

Delegation of Pharmacy, Optometry and Dentistry (POD)

Hampshire and Isle of Wight ICB POD Committee (CiC) Terms of Reference

Applicable to the following organisations:

NHS Buckinghamshire, Oxfordshire and Berkshire (BOB) ICB	✓
NHS Frimley ICB	✓
NHS Hampshire and Isle of Wight (HIOW) ICB	✓
NHS Surrey Heartlands ICB	✓
NHS Sussex ICB	✓
NHS Kent and Medway ICB	✓

Drafted: April 2022

Approved: 1 July 2022 [planned]

Next review due: The intention is for these Terms of Reference to apply until end March 2023 with review date agreed

1. Context

- 1.1. The six Integrated Care Boards across the South East have taken on the delegated responsibility for Pharmacy, Optometry and Dentistry (POD) services since July 2022. These are: Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB; Frimley ICB; Hampshire and Isle of Wight (HIOW) ICB; Surrey Heartlands ICB; Sussex ICB and Kent and Medway ICB.
- 1.2. These six ICBs have determined they will work collaboratively during 2022/2023, to discharge their delegated commissioning responsibility for the delivery of POD services.
- 1.3. The secretariat of this collaborative working between the six South East ICBs will be hosted by Surrey Heartlands ICB (“the host ICB”), and underpinned through an agreed Memorandum of Understanding (MOU) between the ICBs
- 1.4. Each Committee will need to report into its own ICB for oversight and assurance purposes.
- 1.5. The Committees are aligned to the Delegation Agreement for Primary Care & Dental Functions.

2. Introduction, Purpose and Objectives

- 2.1. The Hampshire and Isle of Wight Integrated Care Board has established a committee within the governance structure of the ICB known as the Pharmacy, Optometry and Dentistry (POD) Committee (“the Committee”)
- 2.2. The POD Committee exercises oversight for POD commissioning across the Hampshire and Isle of Wight ICB area.
- 2.3. The ICB Committee is established in accordance with the ICB’s constitution and, where agreed, any delegation of functions from NHS England. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the ICB's constitution
- 2.4. The ICB Committee may only make decisions that its Integrated Care Board has delegated to it (listed in Annex 1).
- 2.5. The Committee will meet in common with the other South East ICB POD Commissioning Committees. This mechanism is employed to allow organisations to take aligned decisions together on programmes that cross organisational/geographical boundaries. By definition, consisting of two or more organisations meeting in the same place at the same time, they will discuss the same functions and may reach the same conclusions but, under the umbrella term “committees in common” (CiCs), the individual organisations remain distinct and take their own decisions. Decisions can only be taken by each distinct Committee’s own representatives.
- 2.6. In order for committee meetings held in common to operate consistently with the legal framework, several requirements must be met:
 - Each committee must have its own agenda, although they may be identical
 - Each committee must take its own decisions, and these must be recorded in its own minutes, although the minutes may be identical
 - It must be technically possible for each committee in the arrangement to reach a different decision although this will be unlikely, however, not all business items will be the same.
 - There must be clear terms of reference for each committee and clear reporting lines back to each ICB
 - Note that there is more than one committee. The committees should be referred to as “committees in common” or “committees meeting in common” and not “a committee in common”
- 2.7. The Committee is a committee of the ICB for the BOB, Frimley, HIOW, Surrey Heartlands, and Kent & Medway ICBs, with decisions delegated to the committee as per Annex 1. For Sussex ICB, decisions are delegated to the Chief Primary Care Officer, with the requirement that they will be fulfilled through the Commissioning Group as per Annex 1. All references to the work and decisions of “the Committee”

in these Terms of Reference should be interpreted in the context of these arrangements.

- 2.8. The Committees in Common arrangement is hosted by Surrey Heartlands ICB, with ICB membership and decision-making responsibilities delegated to senior ICB officers from each of the ICBs.
- 2.9. The Delegation Agreement sets out the authority for NHSEI aligned staff to act on behalf of ICBs.
- 2.10. The proposed governance model is attached at Annex 3

3. Accountability/ Delegated Authority

- 3.1. The Committee is accountable to Hampshire and Isle of Wight Integrated Care Board (ICB)
- 3.2. The minutes of the Committee meetings shall be formally recorded and submitted to the Committee's ICB in accordance with local requirements.
- 3.3. The Committee is authorised by its ICB to investigate any activity within these terms of reference. It is authorised to seek any information it requires from any member, officer or employee who are directed to co-operate with any request made by the Committee. The Committee is authorised by its ICB to obtain outside legal or other independent professional advice and to secure the attendance of other individuals with relevant experience and expertise if it considers necessary.

