

**East Midlands
NHS Clinical Commissioning
Groups**

**East Midlands
Affiliated Commissioning
Committee
Terms of Reference
April 2016**

East Midlands Affiliated Commissioning Committee

Terms of Reference

<p>1. Introduction</p>	<p>Nineteen East Midlands Clinical Commissioning Groups (CCG) have established a joint committee which enables the CCGs to work collaboratively on the development and maintenance of:</p> <ul style="list-style-type: none"> • Policies for services which CCGs have responsibility for commissioning; and • New policies identified as being appropriate for identical implementation on a regional scale. <p>Accordingly the East Midlands Affiliated Commissioning Committee (EMACC) has been established as a joint committee of the 20 East Midlands CCGs in accordance with section 14Z3 of the NHS Act 2006 and the constitutions of each of the CCGs listed in Annex 1 (the Participating CCGs).</p> <p>The terms of reference set out the membership, remit, responsibilities and reporting arrangements of EMACC.</p>
<p>2. Vision</p>	<p>The vision for EMACC is to: Maximise resources, reduce duplication and ensure the development of clinical and cost effective policies that improve the quality of care for patients.</p>
<p>3. Principles</p>	<p>The EMACC decisions will be based on the following principles:</p> <ul style="list-style-type: none"> • Optimise Health Outcomes: To agree policies that aim to achieve the greatest possible improvement in health outcomes for the East Midlands population within the resources that are available; • Clinical Effectiveness: Ensure that the decisions are based on sound evidence of clinical effectiveness; • Cost Effectiveness. Take into account cost-effectiveness analyses of healthcare interventions (where available) to assess which interventions yield the greatest benefits relative to the cost of providing them as part of agreeing policies; • Equity. Operate within the context of each individual within the East Midlands population being of equal value; • Access. Ensure that policy decisions reflect the need for care to be delivered as close to where patients live as possible; • Patient Choice. Respect the right of individuals to determine the course of their own lives, including the right to be fully involved in decisions concerning their health care. However, this has to be balanced against the responsibility to ensure equitable and consistent access to appropriate quality healthcare for all the population; • Affordability: Ensure policies that are approved are evidence based to deliver clinical and cost effective delivery of care within the resources available to the CCGs. Where policies exceed the available resources of the CCGs, EMACC will consider

	<p>prioritisation of the policies based on national and local policies and strategies, including local assessments of the health needs of the population;</p> <ul style="list-style-type: none"> • Disinvestment. As well as agreeing new policies on the basis of the criteria above, EMACC will keep policies under constant review to ensure that they continue to deliver clinical and cost-effective services at affordable cost; • Quality: EMACC will aim to agree policies that offer high quality services as evidenced against national and international best practice.
<p>4. Host arrangements and funding</p>	<p>The Participating CCGs have agreed that NHS Nottingham West CCG will be the Host of EMACC and that it will employ the chair and supply any other staff required to provide managerial and administrative support for EMACC (the Host CCG). Hosting arrangements will be agreed annually as part of the Annual Work Programme.</p> <p>The costs of the above employees, administrative support and audit and governance arrangements are funded by all of the Participating CCGs.</p> <p>The budget is agreed annually by the Participating CCGs as part of the Annual Work Programme and the agreed budget is then apportioned amongst the participating CCGs on a capitated basis.</p>
<p>5. Membership</p>	<p>The members of EMACC shall be as follows:</p> <p>Standing members:</p> <ul style="list-style-type: none"> • Independent Chair. • Two Representatives in total from each participating CCG, one clinical and one non-clinical, nominated by their respective Governing Bodies (both called CCG Representative) or nominated to represent the CCGs in their geographical area (see below* and footnote); • Public and Patient Representative with population perspective; • Senior Officer of the Clinical Priorities Steering Group. <p>The CCG Representatives may appoint a deputy to attend on their behalf (Nominated deputy).</p> <p>*The CCG Representatives may also agree to appoint one clinical and one non-clinical regional representative for each geographical area¹ to attend and represent all of the Participating CCGs provided that any such appointing CCG Representative is entitled to revoke this appointment and attend meetings themselves at any time should he or she wish to do so.</p> <p>Co-optees</p> <p>The Chair may co-opt such other individuals as may be required from time to time including, for example, but not limited to:</p> <ul style="list-style-type: none"> • EMACC Commissioning Manager.

