

# Nottingham North and East Clinical Commissioning Group

#### Putting good health *into practice*

#### **Terms of Reference**

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Title:	Clinical Cabinet	
Date approved:	Clinical Cabinet approved –	
Approving body:	Governing Body approved –	
Review date:		
Introduction:	The Clinical Cabinet is established in accordance with Nottingham North and East Clinical Commissioning Group's Constitution. These terms of reference set out the membership, responsibilities and reporting arrangements.	
Membership:	In order to provide consistency and effective management of delegated duties, certain members of the Governing Body will sit on the Clinical Cabinet.	
	Membership	Nominated Deputy
	Chair and Clinical Lead	
	Assistant Clinical Chair	
	NNE GPs- 1 per practice	
	1 Practice Manager	Practice Manager
	1 Practice Nurse	
	Governing Body GPs	
	Governing Body Secondary Care	
	Consultant	
	Public Health Consultant	Public Health Manager
	2 Patient and Public Representatives	
	Upper Tier Local Authority Representative	
	Chief Officer	Deputy Chief Officer
	Chief Finance Officer	Deputy Finance Officer
	Deputy Chief Officer	Director of Commissioning
	The Chair of the Governing Body will take on the position as Chair of the Clinical Cabinet. In the event of a conflict of interest for the Chair, the Deputy Chair will deputise for the meeting or for the relevant agenda item. In the event of the Chair of the Clinical Cabinet being unable to attend all or part of the meeting, he or she will nominate a replacement from within the membership.	
	If a member of the Clinical Cabinet is not a Body, member's qualification, disqualification accordingly as per the Standing Orders in tof position.  Individuals may be invited or co-opted to at	on and tenure will apply he Constitution relevant to type
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	agenda items.
Attendance:	Members are expected to attend ten out of twelve meetings and can nominate a suitably qualified deputy.
Secretary:	The Secretary will be responsible for supporting the Chair in the management of the Clinical Cabinet's business and for drawing the Clinical Cabinet's attention to best practice, national guidance and other relevant documents, as appropriate.
Deputies:	Nominated deputies required. Members are responsible for sending appropriate deputy.
Chair:	Nottingham North and East Chair/Clinical Lead
Deputy Chair:	The Lay Member Patient and Public Engagement will deputise in the event of a conflict of interest for the Chair. A Clinical member, nominated by the Chair will deputise in all other circumstances.
Quorum:	15 members including Chair and or Deputy Chair, with at least five members who are not GP member practice representatives
Frequency of Meetings:	The Clinical Cabinet will meet on a minimum of a bi-monthly basis.  The Chair may call a meeting of the Clinical Cabinet at any time.  One-third or more members of the Clinical Cabinet may requisition a
	meeting in writing. If the Chair refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting.
Rules for Meetings and Proceedings:	Agenda and supporting papers will be circulated to members at least five working days prior to any meeting.
	The minutes will be agreed by the membership at the next meeting. The Chair will approve the minutes in draft in order to report in a timely manner.
	All papers/minutes should be read prior to the meeting and the meeting will be conducted on this basis with papers being introduced concisely.
	It is expected that all actions will have been reviewed and updates sent even if individuals cannot attend the meeting.
Responsibility:	The Clinical Cabinet which is accountable to the Governing Body will be given defined delegated responsibilities (within limits and subject to appropriate scrutiny and oversight by the Governing Body) for certain clinical matters. The Governing Body has conferred or delegated the following functions to the Clinical Cabinet;
	Approve new pathways and changes to pathways for all services relative to delegated limits, except those that NHS England or local authorities are responsible for commissioning.
	Advising the Governing Body on the commissioning of healthcare services to meet the reasonable needs of the persons for whom the

CCG is responsible, within limits and subject to appropriate scrutiny.

- To obtain appropriate advice from people who have a broad range of professional expertise in the prevention, diagnosis or treatment of illness and in the protection or improvement of public health, to enable the CCG to discharge its functions effectively
- To acknowledge arrangements to secure public involvement in the planning of commissioning arrangements and in developing, considering and making decisions (within limits) on any proposals for changes in commissioning arrangements that would have an impact on service delivery or the range of health services available.
- Promote innovation and value for money in the provision of health services.
- Act with a view to enabling patients to make choices about aspects of health services provided to them.
- Have regard to the need to reduce inequalities between patients with respect to their ability to access health services and the outcomes achieved for them.
- Act with a view to securing that health services are provided in an integrated way, where the CCG considers that this would improve quality of services or reduce inequalities.
- Assist and support the Group in securing continuous improvements in primary care.
- Promote the NHS Constitution.
- To help plan services for carers.
- Support delivery of the QIPP agenda.

## Relationship with Governing Body and Sub-Groups

The minutes of the Clinical Cabinet meetings will be submitted to the CCG Governing Body. The Chair of the Clinical Cabinet will draw to the attention of the Governing Body any issues that require disclosure to the Governing Body, or require action.

The Service Improvement Group will report into the Clinical Cabinet.

The Greater Nottingham Medicine Management Committee will report into the Clinical Cabinet.

### Declarations of Interest:

All members of the Clinical Cabinet will be required to complete a declaration of interest form in accordance with the CCG Conflict of Interest Policy.

At the beginning of each meeting members will be required to declare a personal interest if it relates to a particular issue under consideration. Any such declaration will be formally recorded in the minutes of the meeting.

	The Chair will then make a decision about the member's participation in the discussion in accordance with the CCG Conflict of Interest Policy.	
Conduct:	The Clinical Cabinet will conduct its business in accordance with the codes of conduct set out for all Governing Body members and good governance practice as laid out in the Constitution.	
Duties - Standing	Administration:	
Agenda Items	Welcome and Apologies for absence	
	Declaration of Interests	
<ul> <li>Every meeting:</li> </ul>	Minutes of the last meeting	
	Matters Arising Action Log	
	Chief Officer and Chairs Report	
	Any other Business	
	Date, time and venue of next meeting	
	<u>Items:</u>	
	Finance Report	
	<ul> <li>Financial Recovery Update</li> </ul>	
	Activity Report	
	<ul> <li>Medicine Management Update</li> </ul>	
	Reports and Minutes for Comment:	
	NNE Information and Performance Reports	
	Health and Wellbeing Board Summary	
	Research Activity Reports (Quarterly)	
	Service Improvement Group Minutes	
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	<ul> <li>Greater Nottingham Medicines Management Group</li> </ul>	
Accountability:	Nottingham North and East CCG Governing Body	
Review of Terms of	The Clinical Cabinet Terms of Reference will be reviewed on an annual	
Reference:	basis from the date that they were approved by the Governing Body,	
	unless it is deemed necessary for them to be reviewed earlier than one year.	
	Any resulting changes to these terms of reference or membership of the	
	Any resulting changes to these terms of reference or membership of the Clinical Cabinet must be approved by the Governing Body before they	
	shall be deemed to take effect.	
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