

Definition of Governance Arrangements for Lewisham Clinical Commissioning Group

1. Introduction

In April 2013, Lewisham Clinical Commissioning Group (CCG) will take on accountability for the commissioning of bulk of health services for the population of the borough of Lewisham.

This pack sets out the CCG's proposed governance arrangements, which should be read in conjunction with the CCG's draft constitution. Included alongside details of Lewisham Governing Body committees and groups are terms of reference for joint committees in which Lewisham Governing Body members will sit with their peers from neighbouring CCGs to make decisions on issues and challenges affecting the wider health economy.

The arrangements described in this document will form part of Lewisham CCG's submission for authorisation, due at the beginning of September 2012.

This paper has been developed with the CCG chair, committee chairs, designate Accountable Officer and head of organisational development. The work builds on current governance arrangements within Lewisham, across Lambeth, Southwark and Lewisham and South East London more widely.

This paper sets out:

- Practical goals for these Governance Arrangements in Lewisham (Section 2)
- A general set of operating principles and assumptions in respect of Lewisham CCG's governance arrangements (Section 3)
- The high-level governance structure design (Section 4)
- **Clinical Directors Committee** (Section 5)
Terms of Reference
- **Strategy and Development Committee** (Section 6)
Terms of Reference
- **Joint Clinical Strategy Committee for LSL** (Section 7)
Terms of Reference
- **Joint Clinical Strategy Committee for South East London** (Section 8)
Terms of Reference

- **Delivery Committee** (Section 9)
Terms of Reference
- **Joint Integrated Performance Committee for LSL** (Section 10)
Terms of Reference
- **Audit Committee** (Section 11)
Terms of Reference
- **Remuneration Committee** (Section 12)
Terms of Reference
- **Management Group** (Section 13)
Terms of Reference
- **For Action and Learning Group (FLAG)** (Section 14)
Terms of Reference
- **PPI / Inequalities Group** (Section 15)
Terms of Reference
- **Health Safeguarding Group** (Section 16)
Terms of Reference
- **Prescribing and Medicines Management Group** (Section 17)
Terms of Reference
- Actions to mobilise the governance arrangements

The Lewisham CCG shadow Governing Body is asked to:

- **NOTE** the development and engagement process for this work
- **AGREE** the goals, operating principles and assumptions
- **AGREE** the draft Terms of Reference
- **AGREE** the mobilisation approach.

2. Goals for Lewisham CCG's Governance Arrangements

The transition of commissioning accountability to CCGs, with stronger leadership roles for clinicians, represents a significant opportunity to improve the quality of health commissioning for the benefit of the local population.

The CCG's governance arrangements, and the quality of support and servicing provided in running them, will be a crucial enabler of stronger commissioning and of the continuing development of the organisation.

The goals below reflect Governing Body members' practical sense of what they are setting out to achieve with these arrangements within this context.

The governance arrangements should:

- Provide a formal structure in which quality and financial performance are effectively and proactively overseen
- Enable GB Members to be informed about and maintain effective control over the CCG's full strategic and performance agenda in all its aspects, including those which are outside individuals' areas of specialism
- Facilitate developmental learning and consideration of strategic change and investment to address the population's evolving health needs and to achieve continuing improvement in the quality and value for money health services.
- Ensure disciplined follow-through on the implementation of strategy and service redesign – (1) ensure we are doing what we said we would; (2) ensure we are seeing the impact we expect – and instigate reflection and/or interventions as needed
- Be managed such that the structures act as the vehicle through which individual initiative is facilitated rather than create barriers that stifle it.
- Make most effective use of GB members' limited available time
- Provide a structure in which GB members' decisions and actions may be challenged by CCG member practices, and in which GB members may seek ideas from member practices and galvanise their support and participation in delivery of the CCG's objectives and plans.

3. Principles and Assumptions

- The CCG is accountable to its membership, and governance arrangements should enable the Governing Body to demonstrate to its members that it is discharging its functions responsibly and in the best interests of patients and public.
- The CCG's constitution and governance arrangements must comply with the requirements of the Act and associated guidance from the NHS Commissioning Board Authority (NHSCBA)
- The CCG is expected to work jointly with other CCGs where necessarily to fulfil its brief. Where it does so, the CCG remains the statutory commissioning organisation. Joint arrangements are not designed as an alternative, but to ensure they have

sufficient reach and influence. As a general principle, decision-making should take place as close to the locality in question as possible.

- The CCG will continue the tradition in Lewisham of close collaboration in commissioning with the London Borough of Lewisham through membership of the Lewisham Health and Wellbeing Board and participation in joint commissioning arrangements.
- Proposed governance arrangements should be affordable within the current operating framework costs, and the model for joint arrangements between CCGs should be well aligned to these local governance arrangements and add minimum additional administrative complexity.

The governance arrangements in this paper form part of a hierarchy of arrangements. The detailed terms of reference in later sections build on a set of principles for, and assumptions about, the different layers of governance and their respective purposes. These are set out below:

<p><i>Layer 1</i></p> <p><i>Governance of CCGs, supporting groups and subgroups:</i></p>	<ul style="list-style-type: none"> • Lewisham CCG, as a statutory commissioning bodies, will govern its local health systems in an integrated way across the dimensions of finance, performance, quality and delivery, including QIPP • Lewisham CCG will define and establish, subject to authorisation and any associated conditions, the governance structure that will best achieve this in its local context. • Lewisham CCG will work with its local borough partners in local statutory partnership arrangements, such as Health and Wellbeing Boards, Children’s Trusts, Children’s Safeguarding and Crime Reduction Partnerships • Lewisham CCG will maintain and manage the risks associated with its statutory role, even where mitigations may involve joint or partnership working
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<p><i>Layer 2</i></p> <p><i>Cross-LSL governance:</i></p>	<ul style="list-style-type: none"> • LSL CCGs will establish joint arrangements enabling them to operate at scale in order to manage the quality and performance of GSTT, KCH, Lewisham Healthcare and SLAM and to oversee joint commissioning programmes and address challenges in the LSL health economy • Representatives from the individual CCGs will be given delegated responsibility by their respective governing bodies for making decisions within joint LSL committees • LSL CCGs will seek to harmonise their individual reporting and information requirements in order to facilitate scrutiny of aggregate LSL performance. SLCSS will attend as appropriate to ensure their services and outputs support the joint arrangements effectively • Joint LSL governance arrangements will be serviced by the SEL Collaborative Programme Management Office.
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<i>Layer 3</i> <i>Cross-SEL</i> <i>governance:</i>	<ul style="list-style-type: none">• SEL CCGs, including Lewisham, will establish joint arrangements enabling them to operate at scale in order to address strategic issues in relation to the SEL provider landscape and health economy and to oversee links with SEL clinical networks• Representatives from the individual CCGs will be given delegated responsibility by their respective governing bodies for making decisions within the joint SEL committee• Cross-SEL governance arrangements will be serviced by the SEL Collaborative Programme Management Office.
<i>Layer 4:</i> <i>Pan-London</i> <i>governance:</i>	<ul style="list-style-type: none">• To be completed as arrangements for the London Clinical Commissioning Committee and any other pan-London bodies become clear

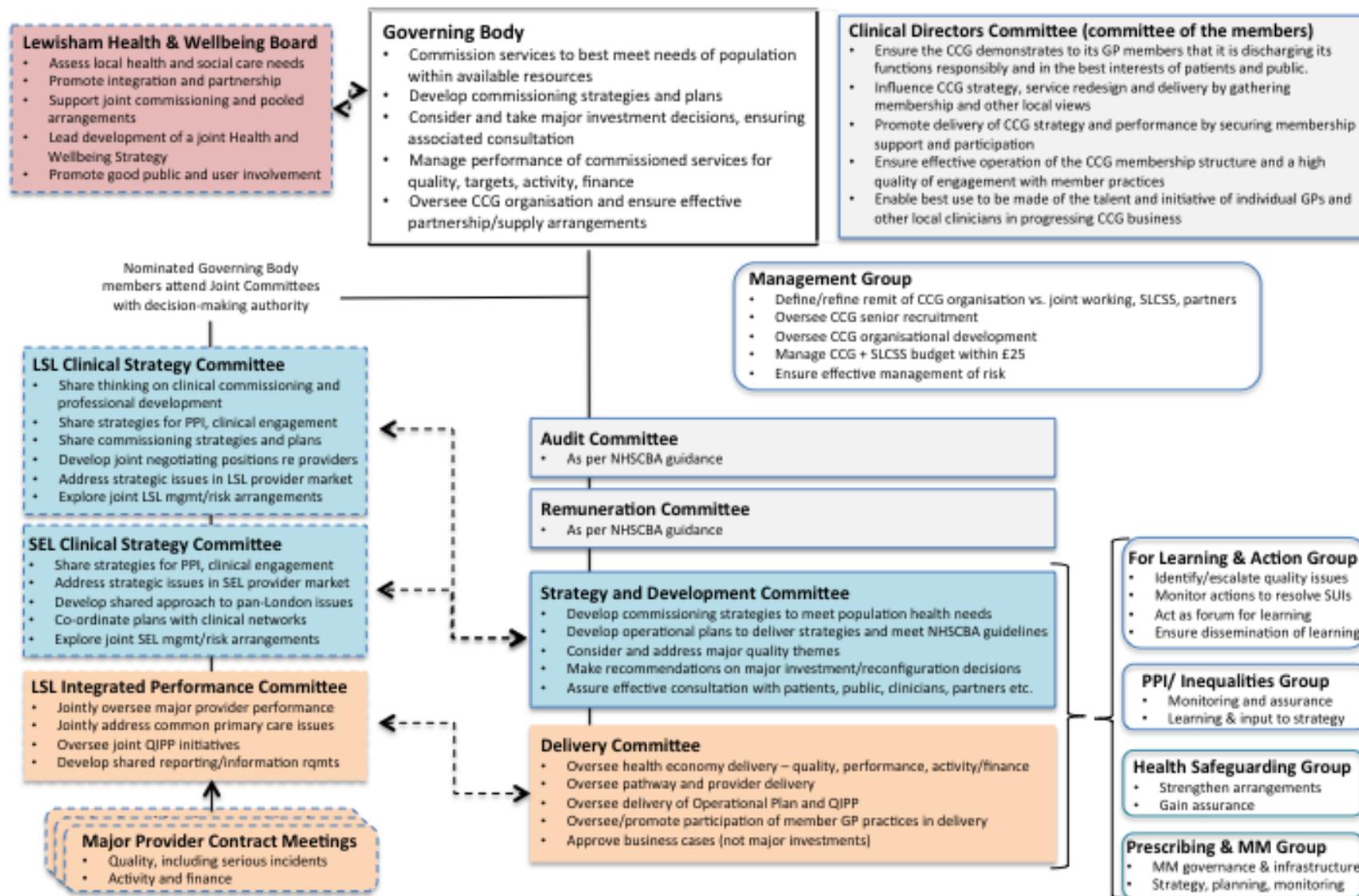
4. High-Level Governance Structure Design

The figure overleaf describes at a high level the proposed governance structure for Lewisham CCG.

