Clinical Commissioning Group
PRIORITYs COMMITTEE

Terms of Reference

Name: CCG Priorities Committee
Status: Advisory

1. Purpose

The Priorities Committee (the Committee) is a committee of representatives of Clinical Commissioning Groups (CCGs) across Hampshire, Southampton, Isle of Wight, Portsmouth and Surrey. It includes the breadth of CCG representation, but as individuals providing their specialist knowledge on behalf of all organisations, rather than being present as an organisational representative per se.

2. Role

The role of the Committee is:

2.1 To advise the CCGs on the most effective interventions for health gain within available resources by consideration of:

   2.1.1 the implications of appropriate NICE work in progress and publications; and
   2.1.2 clinical variation and make recommendations for management against need by CCGs where this is appropriate at a large population level.

2.2 To advise on approaches to optimal access for interventions and treatments within available resources.

2.3 To be responsive to CCGs and national issues.

2.4 To receive advice from providers, commissioners and professionals as appropriate.

The Committee operates only as an advisory body, and as such does not require any delegated authority from the aforementioned statutory bodies.

The Committee will make recommendations based on the available evidence
presented on clinical and cost effectiveness that each CCG can consider.

3. **Accountabilities**

The Committee will be required to account to all the sponsoring CCGs providing advice and guidance as above.

4. **Relationships**

The Committee will have working relationships with neighboring priorities meetings, directors of public health, local provider organisations, local area teams of NHS England, Public Health England and other stakeholders as required.

5. **Limits of Authority**

Advisory only

6. **Membership**

Core membership includes:

6.1 Director of public health (Chair);
6.2 Consultants in public health;
6.3 2 consultants in public health;
6.4 6 GPs (not necessarily GPs with formal roles in CCGs, but with interest/experience in priorities committee work);
6.5 1 secondary care consultant;
6.6 1 nurse (quality lead);
6.7 2 Healthwatch representatives;
6.8 1 Director of finance; and
6.9 2 CCG chief officers.

Each CCG will nominate their own representatives (and named deputies) as per the suggested membership.

The chair of the Committee will be a director of public health, and the Committee reserves the right to invite experts to attend to provide evidence and support to the Committee's work. Others in attendance will include administrative support, legal representatives, other external representatives e.g. Local Medical Council (LMC) and occasional students where there is a clear development opportunity to meet business needs.

7. **Quorum**
The meeting will be considered quorate if the following requirements are met:

7.1 Clinical representation from Southampton, Hampshire, Isle of Wight & Portsmouth CCGs (SHIP 8) and Surrey;
7.2 60% of the organisations represented on the Committee are present; and
7.3 At least 1 Healthwatch representative is present.

8. Voting Rights

8.1 All full members will have voting rights where a vote is required. The Committee will aim to reach decisions by consensus opinion wherever possible;
8.2 Each member has one vote and the chair has the casting vote; and
8.3 Invited attendees may be asked to leave the meeting before the Committee confirms its recommendations and (where necessary) votes.

9. Declarations of interest

Members are asked to declare their interests. The chair will ensure that a register of interests is established to record formal declarations of interest of Committee members and kept up to date. If a conflict of interest is established, the member shall withdraw from the meeting and play no part in the relevant discussions or decision.

10. Frequency of meetings

The Committee will meet at least 6 times annually with meeting dates circulated for a whole year in advance.

11. Agenda setting

Meetings will be conducted in two parts. Part one will review all agenda items received since the previous meeting and prioritise these for future meetings. Part two will deal with the agenda items agreed at the previous meeting and discuss any prepared papers for consideration in detail. The chair of the Committee has executive authority to finalise the agenda. The process for identifying agenda items will require items to be identified to the administrative support. These issues will then be included in the agenda setting discussion prior to each meeting between the administrator and chair for consideration at each meeting and will be timetabled accordingly.
12. Access to and resourcing of external work

From time to time it is likely that the committee will need to secure external support to develop and deliver information to the committee to enable it to make informed decisions. Each CCG will contribute to a fund which the Committee will utilize, accounting to the CCGs annually for spend. A budget of £100,000 has been suggested.

13. Distribution of papers

Papers will be distributed to committee members 7 days in advance of each meeting.

14. Dissemination of recommendations

The minutes of the meetings will be shared with the members of the Committee and with all constituent CCGs.

15. Review of terms of reference

The terms of reference will be reviewed at least annually and any of the member organisations can request a review of the terms of reference.

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<thead>
<tr>
<th>Ratification and Review</th>
<th>Date</th>
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<tbody>
<tr>
<td>Clarification of the terms of reference by the Committee.</td>
<td>September 2013</td>
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<tr>
<td>Ratification of the terms of reference by each of the member CCGs.</td>
<td>November 2013</td>
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<tr>
<td>Annual review</td>
<td>September 2014</td>
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