4. Sub Committees & Delegation

- 4.1. The Committee may discharge functions to such individuals, sub-committees or third parties as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of reservation and delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest. NB: for decision making, this may only be in accordance with the NHSE Delegation Agreement
- 4.2. The Committee will have due regard to the host ICB governance and working arrangements, including the work of a number of subgroups to allow the discharge of the host ICB's full range of responsibilities (Annex 3)

5. Responsibilities

- 5.1. The specific responsibilities of the Committee with regard to POD services are:
 - 5.1.1. To ensure the safe and effective discharge of the NHSE Delegation Agreement functions

- 5.1.2. To recognise the POD Operating Model Memorandum of Understanding (MOU) and the capacity of the Subject Matter Experts (SMEs) to efficiently & effectively discharge these functions
- 5.1.3. To manage existing contracts within their contractual frameworks to ensure compliance with regulations, policy & guidance
- 5.1.4. To develop and agree in line with the commissioning cycle the mechanism and protocol to determine what should be commissioned at an ICB or regional/subregional level, subject to engagement by the relevant partners
- 5.1.5. To exercise oversight of the commissioning of POD services for the people of Hampshire and Isle of Wight.
- 5.1.6. To have regard to national policy and regulations relating to the procurement of and/or the award of contracts to deliver POD services. NB: Procurement only applies to dental.
- 5.1.7. To agree the overall principles for the allocation of reserves in line with commissioning intention priorities, seeking to use resources efficiently and effectively to address local health care need.
- 5.1.8. To review and pay due regard to the outcome of any consultations in relation to proposed significant services changes.
- 5.1.9. To define (and rationalise where required) the supporting governance arrangements for the Committee particularly where it meets “in common”.
- 5.1.10. Oversee areas of transformation and service improvement where these are being implemented at a footprint larger than a single ICS
- 5.1.11. Develop and oversee the workforce strategy for POD services
- 5.1.12. Reduce inequalities in access and outcomes for people using POD services
- 5.1.13. Share learning and good practice as ICBs develop their approaches to integrating POD services into a whole system population health management approach
- 5.1.14. Identify opportunities and manage risks
- 5.2. Discussions about the governance and operating model (HR framework) will not form part of the committee agendas and will be picked up through the POD Liaison Forum and via the NHSEI Regional Assurance Framework. Any changes to the workforce model will be agreed by the national NHSEI team.

6. Reporting and decision making

- 6.1. Reporting and decision making will include the following

- 6.2. **Routine ICB focussed highlight reports across all three functions** – includes risks and issues, progress updates, outputs from sub-committees and groups.
- 6.3. Reports will be prepared for each service that provide the relevant detail aligned to agreed reporting areas to include:

6.3.1. Contractual:

- Contractual matters processed or in hand in accordance with relevant policy books and regulations
- Assurance reports - as determined by relevant contract

6.3.2. Commissioning:

- Commissioning pipeline updates
- Commissioning programme issues and progress by exception
- Restoration & Recovery updates
- Updates on national changes

6.3.3. Issues & Risk Logs

6.3.4. Financial (Finance to lead)

- Financial position
- Additional funds

6.3.5. Quality, Performance and Engagement

- Quality reports and complaints data (Nursing & Quality to lead)
- MP communications log – with themes
- Performance (inequalities/outcomes)
- Engagement

6.3.6. Risk Management

6.3.7. Service development

6.3.8. Transformational change/ PC integration

Reporting will reflect the **NHSEI quarterly assurance framework** requirements which will be embedded in the operating model and the work of the South East POD team.

