LEICESTER, LEICESTERSHIRE AND RUTLAND PCT CLUSTER

MEETING: INTEGRATED TRUST BOARD MEETING

DATE: 12 May 2011

REPORT TITLE: Draft terms of reference for the Cluster Board Committee and the Commissioning Collaborative: consultation

SECTION: Public

REPORT BY: Catherine Griffiths, Chief Executive

PRESENTER: Catherine Griffiths, Chief Executive

EXECUTIVE SUMMARY

The purpose of this paper is to present to the Trust Boards a first draft of the proposed terms of reference for the Cluster Board Committee and the Commissioning Collaborative as part of the consultation process for consideration and comments.

At the Integrated Trust Board meeting in April 2011, the Trust Boards were presented with an update on the PCT Cluster and transition working arrangements. The terms of reference appended to this paper support the development of the transitional arrangements.

The draft terms of reference for the Cluster Board Committee are as at Appendix 1. Appendix 2 provides an overview of the committee structure chart with the establishment of the proposed Cluster Board Committee and the GP Consortia Boards.

The draft terms of reference for the Commissioning Collaborative are as at Appendix 3.

The following are specific areas to be brought to the Trust Boards’ attention:

(a) Cluster Board Committee terms of reference:

  o The proposed Cluster Board Committee will be established as a joint Committee of the two statutory PCT Boards and have functions delegated to it by each Board as detailed within the terms of reference and the Corporate Governance Frameworks (i.e. Standing Orders, Scheme of Delegations and Standing Financial Instructions) of the PCTs.

  o The responsibilities have been categorised and aligned to the Cluster Business Plan and Strategic and Operational Plan.
It is suggested that the existing joint committees of the PCT Boards report to and be held to account through the Cluster Board Committee. Appendix 2 illustrates the revised committee structure.

It is proposed that the PCT Boards delegate relevant functions to the respective GP Consortia Boards and the reporting lines of accountability will be to the proposed joint Cluster Board Committee.

(b) Commissioning Collaborative terms of reference:

The terms of reference for the Commissioning Collaborative as at Appendix 3 will be approved by the three GP Consortia Boards and report directly to the Consortia.

It is anticipated that over time the Commissioning Collaborative will become a meeting led entirely by the Consortia with the Cluster Executives operating at arms length through a performance management framework of holding the Consortia to account.

The draft terms of reference for the Commissioning Collaborative have also been circulated to the GP Consortia Boards for their comments.

Next steps

Comments received from Board members in relation to the Cluster Board Committee will be collated and reviewed by the Chief Executive and the PCTs’ Chairs. Legal advice is being sought in relation to the draft terms of reference for the Cluster Board Committee as has been the case with the terms of reference for other committees of the Trust Boards.

Comments received by Board members and GP Consortia Boards in relation to the Commissioning Executive will be collated and considered by the Executive Director leads in conjunction with the GP Consortia Chairs.

The Corporate Governance Framework for each PCT is currently being updated to include the establishment and governance arrangements of the Cluster Board Committee. A revised version of the terms of reference for the Cluster Board Committee will be presented to the Integrated Trust Board meeting in June 2011 for approval along with a summary of amendments made to the Corporate Governance Framework.

The terms of reference for the existing joint committees established by the PCTs will be updated with revised reporting arrangements to the Cluster Board Committee once the Trust Boards have approved the Cluster Board Committee terms of reference in June 2011.
RECOMMENDATION

The Trust Boards are requested to:

CONSIDER the draft terms of reference for the Cluster Board Committee as at Appendix 1 and the revised Committee Structure as at Appendix 2 and PROVIDE comments in relation to the content to Daljit K. Bains by 20\textsuperscript{th} May 2011.

CONSIDER the draft terms of reference for the Commissioning Collaborative as at Appendix 3 and PROVIDE comments in relation to the content to Daljit K. Bains by 20\textsuperscript{th} May 2011.
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NHS LEICESTERSHIRE COUNTY AND RUTLAND AND
NHS LEICESTER CITY

Cluster Board Committee

Terms of Reference (version 1, draft 2, May 2011)

1. Constitution

The Trust Boards of NHS Leicester City and NHS Leicestershire County and Rutland hereby resolve to establish a joint Committee of the Boards known as the Cluster Board Committee (the Committee) under the provisions of Regulation 9 of the NHS PCT (Membership, Procedure and Administration Arrangements) Regulations 2000 (200/89); and Regulation 10 of the NHS (Functions of SHAs and PCTs and Administrative Arrangements) (England) Regulations 2002 (SI 2002/2375).