¹ Derbyshire, Nottinghamshire, Lincolnshire, Northamptonshire and Leicestershire

	<ul style="list-style-type: none"> • Topic experts, clinical and non-clinical. • Director of Commissioning. • Director of Finance. • Directors of Nursing/Quality. • NHS England.
6. Chair and Vice Chair	<p>The Chair of EMACC will be an independent lay member and the Vice Chair will be a CCG Representative. The Vice Chair will be nominated from the membership of the committee.</p> <p>In the event of the Chair being unable to attend all or part of the meeting the Vice Chair will deputise.</p>
7. Quorum	<p>No business shall be transacted at any meeting unless a quorum is present.</p> <p>A quorum will be the Chair or Vice Chair and one clinical or non-clinical CCG Representative from each of the five geographical regions of Nottinghamshire, Derbyshire, Leicestershire, Lincolnshire and Northamptonshire</p>
8. Frequency and conduct of business	<p>EMACC will meet at least three times a year and meetings will be held in April, September and January.</p> <p>Meetings (including extraordinary meetings) shall be convened at the discretion of the Chair.</p> <p>Meetings will be organised and supported by the Host CCG.</p> <p>An agenda and supporting papers will be issued to Members not less than five working days before the meeting dates.</p>
9. Authority	<p>The EMACC has delegated authority from each of the Participating CCGs in accordance with section 14Z3 of the NHS Act 2006 to:</p> <ul style="list-style-type: none"> • Undertake the responsibilities listed in section 11; • Seek any information it requires in order to discharge its duties from any source; • Seek information from any of the CCG's employees; • Secure support from each Participating CCG to ensure they commit officers who are competent, available, authorised to represent and negotiate the CCG's position to input fully to the delivery of the Annual Work Programme; • Call on the obligation of Local Authority Public Health to support delivery of the Annual Work Programme under the CCG Memorandum of Understanding with Public Health in Local Authorities; • Establish and oversee a Clinical Priorities Steering Group (CPSG) which will support delivery of any EMACC's duties and responsibilities; • Direct CPSG to adopt task and finish processes to deliver the Annual Work Programme calling on subject matter experts to develop, review and amend policies. <p>For further details regarding CPSG please refer to section 13 below.</p>
10. Responsibilities	<p>The principal duties of the EMACC are to:</p> <ul style="list-style-type: none"> • Recommend the Annual Work Programme which will set out the policies to be developed by EMACC for approval by the

