG officers or their representative District/Borough Council Representatives Practice Managers (as nominated by individual practices) Patient/public Representative Voluntary Sector Representative		Monthly Joint meeting quarterly

Leads	Summary of Role	Membership ⁱ	Non member attendees	Frequency of meetings
Partnership Management Board				
Co-Chairs: CCG Director of Integration & Transformation & ECC Director of Integrated Commissioning and Vulnerable People Lead Executive: Director of Integration & Transformation	Joint committee with Essex County Council to oversee the management of the Better Care Fund The Partnership Management Board is responsible for managing the Castle Point & Rochford Better Care Fund providing a forum for discussing performance, ensuring the delivery of services commissioned and that the national conditions are implemented.	CCG Director for Integration CCG GP Clinical lead CCG Senior Commissioner (with responsibility for community) CCG Senior Finance Manager CCG Performance Manager, CCG Projects Director, ECC Head of Commissioning and Vulnerable People, ECC Programme Manager ECC Public Health Consultant		Monthly

Leads	Summary of Role	Membership ⁱ	Non member attendees	Frequency of meetings
Primary Care Committee				
Chair: Lay member (PPI) Lead Executive: Director of Integration & Transformation	Provides oversight of the duties delegated to the CCG in respect of contract management of GP practices in line with the Primary Care delegation agreement. excluding procurement and primary care strategy development	Lay Members x 2 (PPI, Governance) Accountable Officer Chief Finance Officer Director of Integration & Transformation Chief Nurse Secondary Care Clinician Public Health (LA) representative	GP Members (2) NHSE Representation LMC representative Health and Wellbeing Board Representative	Monthly
Procurement Committee				
Chair: Lay member Governance Lead Executive: Chief Finance Officer	Makes decisions on procurement route for all commissioning cases including primary care and provides oversight on procurement process. Ensures application of procurement regulations. Assurance on management of conflicts of interest	Lay Members x 2 (PPI, Governance) Accountable Officer Chief Finance Officer Director of Integration & Transformation Chief Nurse Joint Director of Commissioning Secondary Care Clinician Public Health (LA) representative		Monthly

Leads	Summary of Role	Membership ⁱ	Non member attendees	Frequency of meetings
Quality and Governance Committee				
Chair:Lay Member (PPI) Lead Executive: Chief Nurse	Oversees the development, implementation and monitoring of the CCG's integrated governance arrangements by providing assurances on the systems and processes by which the CCG leads, directs and controls its functions in order to achieve organisational objectives, safety and quality of services. Provides assurance on the quality of services commissioned and promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience.	Chair of the Governing Body Quality Lead (GP) (Vice Chair) Accountable Officer Chief Nurse Public Health (LA) Representative Head of Performance and Corporate Services Director of Integration & Transformation Chief Finance Officer Joint Director of Commissioning Lay member – Governance GP Representatives of CP&R CCG Chair of Commissioning Reference Group		6 times per annum

Leads	Summary of Role	Membership ⁱ	Non member attendees	Frequency of meetings
Remuneration Committee				
Chair: Lay member (Governance) Lead Executive: Accountable Officer	Makes recommendations to the Governing Board on determinations about pay and remuneration for employees of the CCG, and people who provide services to the CCG, and allowances under pension scheme. Advises the Governing Board on the adequacy of HR arrangements operating within the CCG.	Lay Members x 2 (PPI, Governance) GP member Secondary Care Clinician Public Health (LA) representative	Accountable Officer Chief Finance Officer	As and when required
System Resilience Group				
Chair: Accountable Officer (alternates between Southend and Castle Point & Rochford) Lead Executive: Joint Director of Commissioning	To co-develop strategies and plan safe, efficient urgent and elective services for patients for the South East Essex Health and Social Care System	Senor representation from: Southend CCG CPR CCG Southend Hospital South Essex Partnership Trust East of England Ambulance Trust Essex County Council Southend Borough Council		Weekly (proposal to change to fortnightly)

Leads	Summary of Role	Membership ⁱ	Non member attendees	Frequency of meetings
Transformation and Sustainability Board				
Chair: Accountable Officer Lead Executive: Director of Integration & Transformation / Joint Director of Commissioning	Provides assurance the delivery of the transformation and QIPP programme ensuring key milestones are achieved, financial savings delivered and objectives realised. Approves project documentation, assists in resolving any issues that are blocking progress affecting the delivery of trajectory financial savings.	GP GB members Accountable Officer Chief Finance Officer Director of Integration & Transformation Chief Nurse Joint Director of Commissioning Public Health (LA) representative		Fortnightly

ⁱ Where a member or attendee is listed according to job title, the intention is that the person who carries the specified responsibility of that role should be a member or in attendance at the committee – even if the job title held by that person has been changed.

ⁱⁱ Membership of the Clinical Executive and Transformation and Sustainability Committee is the same to ensure full clinical engagement on a weekly basis.