2. Purpose

To ensure that the PCTs continue to operate effectively, until their disestablishment, in delivering the Leicester, Leicestershire and Rutland Strategic Objectives as outlined within the Cluster Business Plan and Strategic Operating Plan.

The Cluster Board Committee will be responsible for coordinating the safe transition of PCT functions across both PCTs, in line with guidance from the Department of Health, legal requirements and guidance from the Strategic Health Authority, to maximise the advantages of joint working whilst ensuring that statutory accountabilities are maintained. The Cluster Business Plan and Strategic and Operational Plan will be the means by which the responsibilities, direction and objectives for the Cluster are articulated.

3. Responsibilities

The Cluster Board Committee will operate within the Corporate Governance Frameworks (i.e. Standing Orders, Scheme of Delegations and Standing Financial Instructions) of the two PCTs.

Delegations to the Committee are only to the extent permitted by the Functions Regulations 2002. All other statutory functions continue to be fulfilled by the Trust Boards of NHS Leicester City and NHS Leicestershire County and Rutland.

The Committee shall have the authority to establish committees and / or sub-committees to assist with the performance of its functions; the power to delegate functions under the Regulations remain with the Statutory PCT Trust Boards.
Governance

(a) The Committee has delegated responsibility for agreeing corporate governance arrangements of the Cluster and the integrated committee arrangements across the Cluster.

(b) To ensure that statutory duties of PCTs are appropriately discharged in line with the delegated authority from the individual PCT Trust Boards.

(c) Each PCT Board delegates to the Cluster Board Committee authority and responsibility for the development of a risk management strategy, oversight of the assurance framework and risk mitigation processes for the Cluster, and reporting arrangements to the Cluster Board Committee on these matters.

(d) To approve and adopt policies common to both PCTs on behalf of the two PCT Boards.

Legacy

(e) To have oversight and approve the legacy documents and plans for the Cluster.

(f) To ensure that each PCT achieves its financial control total thereby leaving a sound underlying financial position.

(g) To oversee all performance targets as within the Strategic and Operational Plan and the Cluster Business Plan.

Manage Provider Contractual Performance

(h) Direct commissioning, including management of contracts and delivery of the Operating Framework.

(i) Receive assurance in relation to provider performance.

QIPP

(j) To provide leadership and maintain oversight of the delivery and implementation of Strategic Objectives and the QIPP plans.

(k) To ensure the delivery of the required cost savings whilst ensuring sustainable functions across the Cluster.

Transition

(l) To have oversight of the winding down of the two PCTs through appropriate consolidation of capacity and capability.
(m) To oversee, provide leadership and support in the development of GP Commissioning Consortia (GPCC), the Health and Well Being Boards and wider reform.

(n) To coordinate plans to delegate and transfer functions and staff to successor organisations.

**Stakeholder engagement**

(o) Maintain strong relations with local government and other key partners and stakeholders, including the development of Health and Wellbeing Boards and maintaining resilience of Emergency Planning structures.

4. **Membership**

The membership of the Cluster Board Committee will initially comprise the following members from each of the two statutory PCT Boards:

- Chair (NHSLCR)
- Chair (NHSLC)
- Non-Executive Directors x 6 (NHSLC)
- Non-Executive Directors x 5 (NHSLCR)
- Chief Executive
- Director of Finance
- Deputy Chief Executive and Commissioning Development
- Director of QIPP / Commissioning Support
- Medical Director
- Director of Quality
- Lead Nurse

It is anticipated that the membership of the Committee will be reviewed regularly by the statutory PCT Trust Boards to adjust for changes during the transition as responsibilities change.

5. **Quorum**

Quorum will be 4 members of the Executive Team including the Chief Executive or Deputy Chief Executive; 2 Non-Executives from NHSLC; 2 Non-Executives from NHSLCR; and the Chair.

A decision put to a vote at a meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote *[may need to be explicit about who will be chairing a specific item if it comes to a vote]*. Decisions will be binding on each PCT organisation unless a statutory function or duty could be compromised by the decision.
6. **Administration**

Administration and taking minutes for the Cluster Board Committee is the responsibility of the Company Secretary and the Corporate Governance team.

7. **Frequency of meetings**

The Cluster Board Committee shall meet on a monthly basis and the meetings will be held in public in line with the Corporate Governance Framework of the two PCTs.

