

NHS Haringey Clinical Commissioning Group

Clinical Cabinet

Terms of Reference

The defined terms used in these Terms of Reference shall be as defined in Appendix A to the Constitution unless the context requires otherwise.

1. Introduction

The purpose of the Clinical Cabinet is to drive the development of GP-led, multi-professional clinical commissioning across all Members and to communicate and implement the HCCG's Vision:

"Enabling the people of Haringey to live long and healthy lives with access to fair, well coordinated and high quality services".

The Clinical Cabinet promotes and supports Members' and patients' active two-way participation in HCCG's commissioning plan development, investment prioritisation, clinical change, contract briefs and service reviews.

The Clinical Cabinet's role is to support and enable the Governing Body to implement HCCG's Vision by securing advice from, and developing service and quality outcome improvement relationships with, healthcare professionals from secondary, community, mental health, learning disabilities and social care.

The Clinical Cabinet promotes innovation and integration in the provision of services and advises the Governing Body and clinical commissioners to commission improvements in quality consistent with the NHS Outcomes Framework:

- Preventing people from dying early
- Enhancing quality of life for people with long-term conditions
- Helping people recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in safe environments and protecting them from avoidable harm.

2. Membership

The membership of the Clinical Cabinet will be:

- Clinical Governing Body Members, including GPs/Primary Care Health Professionals elected by HCCG's general practice membership from the four locality collaboratives and by sessional GPs, and the Registered Nurse and Secondary Care Consultant members;
- Practice managers (2) appointed following expressions of interest and interview process
- Public Health member nominated by London Borough of Haringey

- Clinical leads appointed to roles identified, defined and approved by the Clinical Cabinet
- Director of Commissioning
- Assistant Director, Acute Contracts and QIPP
- Head of Quality.

The Local Medical Committee nominated member, Local Pharmaceutical Committee nominated member and Local Optometrist Committee members will be invited to attend meetings as observers.

The Deputy Clinical Chair of the Governing Body will be the chair of the Clinical Cabinet.

In the event of the Chair of the Clinical Cabinet being unable to attend a meeting, they will arrange for another Governing Body GP Clinical Director to act as Chair.

Clinical Cabinet members who are not Governing Body Members will be appointed subject to approval by the HCCG Chair or their named Governing Body Member nominee.

Remunerated clinical lead roles will have jointly agreed objectives and appraisal, supported by Governing Body Members.

3. **Attendance**

The Clinical Cabinet Chair has the delegated authority to co-opt colleagues from other professions including HCCG and Commissioning Support Unit (the "**CSU**") senior managers to the Clinical Cabinet.

The Members' named Practice Representatives are invited to attend Clinical Cabinet meetings as observers, subject to notifying HCCG's clinical commissioning team a week in advance to ensure the venue meets health and safety requirements.

Practice Nurses are also invited to attend Clinical Cabinet meetings as observers, subject to notifying HCCG's clinical commissioning team a week in advance to ensure the venue meets health and safety requirements.

The Chief Officer shall be invited to meetings of the Clinical Cabinet and receive copies of the agenda and papers in advance of such meetings in accordance with Paragraph 6 of these terms of reference.

4. **Secretary**

As an advisory Committee of HCCG, the Clinical Cabinet will be supported by the the Commissioning directorate, which shall include the taking and circulation of minutes.

5. **Quorum**

The quorum for meetings of the Clinical Cabinet shall be five members, including for the avoidance of doubt the Clinical Cabinet Chair, or, in instances where the Clinical Cabinet Chair is not present, a Governing Body GP Clinical Director.

6. Frequency and notice of meetings

The Clinical Cabinet shall meet on a bi-monthly basis. Additional meetings may be arranged and will be convened by the Clinical Cabinet Chair as necessary.

Items of business to be transacted for inclusion on the agenda of the Committee need to be notified to the Chair at least 15 Working Days before the meeting takes place. Supporting papers for such items need to be submitted at least 5 Working Days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 Working Days before the date the meeting will take place.

7. Remit and responsibilities of the Committee

Commissioning Strategies

The Clinical Cabinet will oversee the development and implementation of Haringey commissioning strategies and plans, providing clinical leadership and ensuring effective multi-professional and patient and carer participation.

The Clinical Cabinet will identify opportunities for new clinical pathways, appoint clinical leads to lead on their development and oversee their implementation, following their approval by the Governing Body.

The Clinical Cabinet will ensure that the views of the wider clinical membership of the CCG are harnessed and engaged during the development and implementation of these strategies, by providing input into commissioning intentions and subsequent prioritisation, as well as discussing outcomes.

The content of meetings will be broadly divided between an in-depth discussion/presentation item and regular updates brought for information.

Communication

The Clinical Cabinet co-ordinates communication with HCCG's multi-professional engagement networks to shape key issues for discussion and receive feedback to inform priorities. These primarily include:

- Scheduled clinical interface, contracting and quality meetings
- QIPP Plan Transformation Boards with each of the local NHS Trusts, Clinical Commissioning Groups and CSU commissioning teams
- Care partnership, programme and project groups
- Liaison by CCG GP clinical leads
- Collaborative Clinical Networks and Senates
- The programme of clinical briefings delivered to the Clinical Cabinet by clinical leads and multi-professional colleagues
- Practice Nurses forum
- Practice Managers forums.

The Clinical Cabinet will also provide a forum for highlighting and discussing contracting and provider issues, including raising awareness of the Quality Alert system.

To ensure effective communication and engagement and organisational development, the Clinical Cabinet will:

- Take the lead on ensuring that all Haringey GPs are aware of HCCG briefings, developments and progress;
- Promote participation by secondary care community, mental health and hospital provider and other family health service contractor colleagues in the provision of innovative, integrated and cost effective services. This will be via the Clinical Programmes, Care Groups and Contracting and Quality interface groups and separate project groups where needed;

8. Relationship with the governing body

The Clinical Cabinet is a Committee of the Governing Body and will report to the Governing Body.

The HCCG's four locality based-collaboratives, clinical programmes and care groups will promote innovation, integration, research, education and peer learning. The Clinical Cabinet will receive, review and advise on regular service and quality improvement commissioning updates.

9. Policy and best practice

The Clinical Cabinet will apply best practice in its deliberations and in the decision making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.

The Clinical Cabinet will review annually its performance, membership and terms of reference. Any proposals to change the terms of reference or membership must be approved by the Governing Body

10. Conduct of the Clinical Cabinet

At the beginning of each meeting, the Clinical Cabinet Chair will ask members whether they have any interests to declare in accordance with the requirements of the Constitution.

Decision-making will be by majority of 51% of those present and voting at the relevant meeting.

Members of the Clinical Cabinet have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which include: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

Clinical Cabinet papers will be stored and archived. Where not exempted from the Freedom of Information Act 2000, papers will be available for disclosure.

When there is an urgent matter where a decision is required outside of the meeting, the Chair may make a decision after conferring with at least two other members ("**Chair's Action**"). When Chair's Action has been taken then it must be ratified by the next quorate meeting of the Committee. Urgent decisions will only be taken when there is insufficient time available for the decision to be delayed until the next meeting.

Expectation of members:

- Each member is responsible for the effective operation of the Clinical Cabinet;
- Each member who has a collaborative clinical lead will be responsible for ensuring a system is in place for cascading information to their linked practices and for reporting views back to the Clinical Cabinet;
- Each member with a clinical programme or care group related clinical lead will be responsible for two-way liaison with their most directly relevant clinical network/group;
- In addition, they are responsible for ensuring regular briefings are provided into HCCG's system in place for cascading information to member practices and for reporting views back to the Clinical Cabinet.

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