6.4. Decision making

NB: The specific decisions delegated to each committee are listed in more detail in Annexe 1

The types of decisions made will include:

6.4.1. Contractual:

- Items - for decision outside the scope of the relevant NHSEI Policy Book or guidance, likely to be limited to quality & performance concerns (although these will play into

contracting decisions), potentially agreeing recommendations of contract sanctions including termination

- Note: community pharmacy contractual decisions are via PSRC.
- Contractual matters processed or in hand in accordance with relevant policy books and regulations. To include but not limited to:
 - Material contract variations & terminations – (following performance related issues)
 - Dental procurement pipeline approval/changes
 - Dental contract award recommendation approval
 - Decisions about ancillary services e.g. clinical waste, occupational health, T&I and PCES
- Assurance reports - as determined by relevant contract

6.4.2. Commissioning:

- Commissioning pipeline updates
- Commissioning programme issues by exception
- Contract award approval recommendations
- Restoration & Recovery updates
- Local commissioning initiatives – decisions that sit outside the national frameworks and policy manuals – e.g. local enhanced service or incentive schemes dependent on local funding

7. Membership

- 7.1. The membership of the committee is described in Annex 2. Each ICB within the Committees in Common arrangement will define and manage its membership independently.
- 7.2. The membership must be sufficient for the Committee to make decisions that have been delegated to it. The membership may be different for each Committee participating in the “in common” meetings.
- 7.3. The members of the ICB committee shall be appointed with approval from the Integrated Care Board.

8. Co-opted members/ deputies/ attendees

- 8.1. Deputies will be allowed subject to the approval of the respective ICB Chair. All deputies should be fully briefed, and the secretariat informed of any agreement to deputise so that quoracy can be maintained.
- 8.2. No person attending the meeting in one role can additionally act on behalf of another person as their deputy
- 8.3. People from a range of areas and levels of seniority may be invited to attend based on the needs of the agenda, and their subject specific expertise.

9. The Convener – (Committees in Common)

- 9.1. Where the Committee is using the “Committees in Common” meeting approach, the participating Chairs will either select:
- a “Convener” from amongst themselves; or
 - an independent individual to be the “Convener”.
- 9.2. All the participating Committees will agree to allow the selected Convener to Chair the committees in common meeting.

10. Quorum

- 10.1. The quorum for the Committee is described in Annex 2.
- 10.2. Nominated deputies attending Committee meetings, on behalf of substantive members, will count towards quorum.

11. Meetings

- 11.1. The Committee will meet formally on a monthly basis (this may be subject to review as the arrangement matures) and have a scheduled programme of meeting dates and agenda items. Meetings may be cancelled or deferred where there is no business to conduct.
- 11.2. In addition to the above formal meetings, the Committee may meet informally for development sessions/ seminars.
- 11.3. The Committee will operate in accordance with its respective ICB Constitution
- 11.4. The Surrey Heartlands’ ICS Governance Team will administer all meetings held “in Common”. The specification for this support is outlined in a separate Memorandum of Understanding agreed between the six participating ICBs.
- 11.5. Meetings may be held by conference call or by electronic means, so long as the technology provides live and uninterrupted conferencing facilities.
- 11.6. Where an extra meeting needs to be scheduled, every endeavour will be made to give at least 10 working days’ notice. Notification will be given by email.
- 11.7. Non-voting people present at a meeting may be required to withdraw from the confidential part of the meeting.
- 11.8. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

12. Managing Conflicts of Interest

- 12.1. The members of the Committee must comply fully with NHS England Guidance and the ICB Policy regarding Conflict of Interest.
- 12.2. At the start of the meeting, members will be invited to declare if they have any conflicts of interest with the business to be conducted, including previously declared interests.
- 12.3. The Chair will decide any necessary course of action to manage a declared conflict of interest as advised
- 12.4. Any declared conflicts of interest will be recorded in the minutes along with any action taken, in a form as advised by the ICB's Conflict of Interest Policy. In summary the information recorded is:
 - the name of the person noting the interest;
 - the nature of the interest and why it gives rise to the conflict;
 - the item of the agenda to which the interest related;
 - how it was agreed that the conflict should be managed;
 - evidence that the conflict was managed as intended.

13. Decision-making (Single Committee Issue)

- 13.1. Most agenda items at the CICs meetings are pertinent to only one participant Committee. All meeting members may contribute to the discussion. When a decision needs to be made, the Convenor will only invite the affected committee(s) to make the decision.
- 13.2. A record of the discussion and decision need only be included in the minutes of the Committee involved in the item.