Details on each committee and group shown are set in out the sections that follow.

Terms of reference for the Lewisham Shadow Health and Wellbeing Board may be found at http://www.lewishamstrategicpartnership.org.uk/partnership_health.asp.

Lewisham CCG Governance Structure



5. Clinical Directors Committee

DRAFT TERMS OF REFERENCE LEWISHAM CLINICAL COMMISSIONING GROUP Clinical Directors Committee

1. Introduction

The Clinical Directors Committee is a standing Committee of Lewisham CCG, which exists to provide a formal connection between the ongoing business of the Governing Body and its elected individual members with the CCG member practices.

It is not the committee where strategy and performance are formally handled on behalf of the Governing Body, but provides a vehicle in which the Clinical Directors members may seek ideas from members practices and galvanise their support and participation in delivery of the CCG's objectives and plans.

This Committee will be chaired by the CCG chair or a Senior Clinical Director.

2. Purpose

- a) Ensure the CCG demonstrates to its GP members that it is discharging its functions responsibly and in the best interests of patients and public.
- b) Influence CCG strategy, service redesign and delivery by gathering membership and other local views
- c) Promote delivery of CCG strategy and performance by securing membership support and participation
- d) Ensure effective operation of the CCG membership structure and a high quality of engagement with member practices and develop proposals for improvement as needed
- e) Enable best use to be made of the talent and initiative of individual GPs and other local clinicians in progressing CCG business

3. Areas of Focus

- a) Ensure the CCG demonstrates to its GP members that it is discharging its functions responsibly and in the best interests of patients and public.
 - Oversee communications mechanisms to ensure member practices are appraised of CCG strategy, plans and performance
 - Provide a forum and channel through which Clinical Directors maintain their connection with the views of member practices
- b) Influence CCG strategy, service redesign and delivery by gathering membership and other local views

- Provide a forum and channel through which committee members can explore and develop thinking on aspects of CCG strategy and factors which may constrain or promote delivery
 - Ensure that CCG proposals and initiatives are rooted in the needs of Lewisham communities and the reality of what will work on the ground
 - Engage with local communities and other relevant partners to develop co-production approaches to the planning and delivery of services and to ensure that they have the opportunity to influence the CCG at all stages of the commissioning cycle
- c) Promote delivery of CCG strategy and performance by securing membership support and participation
- Ensure the availability and delivery of effective communication, training and any further advice and support needed to motivate and enable member practices to participate in the delivery of CCG initiatives
 - Develop, maintain and review processes for peer support and review of practice-level commissioning activity, such as referrals and prescribing
- d) Ensure effective operation of the CCG membership structure and a high quality of engagement with member practices and develop proposals for improvement as needed
- Ensure the availability and delivery of effective communication, training and any further advice and support needed to motivate and enable member practices to participate in the delivery of CCG initiatives
 - Develop, maintain and review processes for peer support and review of practice-level commissioning activity such as referrals and prescribing
 - Consider succession planning for future Governing Body members
- e) Enable best use to be made of the talent and initiative of individual GPs and other local clinicians in progressing CCG business
- Maintain an overview of clinical involvement in the Governing Body, its Committees, Groups and joint arrangements with other CCGs and the London Borough of Lewisham and seek to optimise the use of talent within individuals' available time
 - Find the best way for clinicians coming forward from member practices and elsewhere with initiatives to leverage CCG governance arrangements to progress their ideas.

4. Meeting Schedule

The Clinical Directors Committee will meet on a monthly basis, with the option of organising less structured meetings periodically to explore specific themes within its terms of reference.

5. Accountability

The Committee will be accountable to the CCG membership through the distribution of its minutes in addition to the production of a report detailing its activities at least annually.

The Committee will have access to regular CCG performance reports, strategies and plans.

6. Committee Membership

Core members

Chair of the CCG
2 senior Clinical Directors
4 Clinical Directors
Accountable Officer or nominated Deputy

In attendance as required

CCG member practice representatives
Directors

7. Quorum Rules and Responsibilities of Members

The following members must attend for the Committee to be quorate.

Chair or one of the Senior Clinical Directors
3 Clinical Directors
Accountable Officer or nominated Deputy

Committee Members will follow the code of conduct contained in the CCG's constitution.

8. Reporting Arrangements

The Committee will provide a regular report of its meetings to the CCG Governing Body.

9. Monitoring adherence to the Terms of Reference

As part of the annual reporting process to the Governing Body.

10. Review

Terms of Reference will be reviewed annually, with an exceptional checkpoint in September 2013 given that 2013/4 is the first operating year of the CCG.

11. Resources and support

The committee will be supported by a Director of the CCG, who will be responsible for:

- overseeing of Governing Body and committee agendas, minimising the duplication of discussion and decision-making
- assisting those chairing the Governing Body and committee with preparation for meetings
- bringing together in accessible form the reports and information necessary to the support discussion and decision-making of the Governing Body and its committees
- producing and distributing minutes within five working days of meetings
- tracking progress on actions, identifying and rectifying any lapses in communication

Meeting dates will be agreed on an annual basis and will not be changed without the permission of the chair.

Agendas for the meeting will be distributed no less than seven days before the meeting.

Papers for the meeting will be distributed no less than five days before the meeting. Any exceptions to this will require written notification to the chair, and subsequent agreement on distribution arrangements.

6. Strategy and Development Committee

DRAFT TERMS OF REFERENCE LEWISHAM CLINICAL COMMISSIONING GROUP Strategy and Development Committee

1. Introduction

The Strategy and Development Committee is a standing Committee of Lewisham CCGs, which exists to set and maintain the CCG's strategic direction for commissioning and to develop formal Strategic, Integrated and Operational plans for approval by the Governing Body. It will also develop and maintain the CCG's formal position in relation to strategic change in the wider health economy.

This Committee will be chaired by the CCG chair or one of the CCG vice chairs.

2. Purpose

- a) Set and maintain the CCG's strategic direction for commissioning to best meet population health needs
- b) Develop strategic, integrated and operational plans in line with the CCG's strategic direction and NHSCBA guidelines
- c) Consider and address major quality themes
- d) Consider and make recommendations on major investment/reconfiguration decisions
- e) Assure effective consultation with patients, public, clinicians, partners etc.

3. Areas of Focus

- a) Set and maintain the CCG's strategic direction for commissioning to best meet population health needs
 - Ensure effective participation in the development of the Lewisham health and wellbeing strategy, in conjunction with the Health and Wellbeing Board
 - Take account of population health needs, as described in the JSNA and informed by member practice and other stakeholder input
 - Take account of the current performance of the Lewisham health system and its relative position in London and with peers across England
 - Set long-term commissioning priorities for health
 - Set medium-term objectives in terms of health outcomes, ensuring a clear framework of metrics exists to enable the CCG to set out and track achievement of its commissioning ambition in quantifiable terms
 - Review priorities and outcomes periodically and adjust if needed
- b) Develop strategic, integrated and operational plans in line with the CCG's strategic direction and NHSCBA guidelines

- Develop and maintain a rolling high-level plan for execution of the CCG's commissioning strategy
 - Develop formal strategic plans in line with the CCG's strategic direction and NHSCBA guidance
 - Oversee the development of annual (Integrated, Operational) plans and provide an opportunity for consideration of investment bids to be tabled by redesign groups, member practices and functional teams
 - Make prioritisation decisions for investment within available budget and ensuring best alignment with the CCG's strategic direction
 - Set the strategic framework within which cost reduction measures are considered
- c) Consider and address major quality themes
- Review major national policy proposals and requirements around patient safety and clinical quality and determine how they should be best be addressed within the CCG's strategic agenda
 - Consider quality themes of a strategic nature, whether proposed by CCG Groups or referred from the Delivery Committee as deep-seated delivery issues
- d) Consider and make recommendations on major investment/reconfiguration decisions
- Consider formal businesses for major investments (tbd threshold) and make recommendations for decision to the Governing Body
 - Review the implications of major changes in the local provider market and proposals for reconfiguration, and determine what outcome would best facilitate delivery of the CCG's strategic ambition
 - Determine the parameters within which delegated individuals can negotiate in reconfiguration discussions on the CCG's behalf
 - Make recommendations to the Governing Body on major reconfiguration decisions
- e) Assure effective consultation with patients, public, clinicians, partners etc.
- Ensure the effective working of joint arrangements in relation to the LSL and SEL Strategy Committees
 - Determine what level and quality of engagement with stakeholders the CCG should aim for in the development of its strategy and plans and seek evidence of compliance
 - Set standards for the level and quality of engagement with stakeholders which is expected by the CCG in relation to investment and reconfiguration proposals and seek evidence of compliance

4. Meeting Schedule

The Strategy and Development Committee will meet on a bi-monthly basis, with dates co-ordinated to achieve best fit with meetings of the LSL and SEL Joint Clinical Strategy Committees.

5. Accountability

The Committee will be accountable to the Governing Body through the distribution of its minutes and work plan in addition to the production of a report detailing its activities at least annually.

