

**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 (as defined in Appendix 4).</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 (Appendix 4) which will set out the policies to be developed by EMACC for approval

	<p>by the 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 in Appendix 4; • 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	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.
12. Sub groups	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.
13. Reporting	<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>
14. Declaration of Interest and Register of Procurement Decisions	<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>
15. Conduct	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.
16. Review of the Terms of Reference	<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

East Midlands Affiliated Commissioning Committee (EMACC)

Final Terms of Reference: Summary of changes following Governing Body reviews

Introduction

Table 1 below details the changes to the EMACC draft terms of reference; document reference *EMACC Draft Proposal v1.5 dated 25-11-15*.

The original paper and tracked changed document are available on request.

Column 1 includes the place in the document and change in *italics*. Column 2 shows the original section and page and column 3 where the changes are in the final version.

Table 1

Section and change – <i>'italics'</i> denotes wording change/amend/addition	Section and Page Number Original draft document	Section and Page Number Final Terms of Reference
Executive summary cover page	Page 1 of 27	Removed
April 2016 Executive cover paper Changed <i>'proposes'</i> to <i>'confirms'</i>	Page 3 of 27	New Cover separate paper
Terms of Reference Removed <i>'draft'</i> from the title	Appendix 1 Page 8 of 27	Title Page 2 of 13
Introduction Amended from <i>'wish to establish'</i> to <i>'have established'</i>	Appendix 1 Page 8 of 27	Section 1 Page 2 of 13
Vision Added ensure <i>'the development of'</i> clinical and cost effective policies	Appendix 1 Page 8 of 27	Section 2 Page 2 of 13
Principles Bullet 7: Affordability amended from... Will not agree policies that may not be able to afford all interventions supported by evidence of clinical and cost-effectiveness within the available resources. Where this is the case, advise CCGs to undertake further prioritisation based on criteria including national and local policies and strategies, local assessment of the health needs of the population, to ensure that the CCGs do not exceed their available resources; Now reads <i>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 prioritisation of the policies based on national and local policies and strategies, including local assessments of the health</i>	Appendix 1 Page 8 of 27	Section 3 Page 2 of 13

Section and change – <i>italics</i> denotes wording change/amend/addition	Section and Page Number Original draft document	Section and Page Number Final Terms of Reference
<i>needs of the population</i>		
Hosting arrangements Removed ' <i>INSERT NAME</i> ' Inserted ' <i>NHS Nottingham West CCG</i> '	Section 4 Page 9 of 27	Section 4 Page 3 of 13
Membership Changed ' <i>voting</i> ' to ' <i>standing members</i> ' Added two additional standing members ' <i>public and patient representative with a population perspective</i> ' and ' <i>senior officer from the Clinical Priorities Steering Group</i> '	Section 5 Bullets Page 9 of 27	Section 5 Page 3 of 13
Membership Amended ...One clinical and one non-clinical CCG Representatives may also agree to appoint one clinical and one non-clinical regional representative for each geographical area to attend and ' <i>represent</i> '... Geographical areas added to a footnote	Section 5 Paragraph 3 Page 9 of 27	Section 5 Page 3 of 13
Membership Amended ...CCG Representatives may also agree to appoint 1 regional representative for each geographical area to attend and ' <i>represent</i> '... Removed ' <i>non-voting members</i> '	Section 5 Paragraph 3 Page 9 of 27	Section 5 Page 3 of 13
Chair and Vice Chair Amended ...They will be appointed by the Host CCG to <i>The Vice Chair will be nominated from the membership of the committee.</i>	Section 6 Page 10 of 27	Section 6 Page 4 of 13
Attendees Removed the section as duplicates section 5	Section 8 Page 10 of 27	Removed
Authority Removed bullet 3 as repeat of bullet 2	Section 10 Bullet 3	Removed
Responsibility Bullet 2: Removed reference to annexes and replaced with.. <i>'Make binding decisions on clinical policies delegated by the Participating CCGs in the Annual Work Programme listed in Appendix 4 which were in place prior to the 2012 NHS reforms'</i> Bullet 4 removed receive Added bullet 14 ' <i>ensure full engagement with the relevant clinical and non-clinical experts from all CCGs across the region to ensure they shape policy</i> '	Section 11 Page 11 and 12 of 27	Section 11 Page 4 of 13
Voting Removed ' <i>voting</i> ' and replaced with ' <i>decision making</i> ' Amended - Decisions will be made by consensus of the CCG Representatives. Where this is not	Section 12 Page 12 of 27	Section 12 Page 5 of 13