8. **Reporting arrangements**

The Committee will report to both statutory Trust Boards and shall provide minutes and/or relevant reports to the next available Board meetings.

Existing joint Committees of the two statutory Trust Boards will report and be held to account by the Cluster Board Committee. This will also include the GP Consortia Boards.

9. **Review**

These Terms of Reference will be reviewed on a six-monthly basis or sooner if required and recommendations made to the Trust Boards. Amendments to the terms of reference will require resolutions by the statutory Boards of each PCT.

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NHS LEICESTERSHIRE COUNTY AND RUTLAND AND NHS LEICESTER CITY

COMMITTEES OF THE TRUST BOARDS (May 2011)

NHSLCR Trust Board (CE)

- Audit Committee (WK)
- West Leicestershire Consortium

NHSLC Trust Board (DP)

- Cluster Board Committee
- City Consortium

Joint Committees:
(functions delegated directly from Statutory Boards)

- Reference and Performance Decision Making Committee (GB)
- Quality and Clinical Governance Committee (EC)
- Remuneration Committee (RI)
- Competition and Procurement Committee (WK)
- Individual Funding Request Panel
- Executive Team (CG)
- Charitable Funds Committee
- East Midlands Specialist Commissioning Group

Key to Committee Chairs:
DP = Daxa Patel (Chair, NHSLC)  CG = Catherine Griffiths
CE = Cathy Ellis (Chair, NHSLCR)  GB = Gill Brigden
BW = Brian Wilson  EC = Eileen Clarke
WK = Warwick Kendrick  RI = Ruth Ingman
WEST LEICESTERSHIRE CONSORTIUM, CRESCENT CONSORTIUM AND CITY CONSORTIUM

Commissioning Collaborative

Terms of Reference (version 1, draft 2, 5th May 2011)

1. Constitution

The Consortia Boards of West Leicestershire, Crescent and City hereby resolve to establish a sub-group of the Boards known as the Commissioning Collaborative.

2. Purpose

To support the development of the GP Consortia as future commissioning organisations; and support the development of joint and collaborative commissioning arrangements in conjunction with e.g. the Local Authorities, Acute Providers etc.

3. Role and responsibilities

(a) Take responsibility for discussions in relation to joint and collaborative commissioning to meet the health needs of the patients registered with GP Practices that form part of the constituent localities for each Consortium.

(b) To unify contracting strategy for Leicestershire Partnership Trust (LPT) and University Hospitals of Leicester (UHL).

(c) To have oversight of contract performance for LPT and UHL.

(d) To coordinate agreement about whole system redesign, e.g. in relation to acute care.

(e) Develop financial risk sharing agreements.

(f) To support in the development of common approaches to GP Consortia development where appropriate.

(g) Develop Cluster and GP Consortia interface.

(h) Collaborative oversight for the creation of the Commissioning Support Unit and its priorities.

(i) Oversight of QIPP as it relates to GP Consortia and oversight of provider transformational key performance indicators.

(j) Oversight of GP Consortia commissioning plans and their alignment to the Strategic and Operational Plans.
4. **Membership**

The membership of the Commissioning Collaborative will be:

- 2 GPs per consortia
- Operating Officer from each consortium
- Director of Finance for the Consortia

**Cluster Executives:**
- Chief Executive - Chair
- Director of Finance,
- Mental Health/CHS Commissioning Lead
- QIPP/Contracting Director
- Director of Commissioning Development
- Director of Quality

The relevance and appropriateness of any local authority attendees will be reviewed dependent upon the emerging role of the Health and Wellbeing Board.

Since the LMC are meeting regularly with the GP Consortia and with the Chief Executive/Director of Commissioning Development it was not felt appropriate that they should be part of the meeting.

Membership of the Committee will be reviewed regularly to adjust for changes as a result of the progress of the Health and Social Care Bill.

Should Members not be able to attend, nominated deputies may take their place.

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

5. **Quorum**

   to be confirmed.

6. **Administration**

   Administration and taking minutes for the Commissioning Collaborative is the responsibility of the LLR PCT Cluster Corporate Office.

7. **Frequency of meetings**

   The Commissioning Collaborative shall meet on a monthly basis (on the third Thursday of the month).
8. Reporting arrangements

The Commissioning Collaborative will report to the three Consortia Boards and shall provide a report or minutes to the next available Consortia Board meeting.

9. Review

These Terms of Reference will be reviewed quarterly or sooner if required and recommendations made to the three Consortia Boards for approval.

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