CCGs working together
Airedale, Wharfedale and Craven CCG
Bradford City CCG
Bradford Districts CCG

Terms of Reference

Joint Clinical Committee

1. Accountability arrangements and authority

The Councils of Members and Representatives of NHS Airedale, Wharfedale, Craven, NHS Bradford City and NHS Bradford Districts CCGs hereby resolve to establish a committee of each CCG to be known as the Joint Clinical Committee, in line with the CCGs' constitutions, standing orders and schemes of delegation.

The remit, responsibilities, membership and reporting arrangements of the Joint Clinical Committee is set out in these terms of reference and shall have affect as if incorporated into the CCG's constitution. The Joint Clinical Committee has no executive powers, other than those specifically delegated in these terms of reference.

The Joint Clinical Committee is accountable to the member practices via the Council of Members or Representatives of each CCG.

The Joint Clinical Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the CCG or member of the Governing Body or Clinical Board / Executive and they are directed to co-operate with any request made by the Committee within its remit as outlined in these terms of reference.

The Joint Clinical Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing so the committee must follow any procedures put in place by the CCG for obtaining legal or professional advice.

2. Relationship and reporting

The Joint Clinical Committee is accountable to member practices via the Council of Members or Representatives of each CCG.

Draft minutes of Joint Clinical Committee meetings will be circulated to members within ten working days of a meeting and will be subject to ratification by the next Committee meeting.

A summary report of Joint Clinical Committee meetings will be provided to the Governing Body of each CCG as part of the Clinical Chairs' Report. The Chair of the Joint Clinical Committee shall draw to the attention of the Governing Bodies and / or Council of Members or Representatives any significant issues or risks relevant to that CCG.

Reports on specific issues will also be prepared when necessary for consideration by Clinical Executive/Boards.

The Joint Clinical Committee will present an annual report of its work to the Councils of Representatives / Members via the CCGs' Annual Reports. As required by CCG Annual Report guidance this will, as a minimum, include information about: key responsibilities, membership, attendance records and highlights of the Committees' work over the year.

3. Role and function

The purpose of the Joint Clinical Committee is to:

- consider Bradford District and Craven system wide clinical commissioning matters

- operate as a joint committee of the 3 Bradford District and CravenCCGs, as approved by the Council of Members/Representatives, with delegated decision making for the discharge of specific commissioning functions as set out in its terms of reference (Section 4 below)..

4. Responsibilities & Authority

To operate as a joint committee for NHS Airedale, Wharfedale and Craven CCG, NHS Bradford City CCG, and NHS Bradford Districts CCG with shared discussion and decision making for the following areas:

a) CCG Memorandum of Understanding (make recommendations about this to each CCG).
Note: The MOU covers the period September 2017- September 2020 but is to be subject to annual review by the Joint Clinical Committee, with recommendations for any amendments to be made to the Governing Bodies for approval. The MOU may be reviewed more frequently than this and can be mutually amended at any time on request.
b) S Review, planning and procurement of services relating to the following ystem wide strategic commissioning areas:

1. Acute Provider Collaboration
2. Mental Health and Learning Disabilities
3. Urgent and Emergency Care
4. Children and Young People
5. Planned Care
6. Cancer –
7. Medicines Optimisation

c) Review and approval of commissioning statements and policies (unless a CCG specific approach is agreed by JCC to be appropriate, in which case decision-making will lie with individual Clinical Boards / Executive).

d) To inform CCG input and voting at the Joint Committee of West Yorkshire & Harrogate CCGs (see *Appendix 1* for the WYHJC Work Plan)

e) Collaborating on Clinical Assembly/Forum matters where appropriate

f) Individual funding requests (IFRs) – decision making delegated to the CCGs' IFR Advisor and the Joint IFR Panel (see *Appendix 2* for the JIFRP's terms of reference)

g) To act as a key forum for communications and information sharing between the Clinical Boards / Executive of the 3CCGs

h) To be involved with objective-setting for system-wide clinical leads and will receive reporting from them

i) Approval of policies and procedures for all areas within the committee's remit.