The Committee will have access to regular CCG performance reports, strategies and plans.

6. Committee Membership

Core members

Chair or a Senior Clinical Director

1 senior Clinical Director

2 Clinical Directors

Accountable Officer or nominated Deputy

Head of Strategy and Organisational Development

Director of Finance

Lay member (PPI)

In attendance as required

CCG member practice representatives

Directors

7. Quorum Rules and Responsibilities of Members

The following members must attend for the Committee to be quorate.

Chair or a Senior Clinical Director

1 Clinical Director

Accountable Officer or nominated Deputy

1 further committee member

Committee Members will follow the code of conduct contained in the CCG's constitution.

8. Reporting Arrangements

The Committee will provide a regular report of its meetings to the CCG Governing Body.

9. Monitoring adherence to the Terms of Reference

As part of the annual reporting process to the Governing Body.

10. Review

Terms of Reference will be reviewed annually, with an exceptional checkpoint in September 2013 given that 2013/4 is the first operating year of the CCG.

11. Resources and support

The committee will be supported by a Director of the CCG, who will be responsible for:

- overseeing of Governing Body and committee agendas, minimising the duplication of discussion and decision-making

- assisting those chairing the Governing Body and committee with preparation for meetings
- bringing together in accessible form the reports and information necessary to the support discussion and decision-making of the Governing Body and its committees
- producing and distributing minutes within five working days of meetings
- tracking progress on actions, identifying and rectifying any lapses in communication.

Meeting dates will be agreed on an annual basis and will not be changed without the permission of the chair.

Agendas for the meeting will be distributed no less than seven days before the meeting.

Papers for the meeting will be distributed no less than five days before the meeting. Any exceptions to this will require written notification to the chair, and subsequent agreement on distribution arrangements.

6. LSL Joint Clinical Strategy Committee

DRAFT TERMS OF REFERENCE LAMBETH, SOUTHWARK & LEWISHAM CCGs Joint Clinical Strategy Committee

1. Introduction

The LSL Clinical Strategy Committee is a standing Joint Committee of Lambeth, Southwark and Lewisham CCGs, which exists to enable appropriate co-ordination and alignment of commissioning strategies and plans, to oversee joint commissioning programmes and address challenges in the LSL health economy.

This Committee will be chaired by Chair from one of the CCGs and will draw on senior members of CCG Governing Bodies, with attendance as needed from Directors of Public Health and senior SLCSS management.

2. Purpose

- a) To share thinking and learning on themes of shared interest in relation to clinical commissioning and professional development in LSL
- b) To share CCG strategies for clinical engagement and patient and public engagement in order to promote synergies and avoid any unnecessary inconsistencies
- c) To share CCG commissioning strategies and plans in order to promote synergies and avoid any unnecessary inconsistencies
- d) To identify, and oversee the development and implementation of, joint commissioning programmes, including QIPP programmes
- e) To develop and agree joint strategies for procurement and contractual negotiation with major providers to maximise commissioning leverage
- f) To address strategic issues for LSL in the provider market – mergers and acquisitions, reconfiguration and service change, foundation trust applications, receivership – where acting as scale is necessary to ensure the CCGs' interests are promoted effectively
- g) To co-ordinate strategies and plans with the NHS Commissioning Board Authority (NHSCBA)
- h) To develop and agree joint strategies and plans, and making investments in, infrastructural projects – workforce, information management and technology (IM&T) and estates – particularly in relation to primary care
- i) To determine, oversee and review opportunities for joint working in public health across LSL and co-ordinate LSL CCG voice into joint public health priority setting and working across the single Lambeth and Southwark Public Health Team and coordinating with Lewisham in partnership with local government.
- j) To determine, oversee and review any joint CCG management arrangements

- k) To recommend, oversee and review any joint CCG financial risk management arrangements

3. Areas of Focus

- a) To share thinking and learning on themes of shared interest in relation to clinical commissioning and professional development in LSL
- Provide a forum for discussion, learning and development between the clinical commissioners in Lambeth, Southwark and Lewisham.
 - Provide a space for discussing clinical issues with providers that will have an impact on services across LSL
 - Provide a forum for discussion of NICE guidance and its local application
 - Provide an opportunity for clinical commissioners to be engaged with and accelerate the benefits arising from the Academic Health Sciences Centre and the Health Innovation and Education Cluster
- b) To provide a forum for the shared oversight of clinical engagement and patient and public engagement in order to promote synergies and avoid any unnecessary inconsistencies
- Support the engagement of primary care clinician commissioning leads in clinical pathway redesign, including integrated care
 - Develop a relationship and manage a dialogue with the South East London stakeholder reference group
 - Determine any future arrangements for patient and public involvement
- c) To share CCG commissioning strategies and plans in order to promote synergies and avoid any unnecessary inconsistencies
- Determine what level of collaboration is valuable in strategy definition and annual planning, to oversee this, to consider issues arising and make joint decisions as appropriate
 - Ensure that sound clinical evidence is made available and is used as the basis for cross-LSL initiatives and assess and mitigate any associated clinical risk.
- d) To identify and oversee joint commissioning programmes, including QIPP programmes
- e) To develop joint strategies for negotiation with major providers to maximise commissioning leverage
- Develop shared specifications for care quality
 - Align activity commitments, as appropriate
 - Align approach to incentives, as appropriate
- f) To address strategic issues in the provider market where acting as scale is necessary to ensure the CCGs' interests are promoted effectively
- Consider the implications of the potential mergers and acquisitions and develop and promote a robust commissioning position to maintain leverage

- Review clinical and service changes proposed by service providers that impact across LSL and/or beyond, including, potentially, the actions of receivers.
 - Develop, when appropriate, a joint commissioner position on the application of local providers for foundation trust status
 - Where reconfiguration is proposed, oversee the application of the four reconfiguration tests
 - Specify and co-ordinate the testing of service changes where applicable
 - Develop joint policy, in relation to provider contestability, as appropriate
- g) To co-ordinate strategies and plans with the NHSCBA
- Develop and oversee working relationships and alignment with the NHS Commissioning Board, including the Local Area Team for South London
- h) To develop joint strategies and plans, and making investments in, infrastructural projects – workforce, information management and technology, estates
- i) To determine, oversee and review opportunities for joint working in public health across LSL and co-ordinate LSL CCG voice into joint public health priority setting and working across the single Lambeth and Southwark Public Health Team and coordinating with Lewisham in partnership with local government.
- j) To determine, oversee and review any joint CCG management arrangements
- Decide host or lead commissioner arrangements for major providers
 - Agree any shared managers or staff
 - Decide any shared assessor arrangements for continuing care
- k) To recommend, oversee and review any joint CCG financial risk management arrangements
- Recommend and oversee use of any agreed contingency funding in relation to joint work agreed between CCGs
 - Make recommendations on any financial arrangements to pool risk of high expenditure on health services

4. Meeting Schedule

The LSL Clinical Strategy Committee will meet bi-monthly, alternating with the SEL Clinical Strategy Committee.

Meetings may be held to coincide, or alternate with, the LSL Integrated Performance Committee if this proves logistically advantageous.

5. Accountability

The Committee will be accountable to the individual LSL CCG Boards through the distribution of its minutes and work plan in addition to the production of a report detailing its activities at least annually.

CCGs may choose to send reports or minutes to their local Health and Wellbeing Boards as per any local arrangements.

The LSL Clinical Strategy Committee is authorised to establish sub groups and working groups as required to carry out its duties. The Committee will receive reports from any working groups.

The Clinical Strategy Committee will seek input from the Stakeholder Reference Group, previously established. Minutes of the group will be reported to the CSC.

6. Committee Membership

LSL CCG Governing Bodies will grant in their constitution delegated authority to members or employees participating in these joint LSL arrangements to make decisions on their behalves. It is therefore the individual member / employee who has the delegated authority to make a decision rather than any joint arrangement. This will be recorded in the CCGs' schemes of reservation and delegation.

Core members

Chair and Vice Chair (Senior Clinical Director) from each of Lambeth, Southwark and Lewisham CCGs

GP leads for major provider contracting from Lambeth, Southwark and Lewisham

Accountable Officers (AOs) from Lambeth, Southwark and Lewisham

AOs' Deputies from Lambeth, Southwark and Lewisham

Nurse Governing Body member

In attendance as required

Borough Directors of Public Health

LSL Medicines advisor

CCG lead directors

Other stakeholders or advisors, as required, such as SLCSS

7. Quorum Rules and Responsibilities of Members

At a minimum, a Chair or Vice Chair (Senior Clinical Director) and an AO or AO Deputy must attend from each CCG.

It is expected that members of joint committees will follow the code of conduct contained in their local CCG governing body arrangements, including the Nolan code of conduct.

8. Reporting Arrangements

The Committee will share its minutes with each CCG Governing Body and report at least annually on the activities it has undertaken.

Monthly integrated performance reports will be made available to the CCG Governing Bodies, and the Committee will have access to the CCGs' individual performance reports.

9. Monitoring adherence to the Terms of Reference

As part of the annual reporting process to the LSL CCGs.

10. Review

Terms of Reference will be reviewed annually.

11. Resources and support

Reports will be compiled by the SLCSS.

The committee will be supported by the SEL Collaborative PMO.

Meeting dates will be agreed on an annual basis and will not be changed without the permission of the chair.

The SEL Collaborative PMO is responsible for ensuring that minutes are taken, checked for accuracy and distributed to members within five working days of the meeting.

Minutes will be distributed to committee members and attendees of the meeting within one week of the meeting dates.

Agendas for the meeting will be distributed no less than seven days before the meeting.

Papers for the meeting will be distributed no less than five days before the meeting. Any exceptions to this will require written notification to the chair, and subsequent agreement on distribution arrangements.

7. SEL Joint Clinical Strategy Committee

DRAFT TERMS OF REFERENCE SOUTH EAST LONDON CCGs Joint Clinical Strategy Committee

1. Introduction

The SEL Clinical Strategy Committee is a standing Joint Committee of Lambeth, Southwark, Lewisham, Bromley, Bexley and Greenwich CCGs, which exists to address strategic challenges in the SEL health economy and maintain links with SEL clinical networks.

