

**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
TERMS OF REFERENCE**

CARE CONTRACTING COMMITTEE

1. PURPOSE

The Care Contracting Committee (CCC) is a Committee of the Clinical Commissioning Group Governing Body that has been delegated the responsibility for ensuring that the market shape agreed by the Council of Members is achieved.

The CCC will also oversee all procurement processes ensuring that they are enacting decisions taken by the Council of Members and that the CCG is compliant with external regulations and requirements including relevant procurement law.

The CCC will oversee all of the CCGs contracts with the exception of those which relate solely to General Practice, for example, Primary Medical Contracts & General Medical Contracts. These will be managed by the CCGs Primary Care Commissioning committee (PCCC). Where it is not clear whether a contract should be overseen by the CCC or the PCCC, the CCC will determine whether General Practice is the most capable provider or not, and therefore which is the most appropriate committee to deal with the contract/procurement.

2. TERMS OF REFERENCE

All terms in italic text are terms delegated to the Care Contracting Committee to be carried out on behalf of the CCG Governing Body as per the CCGs Corporate Governance Framework.

The Care Contracting Committee will:

- 2.1 Monitor Value for Money, ensuring contracts are robust and deliver the requirements of the Commissioning Strategy.*
- 2.2 Oversee the contract implementation of all Commissioning Plans and Business Cases that support the delivery of the Commissioning Strategy.*
- 2.3 Ensure appropriate contracts and contractual arrangements are in place to support effective commissioning in line with the requirements of national guidance and local requirements.*
- 2.4 Ensure that material or contentious amendments to contracts are carried out in accordance with relevant legal & contract law requirements*
- 2.5 Ensure contracts are in place to deliver the Commissioning Strategy approved by the CCG Governing Body.*
- 2.6 Provide assurance to the CCG governing Body that all contracts meet the required external regulation standards, as well as local quality standards and relevant agreed protocols*

- 2.7 *Provide assurance to the CCG Governing Body that due process is being followed for all procurements*
- 2.8 *Ensure safe and effective reshaping of the market to deliver the commissioning strategy and ensure service delivery*
- 2.9 *Oversee the CCGs collaborative commissioning arrangements including approving changes to those arrangements when required*
- 2.10 *Advise on approval of individual contracts (other than NHS contracts) of a capital or revenue nature amounting to, or likely to amount to over £250,000 over a 3 year period or the period of the contract if longer*
- 2.11 *Receive and approve a schedule of NHS service agreements signed in accordance with the requirements of the NHS Operating framework and agreed by the **Chief Operating Officer***
- 2.12 *Provide feedback in year as to the financial operation of CCG contracts both Health and Adult Social care. This would highlight issues of significant over or under trades or risks with associated reasons and any remedial actions already in place or requiring agreement.*
- 2.13 Determine whether General Practice is the most capable provider to deliver a service or not, where General practice is deemed to be the most capable provider, the CCC will refer the service onto the PCCC for action. Where it is deemed that the most capable provider is not necessarily General Practice then CCC will oversee the contracting and procurement processes.
- 2.14 Ensure that appropriate clinical and public engagement has taken place as part of the development and redesign of services leading to changes in specifications and contracts
- 2.15 Provide assurance that commissioned services are being delivered in a high quality and safe manner incorporating where appropriate the views of the of our NHS commissioned providers in terms of the Care Quality Commission, Monitor, and any other relevant regulatory bodies.
- 2.16 Agree a timetable of planned and unplanned contacts or visits to all provider services to test out the quality & safety of services and systems, using themes to identify areas of focus for these contacts/visits.
- 2.17 Ensure that when reviewing the quality and effectiveness of services that 'hearing the service users' voice' is undertaken to understand their experience so that this can inform the commissioning and contracting processes.
- 2.18 Determine whether the ICP is the most appropriate provider to deliver a service or not, or whether the service should be procured.

3. MEMBERSHIP

2 Lay Members
Chief Operating Officer (Chair)
Chief Finance Officer
Director of Nursing and Quality
Director of Adult Services (NELC)
Assistant Director of Contracting and Performance
Contract Manager
1 clinical representative must be a GP
1 Social work professional

In attendance
Portfolio Holder Health and Wellbeing

In the absence of the Chief Operating Officer, the Assistant Director (Contracting and Performance) will act as Chair.

In the event that a member is not able to attend, deputies may attend meetings on their behalf but shall **not** vote.

The Care Contracting Committee may request the attendance of any member of staff from the CCG or outside organisations as and when appropriate.

4. QUORUM

The Care Contracting Committee will be quorate if 50% of the members are present

5. FREQUENCY OF MEETINGS

The Care Contracting Committee will meet 4 times a year as a minimum and will take action where required in between meetings on a virtual meeting basis.

Meetings of the Care Contracting Committee will be planned for the calendar year ahead.

6. MANAGEMENT Standards of Business Conduct/Conflict of Interest

All Committee Members must adhere to the CCG's Constitution and Standards of Business Conduct / Conflicts of Interest policies, together with NHS England statutory guidance on managing conflicts of interest.

Where a member of the committee believes that he /she has a conflict of interest in relation to one or more agenda items, they must declare this at the beginning of the meeting wherever possible, and always in advance of the agenda item being discussed. It will be responsibility of the Chair of Committee to decide how to manage the conflict and the appropriate course of action.

To further strengthen scrutiny and transparency of CCG's decision-making processes the CCG has an appointed Conflict of Interest Guardian. This role is undertaken by the CCG's Integrated Governance & Audit Chair.

Any interests which are declared at a meeting must be included on the CCG's Declaration of interest Register. Where this is not already the case, the individual with the conflict must ensure that the item is added to their declaration as soon as is practicable following the meeting.

7. REPORTING ARRANGEMENTS

Reports to the CCG Governing Body; minutes of the CCC meeting will be made electronically to CCG Governing Body members after approval by the Chair

The Care Contracting Committee will have two sub groups:

6.1 The Risk and Quality Panel, which has been established to ensure that appropriate individual contracts are put in place.

6.2 The Market Intelligence and Failing Services Committee, which has been established to ensure that care homes are maintaining appropriate care standards

On a bi-annual basis the CCC should receive an overview report from each of the Sub Committees to provide assurance that they are acting in accordance with the CCC remit.

Reporting lines & relationships are as shown at Appendix A

8. ADMINISTRATIVE ARRANGEMENTS

Administrative support will be provided to the Care Contracting Committee by a member of staff from the CCG Exec Admin team.

The Chairman of the Care Contracting Committee will draw up the agenda for each meeting.

The agenda and papers will be distributed five days in advance of the meeting.

The minute secretary to Care Contracting Committee will record meetings (both actual and virtual) and detail the recommendations of the Committee. The recommendations of the Committee and the minutes will be reported to the CCG Governing Body.

9. TENURE

The Care Contracting Committee is a permanent Committee of the CCG Governing Body.

10. DATE OF AGREEMENT FOR TERMS OF REFERENCE AND DATE OF NEXT REVIEW

These Terms of Reference were agreed at the Care Contracting Committee meeting held in January 2019 and will be reviewed by the end of January 2020

11. DATE OF TERMS OF REFERENCE RATIFICATION BY REPORTING COMMITTEE

These Terms of Reference were ratified by the Governing Body at a meeting in public on 28 March 2019

APPENDIX A

**CARE CONTRACTING COMMITTEE
REPORTING AND RELATIONSHIP MATRIX**