Where the Joint Clinical Committee considers matters not covered by their terms of reference, these matters will be taken to the individual Clinical Boards / Executive for decision-making.

5. Membership

- Clinical Chair NHS Airedale, Wharfedale and Craven CCG
- Clinical Chair NHS Bradford City CCG
- Clinical Chair NHS Bradford Districts CCG
- Named Elected GP (or Associate GP) NHS Airedale, Wharfedale and Craven CCG
- Named Elected GP NHS Bradford Districts CCG
- Named Elected GP NHS Bradford City CCG
- Chief Officer NHS Airedale, Wharfedale and Craven, CCG, NHS Bradford City CCG & NHS Bradford Districts CCG
- Chief Finance Officer NHS Airedale, Wharfedale and Craven, CCG, NHS Bradford City CCG & NHS Bradford Districts CCG
- Director of Quality and Nursing NHS Airedale, Wharfedale and Craven, CCG, NHS Bradford City CCG & NHS Bradford Districts CCG
- 1 Director per CCG (3)
- Public Health Representative (advisory, non-voting)

6. Chair

The Chair of the Joint Clinical Committee will be a GP from one of the six GPmembers. The arrangements for Chair will be nominated and agreed by the members of the Joint Clinical

Committee at its first meeting. This will be reviewed in line with annual review of these terms of reference.

The Chair of the Joint Clinical Committee will appoint a Deputy Chair from one of the other two CCGs.

Where both Joint Clinical Committee Chair and Deputy Chair is conflicted, any decision will be referred to the Governing Body.

7. Decision-making and voting

Generally, it is expected that meeting decisions will be reached by consensus. Should this not be possible, each voting member of the Joint Clinical Committee will have one vote. Decisions will be by majority vote.

In the event of a tied vote, the Chair of the Joint Clinical Committee meeting will have the second and casting vote.

Should a vote be taken, the outcome of the vote and any dissenting views will be recorded in the minutes of the meeting.

8. Quorum

Meetings will be considered quorate when 1 GP member per CCG is represented and 1 Executive member per CCG, otherwise business will need to be ratified individually by each CCG Clinical Board / Executive. Each CCG is to identify an alternative GP member who can attend in absence of the `named' GP membership of the Joint Clinical Committee.

9. In attendance

CCG Clinical Board / Executive members, clinical speciality leads and senior managers from the CCG may be invited to attend as subject specific leads.

10. Frequency of meetings

The Joint Clinical Committee will meet normally meet monthly (morning of the 3rd Tuesday of the month) and at least six times per year. In addition, time will be built in to develop the capacity and capability of the forum (development sessions)

11. Sub-committees/groups

The Joint Clinical Committee is authorised to create sub-groups or working groups as are necessary to fulfil its responsibilities within these terms of reference.

The Joint Clinical Committee may not delegate executive powers delegated within these Terms of Reference to sub-groups or working groups, unless expressly authorised by the Council of Members / Representatives and remains accountable for the work of any such groups.

The Joint Clinical Committee has established (subject to the approval of the Councils of Members / Representatives), the Joint Individual Funding Requests Panel (JIFRP) as a sub-committee of the JCC. The terms of reference of the JIFRP have been approved by JCC and are set out at *Appendix 2.*

12. Conduct

All members of the committee will have due regard to, and operate within, the constitution, standing orders, the prime financial policies and other policies and procedures of the CCG.

13. Managing Conflicts of Interest

If any member of the Joint Clinical Committee has an actual or potential conflict of interest in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest at the start of the meeting and again at the relevant agenda item and details of the interest declared shall be recorded in the minutes.