This Committee will be chaired a clinical chair from one of the CCGs and will draw on senior members of CCG Governing Bodies, with attendance as needed from Directors of Public Health and senior SLCSS management.

2. Purpose

- a) To develop, agree and oversee commissioning strategy at the SEL level
- b) To address strategic issues in the provider market – mergers and acquisitions, reconfiguration and service change, foundation trust applications, receivership – affecting the whole of South East London, where acting as scale is necessary to ensure the CCGs' interests are promoted effectively
- c) To liaise on behalf of SEL CCGs with the NHSCBA London specialist commissioning hub
- d) To share LSL and BBG CCG strategies for clinical engagement and patient and public engagement in order to promote synergies and avoid any unnecessary inconsistencies
- e) To develop a shared approach to London-wide issues and co-ordination, preparation for, and participation in, the London Clinical Commissioning Council
- f) To co-ordinate strategies and plans with SEL clinical networks
- g) To determine, oversee and review any pan-SEL management arrangements
- h) To recommend, oversee and review any joint CCG financial risk management arrangements

3. Areas of Focus

- a) To develop, agree and oversee commissioning strategy at the SEL level
- b) To address strategic issues in the provider market where acting as scale is necessary to ensure the CCGs' interests are promoted effectively

- Consider the implications of the potential mergers and acquisitions and develop and promote a robust commissioning position to maintain leverage
 - Review clinical and service changes proposed by service providers that impact across SEL and/or beyond, including, potentially, the actions of receivers.
 - Develop, when appropriate, a joint commissioner position on the application of local providers for foundation trust status
 - Where reconfiguration is proposed, oversee the application of the four reconfiguration tests
 - Specify and co-ordinate the testing of service changes where applicable
 - Develop joint policy, in relation to provider contestability, as appropriate
- c) To liaise on behalf of SEL CCGs with the NHSCBA London specialist commissioning hub
- d) To provide a forum for the shared oversight of clinical engagement and patient and public engagement in order to promote synergies and avoid any unnecessary inconsistencies
- Support the engagement of primary care clinician commissioning leads in clinical pathway redesign, including integrated care
 - Develop a relationship and manage a dialogue with the South East London stakeholder reference group
 - Determine any future arrangements for patient and public involvement
- e) To develop a shared approach to London-wide issues and co-ordination preparation for, and participation in, the London Clinical Commissioning Council
- To be added as London-wide arrangements become clear
- f) To co-ordinate strategies and plans with SEL Clinical Networks
- Develop and oversee working relationships and alignment with the South East London cancer network
 - Develop and oversee working relationships and alignment with the South East London stroke and cardiac network
 - Be the conduit between the current clinical networks (e.g. cancer and cardiac and stroke) and the Clinical Commissioning Groups
- g) To determine, oversee and review any pan-SEL management arrangements
- Decide host or lead commissioner arrangements for major providers
 - Agree any shared managers or staff
 - Decide any shared assessor arrangements for continuing care
- h) To recommend, oversee and review any joint CCG financial risk management arrangements
- Recommend and oversee use of any agreed contingency funding in relation to joint work agreed between CCGs
 - Make recommendations on any financial arrangements to pool risk of high expenditure on health services

4. Meeting Schedule

The SEL Clinical Strategy Committee will meet bi-monthly, alternating with the LSL Clinical Strategy Committee.

5. Accountability

The Committee will be accountable to the individual SEL CCG Boards through the distribution of its minutes and work plan in addition to the production of a report detailing its activities at least annually.

CCGs may choose to send reports or minutes to their local Health and Wellbeing Boards as per any local arrangements.

The SEL Clinical Strategy Committee is authorised to establish sub groups and working groups as required to carry out its duties. The Committee will receive reports from any working groups.

The SEL Clinical Strategy Committee will seek input from the Stakeholder Reference Group, previously established. Minutes of the group will be reported to the CSC.

6. Committee Membership

SEL CCG Governing Bodies will grant in their constitution delegated authority to members or employees participating in these joint LSL arrangements to make decisions on their behalves. It is therefore the individual member / employee who has the delegated authority to make a decision rather than any joint arrangement. This will be recorded in the CCGs' schemes of reservation and delegation.

Core members

Chairs and Clinical Deputies (Senior Clinical Director) from Bexley, Bromley, Greenwich, Lambeth, Southwark and Lewisham CCGs
Accountable Officers (AOs) from the six CCGs
AOs' Deputies from the six CCGs
Nurse Governing Body member.

In attendance as required

Secondary care clinician(s)
Borough Directors of Public Health
Medicines advisor(s)
Director of the South East London Cancer network
Director of the South East London Stroke and Cardiac network
Other stakeholders or advisors, as required

7. Quorum Rules and Responsibilities of Members

At a minimum, a Chair or Clinical Deputy (Senior Clinical Director) and an AO or AO Deputy must attend from each CCG.

It is expected that members of joint committees will follow the code of conduct contained in their local CCG governing body arrangements, including the Nolan code of conduct.

8. Reporting Arrangements

The Committee will share its minutes with each CCG Governing Body and report at least annually on the activities it has undertaken.

Monthly integrated performance reports will be made available to the CCG Governing Bodies, and the Committee will have access to the CCGs' individual performance reports.

9. Monitoring adherence to the Terms of Reference

As part of the annual reporting process to the SEL CCGs.

10. Review

Terms of Reference will be reviewed annually.

11. Resources and support

Reports will be compiled by the SLCSS.

The committee will be supported by the SEL Collaborative PMO.

Meeting dates will be agreed on an annual basis and will not be changed without the permission of the chair.

The SEL Collaborative PMO is responsible for ensuring that minutes are taken, checked for accuracy and distributed to members within five working days of the meeting.

Minutes will be distributed to committee members and attendees of the meeting within one week of the meeting dates.

Agendas for the meeting will be distributed no less than seven days before the meeting.

Papers for the meeting will be distributed no less than five days before the meeting. Any exceptions to this will require written notification to the chair, and subsequent agreement on distribution arrangements.

8. Delivery Committee

DRAFT TERMS OF REFERENCE LEWISHAM CLINICAL COMMISSIONING GROUP Delivery Committee

1. Introduction

The Delivery Committee is a standing Committee of Lewisham CCGs, which exists to oversee the performance of commissioned health services in all aspects and to monitor delivery of the CCG's Operational Plans, including the implementation of change and the realisation of benefits.

This Committee will be chaired by the CCG chair or one of the Senior Clinical Directors.

2. Purpose

- a) Oversee health economy delivery
- b) Oversee pathway and provider performance
- c) Oversee delivery of Operational Plan and QIPP
- d) Oversee participation of member GP practices in delivery
- e) Approve business cases (not major investments)

3. Areas of Focus

- a) Oversee health economy delivery
 - To review the CCG's position against key performance, quality and safety and financial metrics, and identify mitigating steps where delivery is off-track
 - To gain assurance that there are robust procedures in place within the CCG for:
 - the effective management of finances
 - the effective monitoring and assurance of safety and quality of local services
 - the effective monitoring of activity and financial performance against contracts
 - the development and delivery of recovery plans when finances, quality or performance is off track.
- b) Oversee pathway and provider performance
 - To review the performance of care pathways in terms of outcomes and planned activity across settings against plan

- To identify and address any barriers to improved results, review learning and agree any improvements to shared solutions as appropriate
 - Where deep-seated barriers to delivery are identified, which cannot be resolved through routine corrective action, refer exploration and resolution to the Clinical Directors Committee or Strategy and Development Committee as appropriate
 - Review major providers' performance against key quality and safety measures and, where issues are of particular significance to the Lewisham population, gain assurance that the exceptions are being managed by both the CCGs and the trust in an adequate and appropriate way. (Otherwise this business is addressed through the LSL Joint Integrated Performance Committee)
 - To ensure that any significant performance risks are brought to the attention of the CCG Audit Committee via the CCG's risk management processes.
- c) Oversee participation of member GP practices in delivery
- Review commissioning activity of member practices in areas such as referrals and prescribing, identify patterns of variation and address through mechanisms approved by the Clinical Directors Committee
- d) Oversee delivery of Operational Plan and QIPP
- Receive progress and risk updates on Operational Plan initiatives
 - Receive progress and risk updates on clinical redesign programmes and QIPP initiatives
 - Decide any change to objectives, scope, approach, timescale or staffing which members deem necessary to meet commitments.
- e) Approve business cases (not major investments)
- Receive and, as appropriate, approve business cases for small investments budgeted for in Operational Plans

4. Meeting Schedule

The Delivery Committee will meet on a monthly basis, with meeting dates co-ordinated to achieve best fit with the availability of timely performance information and with meetings of the LSL Integrated Performance Committee.

5. Accountability

The Committee will be accountable to the Governing Body through the distribution of its minutes and work plan in addition to the production of a report detailing its activities at least annually.

The Committee will have access to regular CCG performance reports, strategies and plans.

6. Committee Membership

Core members

Chair or Senior Clinical Director
1 Senior Clinical Director
2 Clinical Directors
Accountable Officer or nominated Deputy
Director of Finance
Director of Commissioning
Medical/Nurse Director
Lay member (finance and audit)

In attendance as required

CCG member practice representatives
Corporate Director

7. Quorum Rules and Responsibilities of Members

The following members must attend for the Committee to be quorate.

Chair or Senior Clinical Director
1 Clinical Directors
Accountable Officer or nominated Deputy
1 further Director

Committee Members will follow the code of conduct contained in the CCG's constitution.

8. Reporting Arrangements

The Committee will provide a regular report of its meetings to the CCG Governing Body.

9. Monitoring adherence to the Terms of Reference

As part of the annual reporting process to the Governing Body.

10. Review

Terms of Reference will be reviewed annually, with an exceptional checkpoint in September 2013 given that 2013/4 is the first operating year of the CCG.