14. Decision-making (All Committees deciding in common).

- 14.1. Occasionally, the Committees may be asked to make a decision on the same matter at the same time
- 14.2. In such cases, each committee's decision will be shared with the other participating organisations in the "in common" meeting and recorded in the minutes. There are two possible results:
 - a. All Committees support the decision – The decision is supported and becomes binding on the participating organisations.
 - b. One or more Committees do not support the decision – The meeting makes a judgement as to whether the decision can be delivered only in the organisations supporting the decision. If this is not possible the decision is declared as not being supported by all participating organisations.

- 14.3. The “In-Common” meeting cannot force an individual organisation to support a decision.

15. Emergency/ Chair’s action

- 15.1. The Committee will delegate responsibility for emergency powers and urgent decisions to the Committee Chair who must consult at least one other member of the Committee.
- 15.2. Urgent decisions must be reported to the next Committee meeting following the urgent decision for ratification by the full meeting together with a report detailing the grounds on which it was decided to take the decision on an urgent basis and the efforts made to contact the relevant other members of the Committee prior to taking the decision.

16. Review of Terms of Reference

- 16.1. The Committee is set up for a time-limited basis. The future delivery and governance of POD will be discussed and agreed during the financial year 2022/23.
- 16.2. In the interim, any proposed significant changes to the ToR and responsibilities will be presented to the respective ICS Integrated Care Board for approval.

17. Review History

- 17.1. These Terms of Reference are used by all six of the Integrated Care Boards in the South East.

Version	Date	Reviewed by	Status	Comments/ Changes since last version
0.1	20/12/2021	POD Delegation Leads from each ICS	DRAFT	
0.2	21/12/2021	NM/PK	DRAFT	
0.3	07/01/2022	LO	DRAFT	Comments and amends from Governance perspective
0.4	Feb/March 2022	LO	DRAFT	Comments and amends from Governance perspective via email / workshop involving governance leads and some operational leads from all six future ICBs / NHSE leads
0.5	01/04/22	RLB	DRAFT	Amended to reflect decision for single Host model.
0.6	April 2022	LO	DRAFT	Comments and amends from Governance perspective via email /

Version	Date	Reviewed by	Status	Comments/ Changes since last version
				workshop involving governance leads and some operational leads from all six future ICBs / NHSE leads
0.7	03/05/22	LO	DRAFT	Comments and amends from Governance Leads; amends to align ToR with v6 NHSE Support MOU; general tidy up and rationalisation.
0.8	24/05/22	LO	DRAFT	Comments and amends from Governance Leads; amends to reflect different delegation arrangements for Sussex ICB
0.9	13/06/22	LO	FINAL	Annex 3 updated by Julia Booth, NHSE Names removed from Annex 2, and final amends to committee memberships. Draft watermark and other references to draft status removed.

Annex 1: List of decisions delegated to the South East POD Committees in Common

Service / Scheme	BOB ICB	Frimley ICB	HloW ICB	Sussex ICB	Kent & Medway ICB	SyH ICB
<i>Name of function</i>	<i>Delegated</i>	<i>Delegated</i>	<i>Delegated</i>	<i>Delegated¹</i>	<i>Delegated</i>	<i>Delegated</i>
Pharmaceutical Services						
Decision relating to any local commissioning and schemes and other decisions by exception	✓	✓	✓	✓	✓	✓
Local commissioning initiatives – decisions that sit outside the national frameworks and policy manuals – e.g. local enhanced service or incentive schemes dependent on local funding	✓	✓	✓	✓	✓	✓
Decisions about ancillary services e.g. clinical waste, occupational health, T&I and PCES	✓	✓	✓	✓	✓	✓
General Ophthalmic Services						
Local commissioning initiatives – decisions that sit outside the national frameworks and policy manuals – e.g. local enhanced service or incentive schemes dependent on local funding	✓	✓	✓	✓	✓	✓
Material contract variations & terminations – (following performance related issues)	✓	✓	✓	✓	✓	✓
Decisions about ancillary services e.g. clinical waste, occupational health, T&I and PCES	✓	✓	✓	✓	✓	✓
Decisions about breaches and remedial notices.	✓	✓	✓	✓	✓	✓
Dental Commissioning						
Commissioning intentions 'pipeline' approvals	✓	✓	✓	✓	✓	✓

¹ For Sussex ICB: Decisions delegated to the Chief Primary Care Officer, with the requirement that they will be fulfilled through the Commissioning Group. The Sussex Committee “docks into” a Commissioning Group (which will be a sub-committee of the Executive Committee, which will be a formal Committee of the ICB). The Commissioning Group will have a wider remit than just POD commissioning.