The Chair of the meeting will determine how the interest will be managed in accordance with the CCG's Standards of Business Conduct & Conflicts of Interest Policy. The minutes must specify how the Chair decided to manage the declared interest, i.e. did the individual(s) concerned:

- Take part in the discussion but not in the decision-making
- Did not take part in either the discussion or decision-making
- Take part in the discussion and left the meeting for the decision or
- Left the meeting for the whole of the item

In making this decision the Chair will need to consider the following points:
- the nature and materiality of the decision
- the nature and materiality of the declared interest(s)
- the availability of relevant expertise
- as a general rule (and subject to the judgement of the Chair), if the interest is material, the individual should be asked to leave the room for the whole item

14. Administration and Support

Administrative support will be provided to the committee and will ensure that papers are issued at least 5 working days before a meeting and that draft minutes are circulated within 5 working days after a meeting.

The Director of Nursing & Quality will be responsible for supporting the Chair in the management of the committee's business and for drawing the committee's attention to best practice, national guidance and other relevant documents as appropriate.

The Director of Nursing & Quality in conjunction with the Chair of the Joint Clinical Committee will develop and maintain a work programme to inform and guide the work of the committee.

15. Urgent matters arising between meetings

The Chair of the Joint Clinical Committee and the CCG Chairs (or their deputies as substitutes) in consultation together and with at least one Executive Director, may also act on urgent matters arising between meetings of the Committee.

Where an urgent decision has been taken, a report, along with any background documentation, will be taken to the next meeting of the Joint Clinical Committee, where the Chair or Deputy Chair will explain the reason for the action taken.

16. Monitoring effectiveness and compliance

The Joint Clinical Committee will review its own effectiveness, its compliance with its terms of reference and the terms of reference document itself at least annually.

17. Date TOR approved

TOR agreed by JCC 21st August 2018.

Approved AWC Council of Members 29th November 2018, BC Council of Members 18th December 2018 (meeting not quorate – ratified by email), BD Council of Members 19th December 2018

18. TOR review date and approving body

Annually, or as and when legislation or applicable guidance is updated.

Any amended Terms of Reference will be agreed by the Joint Clinical Committee for recommendation to a subsequent meeting of the Council of Members / Representatives.

West Yorkshire and Harrogate
Health and Care Partnership

APPENDIX 1: West Yorkshire and Harrogate Joint Committee of CCGs - work plan 2018/19 - Decisions delegated to the Joint Committee by the CCGs

Cancer *Agree new strategic approaches to the commissioning and provision of cancer care, building on the 'Commissioning for Outcomes' work.*
Mental health • *Agree a single operating model for the management of acute and psychiatric intensive care unit (PICU) beds across West Yorkshire and Harrogate.* • *Agree a standard commissioning approach to acute and PICU services and a commitment to peer review local crisis services to ensure risk and benefit can be clearly understood and managed across West Yorkshire and Harrogate.* • *Agree plan for the provision of children and young people inpatient units, integrated with local pathways.*
Stroke *Agree configuration of Hyper Acute and Acute stroke services* • *Review and approve outline business case. Decide on readiness to consult.* • *Review outcomes of consultation.* • *Approve full business case* • *Consider and approve commissioning approach and approve delivery plan.*
Urgent and emergency care *Integrated urgent care services:* • *Agree the specification and business case (incorporating future arrangements for NHS 111 and GP out of hours services).* • *Agree the commissioning and procurement process to deliver services from 2019 onwards*
Elective care and standardising commissioning policies *Develop and agree West Yorkshire and Harrogate commissioning policies, including:* • *Pre-surgery optimisation (supporting healthier choices);* • *Clinical thresholds and procedures of low clinical value;* • *Eliminating unnecessary follow-ups;* • *Efficient prescribing.*

CCGs working together
Airedale, Wharfedale and Craven CCG
Bradford City CCG
Bradford Districts CCG

Terms of Reference V1

Joint Individual Funding Request Panel

1. Accountability arrangements and authority

The Joint Individual Funding Request Panel (JIFRP) has been established as a sub-committee of the 3CCGs Joint Clinical Committee (JCC).

The remit, responsibilities, membership and reporting arrangements of the JIFRP are set out in these terms of reference and shall have affect as if incorporated into the CCG's constitution. The JIFRP has no executive powers other than those specifically delegated in these terms of reference.