11. Resources and support

The committee will be supported by a Director of the CCG, who will be responsible for:

- overseeing of Governing Body and committee agendas, minimising the duplication of discussion and decision-making
- assisting those chairing the Governing Body and committee with preparation for meetings

- bringing together in accessible form the reports and information necessary to the support discussion and decision-making of the Governing Body and its committees
- producing and distributing minutes within five working days of meetings
- tracking progress on actions, identifying and rectifying any lapses in communication.

Meeting dates will be agreed on an annual basis and will not be changed without the permission of the chair.

Agendas for the meeting will be distributed no less than seven days before the meeting.

Papers for the meeting will be distributed no less than five days before the meeting. Any exceptions to this will require written notification to the chair, and subsequent agreement on distribution arrangements.

10. LSL Joint Integrated Performance Committee

DRAFT TERMS OF REFERENCE LAMBETH, SOUTHWARK & LEWISHAM CCGs Joint Integrated Performance Committee

1. Introduction

The LSL Integrated Performance Committee is a standing Joint Committee of Lambeth, Southwark and Lewisham CCGs, which exists to manage the quality and performance of GSTT, KCH, Lewisham Healthcare and SLAM, to oversee joint commissioning programmes and address challenges in the LSL health economy.

This Committee will be chaired by a clinical chair from one of the CCGs and will draw on senior members of CCG Governing Bodies, with attendance as needed from Directors of Public Health and senior SLCSS management.

2. Purpose

- a) To provide a forum for LSL CCGs to operate at scale to assure the performance of major local acute, community and mental health providers in terms of quality, safety and access, including serious incidents, and to oversee activity and finance against plan
- b) To provide a forum for LSL CCGs to operate at scale in addressing any general issues in system-wide care pathway performance of primary care across the health economy
- c) To provide a forum for oversight of the implementation of shared programmes and cross-CCG QIPP initiatives
- d) To assure the quality of data and processes used for reporting and to provide a forum for developing common requirements for reporting and information and for managing the performance of SLCSS in meeting these requirements

3. Areas of Focus

a) Major Provider Assurance

- To review Providers' performance against key quality and safety measures and gain assurance that the exceptions are being managed by both the CCGs and Providers in an adequate and appropriate way. Review the key quality issues identified (by clinical leads) within each provider and assure that action is taken.
- To ensure that there are robust procedures in place in relation to providers for the effective management of clinical incidents, for managing infection control, for safeguarding children, young people and vulnerable adults and for the safe and effective prescribing and management of medicines

- To review Providers' positions against key performance metrics, and to provide oversight to a process of scrutiny for any consistently low performing areas
- To monitor the financial position with the Providers across LSL (for example over / under spend), using exception based reporting to provide scrutiny for any consistently low performing areas
- To ensure that any significant performance risks are brought to the attention of the CCG Audit Committees via CCG risk management processes.
- The Providers whose performance will be assured are:
 - Guys and St Thomas' (acute and community services)
 - King's College Hospital
 - Lewisham Healthcare (acute and community services)
 - South London and Maudsley
 - By exceptions, peripheral Providers in this region such as St Georges.

b) Care Pathway Performance

- To review the performance of care pathways in terms of outcomes and planned activity across settings against plan
- To identify and address any barriers to improved results, review learning and agree any improvements to shared solutions as appropriate

c) Shared programmes and QIPP

- To receive progress updates on programmes and QIPP initiatives which span CCG boundaries
- To decide any change to objectives, scope, approach, timescale or staffing which members deem necessary to meet commitments.

d) Data quality, Reporting and Information

- To assure the quality of data used by the CCGs and SLCSS in developing the performance reports used by this committee
- To develop and maintain a common set of requirements for performance reporting in support of the committee's duties
- To negotiate with SLCSS Multi-Disciplinary Team on the terms of service for delivery of the required contract management and performance reporting
- To monitor the quality and timeliness of SLCSS service, provide joint feedback and make any intervention necessary in the case of poor SLCSS performance

4. Meeting Schedule

The LSL Integrated Performance Committee will meet bi-monthly. Meetings may be held to coincide with LSL or SEL Clinical Strategy Committee meetings if this proves logistically advantageous.

5. Accountability

The Committee will be accountable to the individual LSL CCG Boards through the distribution of its minutes and work plan in addition to the production of a report detailing its activities at least annually.

The Committee will receive reports from any working groups.

6. Committee Membership

LSL CCG Governing Bodies will grant in their constitution delegated authority to members or employees participating in these joint LSL arrangements to make decisions on their behalves. It is therefore the individual member / employee who has the delegated authority to make a decision rather than any joint arrangement. This will be recorded in the CCGs' schemes of reservation and delegation.

Core members

Chair and Vice Chair (Senior Clinical Director) from each of Lambeth, Southwark and Lewisham CCGs

Clinical leads for major provider contracting from Lambeth, Southwark and Lewisham

Accountable Officers (AOs) from Lambeth, Southwark and Lewisham

AOs' Deputies from Lambeth, Southwark and Lewisham

Nurse Governing Body member

In attendance as required

Borough Directors of Public Health

SLCSS Managing Director

SLCSS Contracting Lead for LSL and/or Performance and Information lead

CCG lead directors

7. Quorum Rules and Responsibilities of Members

At a minimum, a Chair or Vice Chair (Senior Clinical Director) and an AO Deputy must attend from each CCG.

It is expected that members of joint committees will follow the code of conduct contained in their local CCG governing body arrangements, including the Nolan code of conduct.

8. Reporting Arrangements

The Committee will share its minutes with each CCG Governing Body and report at least annually on the activities it has undertaken.

Monthly integrated performance reports will be made available to the CCG Governing Bodies, and the Committee will have access to the CCGs' individual performance reports.

9. Monitoring adherence to the Terms of Reference

As part of the annual reporting process to the LSL CCGs.

10. Review

Terms of Reference will be reviewed annually.

11. Resources and support

Reports will be compiled by the SLCSS.

The committee will be supported by the SEL Collaborative PMO.

Meeting dates will be agreed on an annual basis and will not be changed without the permission of the chair.

The SEL Collaborative PMO is responsible for ensuring that minutes are taken, checked for accuracy and distributed to members within five working days of the meeting.

Minutes will be distributed to committee members and attendees of the meeting within one week of the meeting dates.

Agendas for the meeting will be distributed no less than seven days before the meeting.

Papers for the meeting will be distributed no less than five days before the meeting. Any exceptions to this will require written notification to the chair, and subsequent agreement on distribution arrangements.

11. Audit Committee

DRAFT TERMS OF REFERENCE LEWISHAM CLINICAL COMMISSIONING GROUP Audit Committee

1. Introduction

The audit committee (the Committee) is established in accordance with the Lewisham Clinical Commissioning Group's Constitution, 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 Clinical Commissioning Group's Constitution and Standing Orders.

2. Purpose

The committee provides the group's governing body with an independent and objective view of the group's financial systems, financial information and compliance with laws, regulations and directions governing the group in so far as they relate to finance. The governing body has approved and keeps under review the terms of reference for the audit committee.

The committee shall critically review the clinical commissioning group's financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained.

3. Areas of Focus

3.1 Integrated governance, risk management and internal control

The committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the clinical commissioning group's activities that support the achievement of the clinical commissioning group's objectives.

Its work will dovetail with that of any committee(s), which the clinical commissioning group has established to seek assurance that robust clinical quality is in place.

In particular, the committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the clinical commissioning group.
- The underlying assurance processes that indicate the degree of achievement of clinical commissioning group objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
- The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service.

In carrying out this work the committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

3.2 Internal audit

The committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the audit committee, accountable officer and clinical commissioning group. This will be achieved by:

- Consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal.
- Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework.
- Considering the major findings of internal audit work (and management's response) and ensuring co-ordination between the internal and external auditors to optimise audit resources.
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the clinical commissioning group.
- An annual review of the effectiveness of internal audit.

3.3 External audit

The committee shall review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

- Consideration of the performance of the external auditors, as far as the rules governing the appointment permit.
- Discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy.

- Discussion with the external auditors of their local evaluation of audit risks and assessment of the clinical commissioning group and associated impact on the audit fee.
- Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the clinical commissioning group and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

3.4 Other assurance functions

The audit committee shall review the findings of other significant assurance functions, both internal and external and consider the implications for the governance of the clinical commissioning group.

These will include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators/inspectors (for example, the Care Quality Commission and NHS Litigation Authority) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies).

3.5 Counter fraud

The committee shall satisfy itself that the clinical commissioning group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

2.6 Management

The committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The committee may also request specific reports from individual functions within the clinical commissioning group as they may be appropriate to the overall arrangements.

2.7 Financial reporting

The audit committee shall monitor the integrity of the financial statements of the clinical commissioning group and any formal announcements relating to the clinical commissioning group's financial performance.

The committee shall ensure that the systems for financial reporting to the clinical commissioning group, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the clinical commissioning group.

The audit committee shall review the annual report and financial statements before submission to the governing body and the clinical commissioning group, focusing particularly on:

- The wording in the governance statement and other disclosures relevant to the terms of reference of the committee;

- Changes in, and compliance with, accounting policies, practices and estimation techniques;
- Unadjusted mis-statements in the financial statements;
- Significant judgements in preparing of the financial statements;
- Significant adjustments resulting from the audit;
- Letter of representation; and
- Qualitative aspects of financial reporting.

4. Meeting Schedule

The committee will meet sufficiently to fulfil its work plan or no fewer than four times per year as a minimum. The Governing Body reserves the right to call a meeting at any time (with appropriate notice) if an urgent matter arises.

The external auditors or head of internal audit may also request a meeting if they consider that one is necessary.

A notice period of at least 14 days shall be given before the Remuneration Committee meets. The Agenda and supporting papers will be circulated 7 days prior to the meeting.

5. Accountability

The Committee will be accountable to the Governing Body through the distribution of its minutes and work plan in addition to the production of a report detailing its activities at least annually.