Service / Scheme	BOB ICB	Frimley ICB	HloW ICB	Sussex ICB	Kent & Medway ICB	SyH ICB
<i>Name of function</i>	<i>Delegated</i>	<i>Delegated</i>	<i>Delegated</i>	<i>Delegated¹</i>	<i>Delegated</i>	<i>Delegated</i>
Commissioning pipeline reporting & modifications as required, possibly Single Tender Action application requests	✓	✓	✓	✓	✓	✓
Contract award (CARR report)	✓	✓	✓	✓	✓	✓
New contract mobilisation progress (receive for information)	✓	✓	✓	✓	✓	✓
New contract signing	✓	✓	✓	✓	✓	✓
Local 'flexible' commissioning scheme developed - ad-hoc – cost implication e.g. additional hours scheme	✓	✓	✓	✓	✓	✓
Temporary re-commissioning following termination (non-recurrent activity/£)	✓	✓	✓	✓	✓	✓
Local commissioning initiatives – decisions that sit outside the national frameworks and policy manuals – e.g. local enhanced service or incentive schemes dependent on local funding	✓	✓	✓	✓	✓	✓
Decisions about ancillary services e.g. clinical waste, occupational health, T&I and PCES	✓	✓	✓	✓	✓	✓
Dental Contracting						
Contract termination by commissioner	✓	✓	✓	✓	✓	✓
Contract breach (performance<96% non-disc.)	✓	✓	✓	✓	✓	✓
Quality issues & remedial breach	✓	✓	✓	✓	✓	✓
Material amendments Re: mobilisation new contract -	✓	✓	✓	✓	✓	✓
PDS Agreement conversion to GDS contract & agree transfer terms inc. UDAs/rate.	✓	✓	✓	✓	✓	✓
Extension of time limited PDS Agreements (<i>and/or CEG?</i>)	✓	✓	✓	✓	✓	✓
Contract renegotiation reduction in value/activity	✓	✓	✓	✓	✓	✓
Material contract variations & terminations – (following performance related issues)	✓	✓	✓	✓	✓	✓
Dental procurement pipeline approval/changes	✓	✓	✓	✓	✓	✓
Dental contract award recommendation approval	✓	✓	✓	✓	✓	✓

Annex 2: Committee Membership and Quorum

Each system will need to ensure the attendee(s) have the authority to enact decisions of the ICB.

Organisation	Voting members <i>(Bold type indicates Chair for each ICB Committee)</i>	Quorum	Approval of ToR	
	Role		Name of meeting ToR last agreed at	Date
NHS Buckinghamshire, Oxfordshire and Berkshire ICB	Director of Primary Care (CHAIR)	Two members	BOB ICB Board	1 July 2022 [planned]
	Director of Nursing			
	Director of Finance			
NHS Frimley ICB	Executive Place Managing Director Surrey Heath; Interim SRO Delegated Commissioning (CHAIR)	One member	Frimley ICB Board	1 July 2022 [planned]
	Executive Place Managing Director RBWM; Executive Lead for Primary Care			
	Executive Director Quality and Nursing			
	ICS Chief Pharmacist and Director of Medicines Optimisation			
NHS Hampshire and Isle of Wight (HIOW) ICB	Executive Director of Performance (CHAIR)	One member	HIOW ICB Board	1 July 2022 [planned]
NHS Sussex ICB	Chief Primary Care Officer (CHAIR)	Chief Primary Care Officer	Sussex ICB Board	1 July 2022 [planned]
	Chief Finance Officer			
	Chief Nursing Officer			
NHS Kent and Medway (K&M) ICB	Chief Delivery Officer (CHAIR)	Two members	K&M ICB Board	1 July 2022 [planned]
	Chief Medical Officer			
	Director Of Primary Care			
	Deputy Chief Medical Officer as a nominated deputy.			
NHS Surrey Heartlands ICB	ICS COO/Deputy CCG AO/AEO (CHAIR)	One member	Surrey Heartlands ICB Board	1 July 2022 [planned]
	Director for Primary Care			
	Director of Non Acute and Primary Care Contracts			

Annexe 3: Governance Model