Section and change – <i>italics</i> denotes wording change/amend/addition	Section and Page Number Original draft document	Section and Page Number Final Terms of Reference
possible CCG Representative's <i>'opting out'</i> of a decision or abstaining but in the minority may request the minutes reflect their position		
Sub groups Removed the the list of the Clinical Priorities Steering Group (CPSG) duties and added a general statement. CPSG terms of reference will be set by EMACC so EMACC can discharge it's duties.	Section 13 Page 12 of 27	Section 12 Page 6
Declaration of Interest and Register of Procurement Decisions Removed <i>'Procurement Decisions'</i> Removed ... <i>'and in the case of a CCG representative their entitlement to vote'</i>	Section 15 Page 13 of 27	Section 14 Page 6 of 13
Date of document Amended to <i>'final'</i> and <i>'dated'</i>	Page 13	Page 7 of 14
Participating CCGs Removed <i>"NHS Milton Keynes"</i>	Annex 1 Page 14	Appendix 2 Page 8 of 13
Job Description - Chair Inserted <i>'NHS Nottingham West CCG'</i> as host. Amended salary to <i>'rates linked to lay members rates for CCGs'</i>	Appendix 2	Removed
Budget Approximate budget for 16/17 Chair salary not confirmed until appointed but to be in line with current, average, CCG lay member rates.	Appendix 3 Page 22 of 27	Appendix 3 Page 9 of 13
Potential Areas for the Annual Work Programme Amended to <i>'Annual Work Programme 2016-2017'</i>	Annex 2 Page 15 of 27	Appendix 4 Page 13 of 13
Model wording For amendments to Clinical Commissioning Groups' constitutions	Appendix 4 Page 22	Removed

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, pending Governing Body ratification on 28 April 2016*

Approximate Budget – 2016/17

														31/03/16		
														2015-16		
Staff Category	Name	Pay Scale	Current Inc.	Next Inc.	Current annual salary	Next Increment Salary	Date of next Increment	Days at current increment	Months at current Increment	Total Net of On Costs	NI	Super	Total Including On Costs	Notes		
Costing for 2016/17																
BAND 7	Band 7 MSCAG	XN07	X	X	36,404	36,404	31/03/16	365	12	36,404	2,942	5,206	26,760	0.60 Band 7 working on MSCAG		
BAND 3	Band 3 MSCAG	XN03	X	X	18,077	18,077	31/03/16	365	12	18,077	1,036	2,585	12,840	0.60 Band 3 working on MSCAG		
#N/A	Approx. Chair Lead MSCAG												10,000	Approximate annual cost until appointed to be paid in line with current pay member CCG		
	Topic Experts												10,000			
	Approx. Non-Pay and Overheads												10,000			
	Approx. Contingency Pay and Non-pay												10,000			
	Legal												1,000			
													80,600	Approx. Total Cost		
	Approximate CCGs Contribution												4,242			

Annual Work Programme 2016-2017

The 2016-17 Annual Work Programme will focus on a number of policies that are in need to urgent review and updating. Table 2, below, provides the detail.

Table 2: Annual Work Programme 16/17

Clinical Policies
Orthotic functional electrical stimulation for foot drop of neurological origin
Hip Arthroscopy all pathologies
Surrogacy
Gastric Electrical Stimulation
Gamete Cryopreservation
Use of Bone Morphogenetic proteins

Next Steps and the Annual Work Programme 2016-2017

Introduction

The Terms of Reference (ToR) for East Midlands Affiliated Commissioning Committee (EMACC) has been agreed by eighteen East Midlands Clinical Commissioning Groups.

NHS Lincolnshire East CCG is expected to agree the ToR on 28 April 2016 which will total nineteen participating CCGs.

A number of actions are required to take forward the work of EMACC and to drive the annual work programme. These are described in Tables 1 and 2 below.

Table 1: Next Steps

What	By when	By whom
CCG Governing Bodies/Executive Teams to receive the final Terms of Reference and note the proposed 2016-2017 annual work plan	April 2016	CCG Chief Officers
Appointment of the Chair of EMACC	28 April 2016	Vicky Bailey, panel will include Falu Bharmal, Deputy Chief Officer, NHS Erewash CCG and Ben Milton, Clinical Chair, NHS North Derbyshire CCG
Appointment of the manager and associated support arrangements	20 April 2016	Vicky Bailey
Hold a workshop with all CCG members to agree the membership and responsibilities of the Clinical Priorities Steering Group (CPSG)	May 2016	Tracy Madge and Jonathan Gribbin
Invite CCGs to nominate their EMACC members	May 2016	Tracy Madge
Issue the agenda and papers for the inaugural meeting of EMACC	August 2016	EMACC Manager
Hold the inaugural meeting of EMACC	September 2016	EMACC Manager
Agree the time frame for internal audit to review EMACC in 2017-18	October 2016	EMACC Manager