The Committee will have access to regular CCG performance reports, strategies and plans.

6. Committee Membership

The committee shall be appointed by the clinical commissioning group as set out in the clinical commissioning group's constitution.

Members:

- Chair – the lay member of the governing body who has qualifications, expertise or experience in financial management and audit matters;
- The lay member of the governing body appointed as lead on patient and public participation matters,
- Senior Clinical Director with lead for quality
- Secondary Care Consultant

The provisions for appointment and tenure of the members of the committee are defined in the standing orders relating to these posts in the CCG Constitution.

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

Individuals in regular attendance but who are not members of the committee include the CCG's chief finance officer and representatives from internal and external audit services.

At least once a year the committee will meet privately with the external and internal auditors without any director or senior officer present.

Representatives from NHS Protect may be invited to attend meetings and will normally attend at least one meeting each year.

Regardless of attendance, external audit, internal audit, local counter fraud and security management (NHS Protect) providers will have full and unrestricted rights of access to the audit committee.

The Accountable Officer will be invited to attend and discuss, at least annually with the committee, the process for assurance that supports the statement on internal control. He or she will also normally attend when the committee considers the draft internal audit plan and the annual accounts.

Any other directors (or similar) may be invited to attend, particularly when the committee is discussing areas of risk or operation that are the responsibility of that director.

The chair of the governing body may be invited to attend one meeting each year in order to form a view on, and understanding of, the committee's operations.

7. Quorum Rules and Responsibilities of Members

The meeting will be quorate when two members are present.

The Committee shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the Conflict of Interest policy.

8. Reporting Arrangements

The Committee Chair shall report formally to the CCG Governing Body on its proceedings after each meeting on all matters within its duties and responsibilities. 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. The Committee shall make recommendations to the Governing Body on any area within its remit where action or improvement is needed.

The Group will report to the CCG Governing Body annually on its work in support of the Statement on Internal Control, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements.

9. Monitoring adherence to the Terms of Reference

An annual report will of its performance, membership and terms of reference will be submitted to the governing body.

10. Review

These Terms of Reference will be reviewed on an annual basis or sooner if required with recommendations made to the CCG Governing Group for approval.

Any resulting changes to the terms of reference will be approved by the Governing Body.

11. Resources and support

The committee will be supported by a Director of the CCG, who will be responsible for:

- overseeing of Governing Body and committee agendas, minimising the duplication of discussion and decision-making
- assisting those chairing the Governing Body and committee with preparation for meetings
- bringing together in accessible form the reports and information necessary to the support discussion and decision-making of the Governing Body and its committees
- producing and distributing minutes within five working days of meetings
- tracking progress on actions, identifying and rectifying any lapses in communication.

Meeting dates will be agreed on an annual basis and will not be changed without the permission of the chair.

Agendas for the meeting will be distributed no less than seven days before the meeting.

Papers for the meeting will be distributed no less than five days before the meeting.

Any exceptions to this will require written notification to the chair, and subsequent agreement on distribution arrangements.

12. Remuneration Committee

DRAFT TERMS OF REFERENCE LEWISHAM CLINICAL COMMISSIONING GROUP Remuneration Committee

1. Introduction

The Remuneration Committee (the Committee) is established in accordance with the Lewisham Clinical Commissioning Group's Constitution, 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 Clinical Commissioning Group's Constitution and Standing Orders.

2. Purpose

The Committee shall make recommendations to the Governing Body on determinations about pay and remuneration for employees of the Clinical Commissioning Group and people who provide services to the Clinical Commissioning Group and allowances under any pension scheme it might establish as an alternative to the NHS pension scheme.

3. Areas of Focus

Specifically, the Committee will be responsible for:

- Approving the terms and conditions, remuneration and travelling or other allowances for governing body members, including pensions and gratuities.
- Approving the terms and conditions of employment for all employees of the group including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the group.
- Approving and determining the terms and conditions of service and employment for the group's employees.
- Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the group.

These responsibilities encompass:

- Monitoring and evaluating the performance and achievements of the Accountable Officer and other senior management team members and determining annual salary awards and other payments as appropriate.
- Considering the contractual arrangements and severance payments of the Accountable Officer and of other senior staff, seeking HM Treasury approval as appropriate in accordance with the guidance 'Managing Public Money'

The Committee should also remain aware that each individual NHS organisation is corporately responsible for ensuring that its pay arrangements are appropriate in terms of Equal Pay requirements and other relevant legislation.

The Committee will at all times apply best practice in the decision making processes. When considering individual remuneration the committee will:

- Comply with current disclosure requirements for remuneration;
- On occasion seek independent advice about remuneration for individuals; and
- Ensure that decisions are based on clear and transparent criteria.

The Committee will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations.

A decision put to a vote at a meeting shall be determined by a majority of the votes of the members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

4. Meeting Schedule

The committee will meet sufficiently to fulfil its work plan or at least bi-annually as a minimum. The Governing Body reserves the right to call a meeting at any time (with appropriate notice) if an urgent matter arises.

A notice period of at least 14 days shall be given before the Remuneration Committee meets. The Agenda and supporting papers will be circulated 7 days prior to the meeting.

5. Accountability

The Committee will be accountable to the Governing Body and shall make recommendations to the Governing Body on any area within its remit where action or improvement is needed.

6. Committee Membership

The Committee shall be appointed by the Clinical Commissioning Group from amongst its Governing Body members and must not have a Member Practice majority. Only members of the Remuneration Committee have the right to attend Remuneration Committee meetings:

Members:

- Chair of the Committee (Lay Member, the lead for audit who is also Vice Chair of the Governing Body)
- Deputy Chair of the Committee (Lay Member)
- Secondary Care Consultant
- Registered Nurse

Other parties may attend at the request of the Committee and only to provide advice and information. This may include the Accountable Officer, Chief Financial Officer, or other employees or external advisors.

Staff will not be present for the discussion of matters relating to their own remuneration, performance or terms of service.

7. Quorum Rules and Responsibilities of Members

The meeting will be quorate when three members are present, with at least one Lay Member also present. The majority of those present should be Lay Members.

The Committee shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the Conflict of Interest policy.

The Remuneration Committee will:

- Observe the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds and the management of the bodies concerned;
- Maximise value for money through ensuring that services are delivered in the most efficient and economical way, within available resources, and with independent validation of performance achieved wherever practicable;
- be accountable to Parliament, to users of services, to individual citizens, and to staff for the activities of the bodies concerned, for their stewardship of public funds and the extent to which key performance targets and objectives have been met;
- comply fully with the principles of the Citizen's Charter and the Code of Practice on Access to Government Information, in accordance with Government policy on openness; and
- bear in mind the necessity of keeping comprehensive written records of their dealings, in line with general good practice in corporate governance

8. Reporting Arrangements

The Committee Chair shall report formally to the CCG Governing Body on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the confidential meeting of the Governing Body, respecting individual confidentiality.

9. Monitoring adherence to the Terms of Reference

As part of the annual reporting process to the Governing Body.

10. Review

These Terms of Reference will be reviewed on an annual basis or sooner if required with recommendations made to the CCG Governing Group for approval.

Any resulting changes to the terms of reference will be approved by the Governing Body.

11. Resources and support

The committee will be supported by a Director of the CCG, who will be responsible for:

- overseeing of Governing Body and committee agendas, minimising the duplication of discussion and decision-making
- assisting those chairing the Governing Body and committee with preparation for meetings
- bringing together in accessible form the reports and information necessary to the support discussion and decision-making of the Governing Body and its committees
- producing and distributing minutes within five working days of meetings
- tracking progress on actions, identifying and rectifying any lapses in communication.

Meeting dates will be agreed on an annual basis and will not be changed without the permission of the chair.

Agendas for the meeting will be distributed no less than seven days before the meeting.

Papers for the meeting will be distributed no less than five days before the meeting.

Any exceptions to this will require written notification to the chair, and subsequent agreement on distribution arrangements.

12. Management Group

DRAFT TERMS OF REFERENCE LEWISHAM CLINICAL COMMISSIONING GROUP Management Group

1. Introduction

The Management Group exists to support the Accountable Officer in his/her role in running the CCG organisation, overseeing management arrangements with partners and suppliers and ensuring effective management of risk.

This Group will be chaired by the Accountable Officer.

2. Purpose

- a) Define/refine remit of CCG organisation vs. joint working, SLCSS, partners
- b) Oversee CCG senior recruitment
- c) Oversee CCG organisational development
- d) Manage CCG + SLCSS budget within £25
- e) Ensure effective management of risk

3. Areas of Focus

- a) Define/refine remit of CCG organisation vs. joint working, SLCSS, partners
- b) Oversee CCG senior recruitment
- c) Oversee CCG organisational development
- d) Manage CCG + SLCSS budget within £25
- e) Ensure effective management of risk

4. Meeting Schedule

The Management Group will meet on a weekly basis.

5. Accountability

The Group will assist the Accountable Officer in discharging his/her personal accountability to the Governing Body in relation to the running of the CCG organisation.

6. Group Membership

Core members

Managing Director
Director of Finance
Director of Commissioning
Corporate Director
Medical/Nursing Director

In attendance as required

Director of Public Health
Senior managers and officers of the CCG and joint commissioning teams
Directors, managers or representatives from SLCSU

7. Quorum Rules and Responsibilities of Members

40% of core membership plus deputies

8. Reporting Arrangements

The Group will keep formal minutes, but these will not be distributed beyond Group members.

9. Monitoring adherence to the Terms of Reference

Not applicable.

10. Review

Terms of Reference will be reviewed annually.

11. Resources and support

The group will be supported by a Director of the CCG, who will be responsible for:

- overseeing of Governing Body, committee and Group agendas, minimising the duplication of discussion and decision-making
- assisting those chairing the Governing Body and committee with preparation for meetings
- bringing together in accessible form the reports and information necessary to the support discussion and decision-making of the Governing Body and its committees
- producing and distributing minutes within five working days of meetings
- tracking progress on actions, identifying and rectifying any lapses in communication.