The JIFRP is accountable to JCC and will provide JCC with assurance on the discharge of its duties.

2. Relationships and reporting

The JIFRP is accountable to the Joint Clinical Committee.

The GP representatives and / or Chair of the IFR Panel shall draw to the attention of the JCC any significant issues or risks relevant to that CCG.

The JIFRP will present an Annual Report to the JCC covering the following aspects:

- data on requests received and the outcomes of these,
- themes and trends arising from requests received and any implications relating to commissioning policies
- a summary of the key issues arising during the year; and
- whether and how the committee has met and performed its function, in compliance with its terms of reference

Draft minutes of JIFRP meetings will be circulated to members and subject to ratification by the next meeting.

3. Role and function

The role of the JIFRP is:

- To make decisions on those individual funding requests referred to the panel in line with the CCGs' IFR Policy and Procedures

- To advise on the development and / or amendment of commissioning policies arising from the work of the panel.

4. Responsibilities

IFR Triage and Decisions

- To review the triaging of requests by the IFR Advisor, to ensure these have been appropriately applied in line with the CCG IFR Policy and Procedures.

- To make decisions on those individual funding requests referred to the panel in line with the CCG IFR Policy and Procedures.

**To note that the panel makes decisions on whether requests can be funded in line with the CCGs' IFR Policy and Procedures; the decision as to whether a treatment for which funding has been approved by the JIFRP should be recommended to a patient lies with the referring clinician.*

Commissioning Policies

- Where there is a possibility that the approval of an IFR would in fact constitute the development of a service, the JIFRP will provide expert advice in developing commissioning policies that are not covered by existing contracts with providers. Such commissioning policies will be approved by the JCC

  Notes;
  - Five requests for the same treatment is generally considered to be the benchmarking for requiring the development of a specific commissioning policy
  - Where the a new commissioning policy is required, the evidence review will be undertaken by Public Health which will in turn inform the development of the policy by the CCG

- Where the work of the panel identifies inconsistencies between the existing commissioning policies of the three Bradford & Airedale CCGs, the JIFRP shall draw this to the attention of the JCC.

5. Membership and Attendees

The voting members of the JIFRP are:

Voting Member	***Role on JIFRP***
Chair (who shall be a Governing Body Lay Member from one of the Bradford & Airedale CCGs)	Ensure the efficient and effective operation of JIFRP meetings. Input to JIFRP discussions and decisions from a lay perspective.

Voting Member	***Role on JIFRP***
JIFRP Lay Member (independent lay member, i.e. not a Governing Body Lay Member of one of the Bradford & Airedale CCGs)	Input to JIFRP discussions and decisions from a lay perspective.
GP Member or Representative of the Clinical Executive: AWC	Provide GP clinical input to JIFRP discussions and decisions.
GP Member or Representative of the Clinical Board BD	Provide GP clinical input to JIFRP discussions and decisions.
GP Member or Representative of the Clinical Board: BC	Provide GP clinical input to JIFRP discussions and decisions.
Senior Medicines Management Representative	Provide input on medicine related matters, including relevant NICE guidance. Provide clinical input (prescriber) to JIFPR discussion and decisions.
Senior Commissioning Representative	Provides input on existing CCG policies to inform JIFRP discussion and decisions. Oversee the development of new commissioning policies where necessary in light of IFRs received.

Members may send deputies to represent them. Deputies will count towards quorum and will have voting rights.

Members are normally expected to attend at least 75% of meetings during the year.

The following individuals are expected to attend JIFRP meetings in an advisory, non-voting capacity:

Attendee (non-voting)	***Role on JIFRP***
IFR Advisor	Identifies IFRs which require consideration at JIFRP meetings. Provides expert advice to support the JIFPRP in its discussion and decisions.
Senior Public Health Representative	Undertake evidence review to inform JIFPR discussions and decisions.
IFR Co-Ordinator	Minute-taking and input relating to the administration of IFRs

Other CCG staff may be requested to attend in an advisory capacity.