	<p>governing bodies of the Participating CCGs by 31st March every year;</p> <ul style="list-style-type: none"> • Make binding decisions on clinical policies delegated by the Participating CCGs in the Annual Work Programme listed. • Make binding decisions on clinical policies that are outside the Annual Work Programme in year where the EM CCGs determine that they fall within EMACC's remit; • Consider recommendations from the CPSG; • Agree decisions using a recognised and validated process for assessment based on evidence, quality, value for money, equality and inequality with due regard to the need to act transparently and ensure a robust decision making process; • Take or arrange for all necessary steps to be taken to enable CCGs to comply with their statutory duties including (but not limited to) the quality and choice of health care provision, working to the NHS Constitution; • Manage and update risk and conflict of interest registers; • Ensure a shared commitment to improving quality, reducing inequalities and ensuring that collective resources secure a sustainable NHS that does not disadvantage or destabilise the resources required to discharge the functions; • Promote the contribution of partner organisations contribution to the production of robust policies; • Ensure full engagement with the relevant clinical and non-clinical experts from all the CCGs across the region to ensure they have opportunity to shape the policy; • Engage patients and the public in the development and maintenance of the policies; • Provide opportunity for shared learning and development across the local system that result in improved practice and better outcomes for the population; • Provide the mechanism through which consensus can be built between the CCGs; • Agree communications and ways of working as part the implementation of the decisions made; • Establish and annually review the terms of reference for the CPSG; • Publish meetings and minutes and an annual overview for inclusion in the Host CCG's public annual report; and • Deliver the Annual Work Programme on time and within the annual budget set by the Participating CCG's as part of the Annual Work Programme.
11. Decision making	<p>Decisions will be made by consensus of the CCG Representatives. Where this is not possible CCG Representative's opting out of a decision or abstaining or in the minority may request the minutes reflect their position.</p>
12. Sub groups	<p>EMACC has a delivery group to assist EMACC's delivery of the responsibilities listed in section 11: The Clinical Priorities Steering Group (CPSG) will not have any delegated powers and is an advisory and delivery group. CPSG will operate under Terms of Reference agreed by EMACC.</p>

<p>13. Reporting</p>	<p>The EMACC will report to each CCG Governing Body following each meeting. Such reports will be prepared and circulated to all Participating CCGs by the Host CCG (following approval by the Chair) and will comprise the minutes of the meeting, summary of action taken since the last report, up to date risk register and an up to date conflicts of interest register.</p> <p>Minutes of the meeting will be available as requested and published publically on the Host CCG website.</p> <p>The work of EMACC will be subject to regular monitoring by the Host CCG Audit Committee, which will undertake at least one formal review in the first year as part of its assurance function.</p>
<p>14. Declaration of Interest and Register of Procurement Decisions</p>	<p>The Host CCG will maintain and keep up to date a conflicts of interest register on behalf of EMACC.</p> <p>Members are required to declare any interests which relate to a particular issue under consideration as soon as they become aware of it and at the start of each meeting.</p> <p>Any such declaration will be formally recorded in the minutes (along with details of the action taken to address the conflict) and declaration of interest forms completed for the Register of Interests. The Chair's decision regarding a Member's participation, or that of any attendee, in any meeting will be final. The Chair's decision regarding a Member's participation in a meeting (or part of a meeting) will be final.</p> <p>If the Chair has a conflict of interest the Vice Chair shall make a decision regarding their participation and that decision shall be final.</p>
<p>15. Conduct</p>	<p>Members and attendees will act in accordance with all applicable laws and guidance and relevant codes of conduct/good governance practice, and shall comply with the Host CCG's Conflict of Interest Policy.</p>
<p>16. Review of the Terms of Reference</p>	<p>The EMACC Terms of Reference will be reviewed annually by the EM CCG Congress.</p> <p>Any changes to these Terms of Reference which are proposed by the East Midlands CCG Congress must be approved by the Governing Bodies of the Participating CCGs before they are deemed to take effect.</p>

Final EM CCG Governing Body Approval Date: 6 April 2016
Review Date: March 2017

Participating CCGs

1. NHS Southern Derbyshire CCG
2. NHS North Derbyshire CCG
3. NHS Erewash CCG
4. NHS Hardwick CCG
5. NHS Nottingham City CCG
6. NHS Nottingham West CCG
7. NHS Nottingham North & East CCG
8. NHS Rushcliffe CCG
9. NHS Newark & Sherwood CCG
10. NHS Mansfield & Ashfield CCG
11. NHS Corby CCG
12. NHS Nene CCG
13. NHS West Leicestershire CCG
14. NHS Leicester City CCG
15. NHS East Leicestershire & Rutland CCG
16. NHS Lincolnshire West CCG
17. NHS South West Lincolnshire CCG
18. NHS South Lincolnshire CCG
19. NHS Lincolnshire East CCG