13. For Learning and Action Group (FLAG)

DRAFT TERMS OF REFERENCE LEWISHAM CLINICAL COMMISSIONING GROUP For Learning and Action Group (FLAG)

1. Introduction

The For Learning and Action Group is a central point for the identification, escalation, monitoring and learning from patient feedback and patient safety and quality incidents and issues.

This Group will be chaired by the CCG Senior Clinical Director responsible for clinical quality.

2. Purpose

- a) Provide expert assistance with the identification, escalation and resolution of patient feedback and patient safety and clinical quality issues which arise in healthcare delivery
- b) Provide a forum to learn from adverse events

3. Areas of Focus

- a) Provide expert assistance with the identification, escalation and resolution of patient feedback and patient safety and clinical quality issues which arise in healthcare delivery. This will include reports from the National Reporting and Learning System (NRLS)
 - To act as a local referral point for:
 - reports sharing issues of concern impacting on patient care and relating to staff not directly employed by Lewisham CCG
 - issues of concern and lessons learnt from Prescribing and Medicines Management
 - to advise CCG staff on remedial action
 - to monitor actions taken by provider in response to Serious Untoward Incidents
 - to escalate serious and/or recurrent issues identified to the appropriate committee:
 - recurrent safety and quality issues with contractual implications to the CCG Delivery Committee

- issues relating to the action of individual primary care contractors to the NHSCB Local Area Team (LAT)
 - issues of importance for member practices in their commissioning role to the Clinical Directors Committee
 - to perform this role in accordance with other Lewisham CCG policies including Information Governance, whistle blowing, incident reporting and management and complaints handling
- b) Provide a forum to learn from adverse events
- to encourage a culture of learning from adverse events and near misses
 - to encourage a culture of fairness so that the root cause of adverse events is addressed
 - to act as a local referral point for looking at adverse events
 - to receive root cause analysis of serious adverse events and near misses
 - review action plans to address causes and provide support where possible to include all independent contractors
 - ensure dissemination of learning from good practice adverse events and near misses
 - to ensure that the process is disseminated to all those working in Lewisham CCG and that reporting and referral mechanisms are disseminated to the other stakeholders

4. Meeting Schedule

The Group will hold monthly meetings.

Prescribing / CAS Alerts, Quality Alerts, Incident Themes in Primary Care and SUI monitoring in SLAM and Lewisham Healthcare will be reviewed every month.

PALS / Complaints will be to be reviewed every quarter.

The Group will meet when required to review Final Reports for SUIs.

5. Accountability

The Group will maintain clear records for the purpose of effective communication, transparency of the process and for accountability

The Group will provide minutes to the Strategy Development Committee, the Clinical Directors Committee and the Delivery Committee, highlighting issues of particular relevance to the committee in question.

6. Group Membership

Core members

- Senior Clinical Director, Lewisham CCG
- Head of Integrated Governance
- Medicines Governance Advisor
- Head of System Intelligence
- Commissioning Facilitator x 2
- Governance Officer

In attendance as required

- SLaM and LHCT Commissioners
- LDC representative or other dental advisor
- AD Pharmacy or other pharmacist adviser
- AD's provider services – adult and children's divisions

7. Quorum Rules and Responsibilities of Members

A quorum will be 75% of core membership

8. Reporting Arrangements

The Group will keep formal minutes, but these will not be distributed beyond Group members.

9. Monitoring adherence to the Terms of Reference

Not applicable.

10. Review

Terms of Reference will be reviewed annually.

11. Resources and support

The group will be supported by a Director of the CCG, who will be responsible for:

- overseeing of Governing Body and committee agendas, minimising the duplication of discussion and decision-making
- assisting those chairing the Governing Body and committee with preparation for meetings
- bringing together in accessible form the reports and information necessary to the support discussion and decision-making of the Governing Body and its committees
- producing and distributing minutes within five working days of meetings
- tracking progress on actions, identifying and rectifying any lapses in communication.

Meeting dates will be agreed on an annual basis and will not be changed without the permission of the chair.

Agendas for the meeting will be distributed no less than seven days before the meeting.

Papers for the meeting will be distributed no less than five days before the meeting.

Any exceptions to this will require written notification to the chair, and subsequent agreement on distribution arrangements.

14. PPI / Inequalities Group

DRAFT TERMS OF REFERENCE LEWISHAM CLINICAL COMMISSIONING GROUP PPI / Inequalities Group

1. Introduction

The Patient and Public Involvement (PPI)/ Inequalities Group exists to ensure the CCG has the mindset and the structures and processes in place to achieve a high level and quality of patient and public engagement and that its approach to engagement promote the reduction of health inequalities.

This Group will be chaired by Hilary Entwistle, Senior Clinical Director.

2. Purpose

- a) Provide feedback and assurance to the CCG Board committees that equalities and patient and public engagement is being carried out in the best way and meets legal duties placed on the CCG
- b) Ensure that information drawn from engagement and equalities assessment is taken account of in the development of CCG strategy and plans
- c) Collect and assess patient experience insights to the Delivery Committee as a key dimension of the safety aspect of performance
- d) Develop and monitor an annual engagement plan to improve engagement over the year in line with the Communications and Engagement Strategy
- e) Develop and maintain a consolidated and deepening view of reported patient experience in Lewisham

3. Areas of Focus

- a) Provide feedback and assurance to the CCG Governing Body and Committees that equalities and patient and public engagement is being carried out in the best way and meets legal duties placed on the CCG
 - Approve annual equalities objectives
 - Approve the annual Equality Delivery System assessment

- Provide assurance on the duty to consult obligation
 - Provide feedback which focuses specifically on the Outcomes Framework domain of patient experience and associated guidance
- b) Ensure that information drawn from engagement and equalities assessment is taken account of in the development of CCG strategy and plans
- Determine the structure of engagement to provide input into planning (April)
 - Oversee the engagement exercise (May to September)
- c) Act as a focus for patient experience insights to the Delivery Committee as a key dimension of the safety aspect of performance
- Identify and escalate to the Delivery Committee any item of feedback or equalities information of such immediate importance
 - Assure the quality of input provided on patient experience into the monthly integrated performance reports reviewed by the Delivery Committee.
- d) Develop and monitor an annual engagement plan to improve engagement over the year in line with the Communications and Engagement Strategy.
- Ensure local alignment of engagement plans to maximise collective impact, including for example:
 - engagement driven by the Health and Wellbeing Board
 - engagement plans of Lewisham Healthcare
- f) Develop and maintain a consolidated and deepening view of reported patient experience in Lewisham
- Develop and review key measures from patient experience, e.g. national surveys, Lewisham LINKs database patterns, changes in choices by patients. These should align to the Outcomes Framework Patient Experience dimensions.
 - Develop feedback mechanisms from clinicians' one-to-one discussions with patients (based on increasing shared decision making between them) and the patient participation groups.

4. Meeting Schedule

Meetings will take place on a bi-monthly basis.

5. Accountability

The Group will provide minutes of its meetings to the Strategy and Development Committee.

Governance support will ensure any insights and suggested actions are communicated to other Committees as appropriate.

6. Group Membership

- CCG Clinical Director
- CCG Governing Body lay member with responsibility for engagement.
- Director of Commissioning (with remit for engagement)
- Corporate Director Healthwatch (Lewisham LINKs until in operation)
- Public Health
- Lewisham Healthcare PPI Lead
- Lewisham Healthcare Health Promotion and Engagement Lead
- SLAM PPI Lead
- London Borough of Lewisham Officer with responsibility for Health and Wellbeing Board and link to Borough insights into Lewisham
- Voluntary Action Lewisham – Head of Health and Social Care Forum
- Engagement Officer
- South London CSU Communications and Engagement Lead relating to Lewisham.

7. Quorum Rules and Responsibilities of Members

A quorum will be over 50% of members including one CCG Governing Body member.

8. Reporting Arrangements

The Committee will provide a regular report of its meetings to the Strategy and Delivery Group.

9. Monitoring adherence to the Terms of Reference

Not applicable

10. Review

Terms of Reference will be reviewed annually.

11. Resources and support

The group will be supported by a Director of the CCG, who will be responsible for:

- overseeing of Governing Body and committee agendas, minimising the duplication of discussion and decision-making
- assisting those chairing the Governing Body and committee with preparation for meetings
- bringing together in accessible form the reports and information necessary to the support discussion and decision-making of the Governing Body and its committees
- producing and distributing minutes within five working days of meetings
- tracking progress on actions, identifying and rectifying any lapses in communication.

Draft at 16 August 2012

Meeting dates will be agreed on an annual basis and will not be changed without the permission of the chair.

Agendas for the meeting will be distributed no less than seven days before the meeting.

Papers for the meeting will be distributed no less than five days before the meeting.

Any exceptions to this will require written notification to the chair, and subsequent agreement on distribution arrangements.

15. Health Safeguarding Group

DRAFT TERMS OF REFERENCE LEWISHAM CLINICAL COMMISSIONING GROUP Health Safeguarding Group

1. Introduction

The Health and Safeguarding Group exists to promote and strengthen safeguarding arrangements in Lewisham and gain assurance that robust monitoring of these arrangements is in place.

This Committee will be chaired by a lead Clinical Director from the CCG Governing Body.

2. Purpose

- a) Promote and strengthen the arrangements for safeguarding children, young people and adults at risk receiving services from health providers within Lewisham, to assess the effectiveness of those systems and processes and to seek their continuous improvement.
- b) Gain assurance from Lewisham Healthcare and other commissioned services by the NHS that robust monitoring of the working of these arrangements is in place
- c) Ensure that health organisations fulfil their duty of partnership and contribute fully to the Lewisham whole system Safeguarding framework for Children, young people and adults at risk.