Any member of JCC or Clinical Boards / Executive is entitled to attend this committee with observer status

6. Chair

The Chair of the JIFRP shall be a Governing Body Lay Member from one of the Bradford & Airedale CCGs.

Where the Chair cannot attend or is conflicted, committee members present will elect one of their number to act as the Chair that occasion.

7. Decision-making & voting

Generally, it is expected that panels decisions (including recommendations on the approval or otherwise of IFRs) will be reached by consensus.

Should this not be possible, each voting member of the JIFRP will have one vote. Decisions will be by majority vote.

In the event of a tied vote, the Chair of the JIFRP will have the second and casting vote.

Should a vote be taken, the outcome of the vote and any dissenting views will be recorded in the minutes of the meeting.

8. Quorum

The committee will be quorate with 4 voting members are present, including two clinical* members.

**In this context, clinician is defined as someone of good standing with a recognised regulatory body in the field of healthcare.*

9. Frequency of meetings

The JIFRP will normally meet monthly, with a minimum of 10 meetings per annum.

10. Conduct

The JIFRP will have due regard to, and operate within, the constitution, standing orders, the scheme of delegation, the prime financial policies and other policies and procedures of the CCG.

The JIFRP will conduct its business in accordance with relevant national guidance, including codes of practice such as the Nolan Principles, which are included in the CCG constitution.

11. Management of conflicts of interest

The JIFRP will adhere to the CCG's Business Conduct & Conflicts of Interest Policy.

If any member of the JIFRP has an actual or potential conflict of interest in any matter on the agenda and is present at the meeting at which the matter is under discussion, they will

declare that interest at the start of the meeting and again at the relevant agenda item and this shall be recorded in the minutes. (NOTE: this includes where an IFR is being considered for a patient at a practice where a GP member of the panel is employed or is a partner).

The Chair of the meeting will determine how any interests declared will be managed in accordance with the CCG's Business Conduct & Conflicts of Interest Policy.

The minutes must specify how the Chair decided to manage the declared interest, i.e. did the individual(s) concerned:

- Take part in the discussion but not in the decision-making
- Did not take part in either the discussion or decision-making
- Take part in the discussion and left the meeting for the decision or
- Left the meeting for the whole of the item

In making this decision the Chair will need to consider the following points:

- the nature and materiality of the decision
- the nature and materiality of the declared interest(s)
- the availability of relevant expertise
- as a general rule (and subject to the judgement of the Chair), if an interest involves a financial interest or a significant non-financial interest, the individual should be asked to leave the meeting for the whole item

12. Administration and support

The IFR Co-Ordinator will provide administrative support to the JIFRP and will ensure that papers are issued at least 5 working days before a meeting and that draft minutes are circulated within 10 working days after a meeting.

The IFR Advisor and all members of the JIFRP are responsible for supporting the Chair in the management of the JIFRP's business and for drawing the panel's attention to best practice, national guidance and other relevant documents as appropriate.

13. Urgent matters arising between meetings

It is important that urgent funding decisions are not delayed due to the timing of JIFPR meetings.

The JIFRP may meet on a virtual basis (i.e. undertake panel business by teleconference or email) when necessary to do so. Teleconferences shall be minuted and a full audit trail retained of any decision-making undertaken via email.

14. Monitoring of performance and compliance

The JIFRP will review its own effectiveness, its compliance with its terms of reference and the terms of reference document itself at least annually and a report of the outcomes of this review will be produced and reported to the Joint Clinical Committee.

15. Date TOR approved

Joint Clinical Committee – June 2018 - subject to the approval of Joint Clinical Committee TOR by Council of Members / Representatives

JCC TOR approved - AWC Council of Members 29th November 2018, BC Council of Members 18th December 2018 (meeting not quorate – ratified by email), BD Council of Members 19th December 2018

16. TOR review date & approving body

Annually, or as and when legislation or best practice guidance is updated.

Any amended Terms of Reference will be agreed by the JIFRP for approval by a subsequent meeting of Joint Clinical Committee.