



Newcastle Gateshead Clinical Commissioning Group

NHS Newcastle Gateshead Clinical Commissioning Group Commissioning Forum Terms of Reference

1. Introduction

The Commissioning Forum is established as a committee of the Clinical Commissioning Group in accordance with its constitution, standing orders and scheme of delegation.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements and shall have effect as if incorporated into the group's constitution and standing orders.

2. Principal Function

The Commissioning Forum will provide an approach to determining the development of care provision within the unit of planning footprints of both Newcastle and Gateshead. They will provide clinically-led direction on areas of commissioning for health care services and will be constituted predominantly of clinicians who will use the groups as vehicles for determining needs in relation to both patient services and practice development. The commissioning forum will provide recommendations to the executive committee which will assist in the development of commissioning intentions. The commissioning forum will also provide a constant process of engagement with the member practices, allowing for a greater involvement in the commissioning process.

The commissioning forum will provide the clinical representation for the governing body.

3. Membership

The membership will consist of:

The healthcare professional nominated by each Member Practice to act on its behalf in dealings with the CCG, and to represent that Member Practice at general meetings of the commissioning forum and the Annual Members Meeting (AMM).

The members will aim to select the Chair of the commissioning forum from the membership.

In the absence of the chair, meetings will be chaired by a person chosen by those present at the meeting.

Practice Managers will provide a valuable input and their attendance is key to these meetings but the practice member would remain as the clinician to ensure we keep our commissioning clinically led.

Members of the governing body, the executive committee or CCG employees may be invited to attend all or part of meetings to provide advice or support particular discussion from time to time. Invitations may also be extended to individuals such as the Director of Public Health or individuals from other organisations to give advice and support.

Those invited to attend will not be entitled to vote.

4. Secretarial support

The Head of Corporate Affairs will ensure that a minute of the meeting is taken and provide appropriate support to the Chair and Committee members.

5. Frequency of meetings

The commissioning forum will normally meet quarterly and not less than three times per calendar year.

An Annual Members Meeting will be held once a year before the end of September in order to present the CCG's Annual report and Accounts

The executive committee or the governing body or at least 30% of the members may call a general meeting of the commissioning forum by giving all members at least twenty-one days' notice

Members will be expected to attend each meeting.

In exceptional circumstances and where agreed in advance by the chair, members of the commissioning forum or others invited to attend may participate in meetings by telephone, by the use of video conferencing facilities and/or webcam where such facilities are available. Participation in a meeting in any of these manners shall be deemed to constitute presence in person at the meeting.

6. Agendas and papers

The agenda for meetings will be set by the commissioning forum chair.

The agenda and papers for the meeting will be distributed 5 days in advance of the meeting. Items for the agenda should be notified to the chair 10 days in

advance of each meeting. Any agenda items received after the specified deadline will not be included unless specifically directed by the chair of the meeting. The setting of agendas for, and minutes of, each meeting should identify where discussion should rightly be recorded as being of a confidential or commercially sensitive nature.

7. Quoracy and Decision Making

60% of members, including proxies/nominated deputies of members, shall be the quorum.

Decision making will generally be by consensus. In any matter put to a vote the following voting arrangement will apply;

- members of the commissioning forum will be eligible to vote on the basis of one practice, one vote, with a simple majority required to carry a proposal.
- In the case of an equality of votes the chair of the meeting shall be entitled to a casting vote.

8. Remit and responsibilities of the Commissioning Forum

The commissioning forum will be responsible for:

- i). Determining the development of clinical pathways based on the healthcare needs of the local population within their unit of planning i.e. Newcastle or Gateshead.
- ii). Establishing and being part of task and finish groups who will undertake specific elements of work in relation to the development of clinical pathways.
- iii). Assist in the development of commissioning intentions by providing recommendations to the executive committee.
- iv). Ensuring a constant, accurate process of communication and engagement with member practices and patient representatives.
- v). Ensuring the provision of the representation on the governing body of the CCG.
- vi). Consideration and approval of applications to the NHS Commissioning Board on any matter concerning changes to the group's constitution, including terms of reference for the group's governing body, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.
- vii). Approving the arrangements for identifying practice members to represent

practices in matters concerning the work of the group; and appointing clinical leaders to represent the group's membership on the group's governing body, for example through election (if desired).

- viii). Approving arrangements for identifying the group's proposed accountable officer.
- ix). Agreeing any proposals to merge, amalgamate or federate with any other CCG which will be proposed to the NHS Commissioning Board for approval
- x). Being consulted upon any changes to commissioned services upon which service users are being consulted in accordance with the statutory duty

9. Reporting arrangements

The commissioning forum will report into the executive committee or the delivery group, and will provide:

- i). Proposals for pathway development to be undertaken by specific task and finish groups.
- ii). Recommendations for the development of commissioning intentions provided through the work of the task and finish groups.
- iii). Views raised by member practices and patient representatives in relation to commissioning issues.
- iv). Any minutes produced by the commissioning forum or task and finish groups for information.

10. Policy and best practice

The commissioning forum will apply best practice in its decision making, and in particular it will:

- comply with current disclosure requirements for remuneration;
- ensure that decisions are based on clear and transparent criteria

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

It will establish such sub-groups to assist with the delivery of its delegated responsibilities and progress its work as it sees fit.

11. Conduct of the Commissioning Forum

All members of the committee and participants in its meetings will comply with the Standards of Business Conduct for NHS Staff, the NHS Code of Conduct,

and the CCG's Policy on Standards of Business Conduct and Declarations of Interest which incorporates the Nolan Principles.

V1 Approved: May 2015

V2 Approved: September 2016

V3 Approved: November 2017

Review due: November 2019