3. Areas of Focus

- a) Promote and strengthen the arrangements for safeguarding children, young people and adults at risk receiving services from health providers within Lewisham, to assess the effectiveness of those systems and processes and to seek their continuous improvement.
 - To act as a forum for sharing good practice and for collaboration on strengthening safeguarding arrangements for children, young people and adults at risk particularly training, supervision and communications
- b) Gain assurance from Lewisham health services and other commissioned services by the NHS that robust monitoring of the working of these arrangements is in place
 - To gain assurance that systems and processes are in place to safeguard children, young people and adults at risk
 - To scrutinise public declarations on safeguarding arrangements
 - To ensure clear lines of accountability within Lewisham relating to safeguarding
 - To ensure appropriate communication systems are in place between local partners, health commissioners and health providers
 - To ensure appropriate policies, procedures and guidance are in place, disseminated and adhered to and are updated regularly to reflect regional and national guidance

- To inform the Governing Body of any risks and key issues relating to safeguarding
 - To gain assurance on the completion of all recommendations from serious case reviews and internal management reviews, ensuring learning is disseminated
 - To quality review all serious case reviews and internal management reviews.
 - To review the adequacy of resources available to ensure that the safeguarding functions are properly carried out.
- c) Ensure that health organisations fulfil their duty of partnership and contribute fully to the Lewisham whole system Safeguarding framework for Children, young people and adults at risk.
- To provide a link with Lewisham Safeguarding Children Board (LSCB) and the Multi-agency Adult Safeguarding Board
 - To monitor safeguarding performance
 - To receive reports from the LSCB working groups and ensure appropriate actions are taken
 - To oversee arrangements for the whole health system support visits and inspections as they arise

4. Meeting Schedule

The Group will meet on a quarterly basis.

5. Accountability

The Group will produce regular reports to the Delivery Committee and the Governing Body including an annual report.

6. Committee Membership

Core members

- Governing Body lead
- CCG Medical/Nurse Director
- Public Health lead for SCR
- Head of Joint Commissioning
- C&YP Designated Dr
- C&YP Designated Nurse
- C&YP Named GP
- CCG Adult Designated Nurse
- Lewisham Healthcare C&YP Named Dr, Nurse and Midwife
- Lewisham Healthcare Adult safeguarding leads
- SLaM C&YP Named Dr & Nurse
- SLaM Adult safeguarding lead
- BMI Blackheath Safeguarding lead

In attendance as required

Representation from other health providers in Lewisham as appropriate
Safeguarding Administrator (minutes and papers)

7. Quorum Rules and Responsibilities of Members

Attendance from core membership or a deputy is required at each meeting.

The minimum attendance from core members is:

- Governing Body lead
- One named Dr
- One named nurse
- One member from adult safeguarding
- One other member

8. Reporting Arrangements

The Committee will provide a regular report of its meetings to Delivery Committee and the CCG Governing Body.

9. Monitoring adherence to the Terms of Reference

As part of the annual reporting process to the CCG Governing Body.

10. Review

Terms of Reference will be reviewed annually.

11. Resources and support

The Health Safeguarding Group support will be provided by the Safeguarding Administrator in Lewisham CCG.

Agendas for the meeting will be distributed no less than seven days before the meeting.

Papers for the meeting will be distributed no less than five days before the meeting. Any exceptions to this will require written notification to the chair, and subsequent agreement on distribution arrangements.

16. Prescribing and Medicines Management Group

DRAFT TERMS OF REFERENCE LEWISHAM CLINICAL COMMISSIONING GROUP Prescribing and Medicines Management Group

1. Introduction

The Prescribing and Medicines Management Group exists to ensure a coherent high quality approach is taken to medicines management in all aspects of commissioning in Lewisham.

2. Purpose

- a) Ensure there is an appropriate governance and infrastructure to manage medicines in Primary Care and across the Primary and Secondary care interface
- b) Oversee the development of the prescribing strategy (including links to the Commissioning Strategy and the Operating Plan) and clinical governance priorities.
- c) Support the annual planning and budget setting process and associated monitoring

3. Areas of Focus

- a) Ensure there is an appropriate governance and infrastructure to manage medicines in Primary Care and across the Primary and Secondary care interface.
 - Ensure governance framework is in place around Clinical Commissioning (CC) and approve appropriate policies and procedures around Payment by Results and other national policy developments.
 - Fulfil statutory functions in relation to regulation and management of Controlled Drugs in primary and secondary care including overseeing operational and strategic functions of the Local Intelligence Network.
 - Ensure that appropriate policies and procedures for medicines management including medicines optimisation, are developed, implemented, audited and reviewed in respect of the Care Quality Commission (e.g. the vaccination and core medicines policies), the NPSA and other national guidance.
 - To receive and review draft clinical protocols that may have an impact both clinically and financially on local primary care prescribing, including the implementation of NICE guidance and NSFs.
 - To agree patient group directions (PGDs) on the advice of the PGD subgroup of this Group.
 - To work with local Trusts and groups including local Drugs and Therapeutics committees, London-wide PCTs and NHS London to address interface issues such as management of high cost drugs, shared care policies and unified budget or procurement opportunities.

- To develop appropriate links with professionals and organisations to enhance non-medical prescribing and receive action reports from the non-medical prescribing sub-group.
 - To develop work with the London Area Team of the NHSCBA and the GKLT Joint Formulary Committee around the managed entry of new drugs.
 - To monitor the development and implementation of drug error and adverse event reporting systems within primary care and to oversee and approve the CCG's response to patient safety alert notifications that relate to medicines and devices.
 - To identify training and development issues related to prescribing and medicines management within Lewisham CCG and deliver appropriate programmes.
 - To contribute to pathway redesign from a prescribing and medicines perspective.
 - To identify, develop, review and disseminate relevant information on prescribing and medicines.
 - To present protocols and plans relating to pharmaceutical public health and the CCG.
 - To collaborate with local prescribing groups and local CCGs.
- b) Oversee the development of the prescribing strategy (including links to the Commissioning Strategy and the Operating Plan) and clinical governance priorities.
- Agree and review the prescribing strategy annually in consultation with partners, groups and agencies.
 - To oversee and advise on the development and implementation of financial risk management strategies in respect of the practice prescribing budget and related budgets and issues of PbR excluded expenditure.
 - To oversee and advise on the development and implementation of clinical risk management strategies in relation to overall prescribing by GPs and non medical prescribers, dispensing (by pharmacies) , administration (by practice and staff) and taking by the patient (in line with prescriber advice) of medicines.
- c) Support the annual planning and budget setting process and associated monitoring
- Oversee the primary care prescribing budget setting process for the individual practices and neighbourhoods. To monitor and report on practice and neighbourhood prescribing spend.
 - Oversee the development and delivery of local QIPP Plans related to prescribing that are coherent with and inform the CCG QIPP.
 - Provide support to neighbourhoods in developing prescribing plans and ensure that the governance function is in place around prescribing workplans from a clinical perspective.

4. Meeting Schedule

Meetings of the Group will be held every 6 weeks.

5. Accountability

The group will prepare reports for Governing Body Committees in line with their respective roles

- issues of importance for member practices in their commissioning role will be reported to the Clinical Directors Committee

- delivery progress with prescribing-related QIPP schemes will be reported to the Delivery Committee
- reports and analysis of prescribing expenditure against plan will be reported to the Delivery Committee
- issues and opportunities in relation to prescribing and medicines management strategy will be reported to the Strategy and Development Committee, and contributions will be made into the annual planning process.

6. Committee Membership

Core members

Job title	Function	Group role
GP	Clinical [N1]	To advise and inform the group on implementation of medicines management issues in general practice
GP	Clinical [N2]	To advise and inform the group on implementation of medicines management issues in general practice
CCG Clinical Director	Commissioning [N3]	To advise and inform the group of medicines management issues within a clinical commissioning context
LPC representative	Pharmacist contractor	To inform and advise the group on issues related to implementation of medicines management and policy and practice in community pharmacies
Head of Medicines Management	Commissioning	To provide expert management advice to the group on medicines management issues within commissioned services
Members of the Medicines Mgmt Team – ad hoc	Commissioning	Will attend meetings as indicated from agenda and specific work portfolios
Lewisham Healthcare Pharmacy Director	Provider	To inform and advise the group on interface issues related to prescribing and medicines management from a secondary care perspective
Public Health representative	Commissioning	To advise the group on public health issues related to prescribing and medicines management
Lay members	Advisory	To provide a patient perspective
Nurse Prescriber (Primary Care –GP practice based)	Clinical	Preferably an independent prescriber

In attendance as required

Other members will be co-opted at different times to offer advice on different areas of work as needed.

7. Quorum Rules and Responsibilities of Members

50% of current membership (11+1). Vacant posts to be noted and excluded from quorum.

All members have a general responsibility to disseminate information relating to prescribing and medicines management relevant to their role via line management accountabilities and clinical networks

A deputy chair (GP) to be elected to deputise in the case of absence of the chair.

8. Reporting Arrangements

The Committee will provide a regular report of its meetings to the CCG Governing Body.

9. Monitoring adherence to the Terms of Reference

As part of the annual reporting process to the CCG Governing Body.

10. Review

Terms of Reference will be reviewed annually.

11. Resources and support

The group will be supported by a Director of the CCG, who will be responsible for:

- overseeing of Governing Body and committee agendas, minimising the duplication of discussion and decision-making
- assisting those chairing the Governing Body and committee with preparation for meetings
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17. Mobilisation

A programme of work is required to mobilise the governance arrangements described in this pack.

- Design, prototype, then develop a suite of dashboards, building on current clinical work and examples from the existing NHS South East London Cluster Integrated Governance Committee
- Review, take action to improve the quality of data feeding the reports and dashboards
- Invest in high quality, dedicated resource to service the Governing Body, committees and groups in a way which proactively facilitates informed and timely decision-making in the right place, optimising use of scarce member time and ensuring roles are clear and decisions well documented and communicated.

Of key interest to Governing Board members is the amount of time they will need to dedicate to meetings. In order to finalise arrangements that are achievable it is suggested that a 3 month calendar be developed onto which Governing Body, Health and Wellbeing Board, CCG Committee and CCG Group meetings are mapped.

Governing Body members can then discuss how chair roles and membership of committees and groups should best be distributed to optimise use of time and individual expertise and enthusiasm.