



***Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board  
Frimley Integrated Care Board***

**TERMS OF REFERENCE**

**BOB ICB and Frimley ICB Priorities Committee**

The BOB ICB and Frimley ICB Priorities Committee (BOBFPC) operates as an advisory body to the two Integrated Care Boards (ICBs). Its role is to provide evidence based recommendations and commissioning policies for consideration and adoption by ICBs.

**1. FUNCTIONS of the BOB ICB and Frimley ICB Priorities Committee**

**Aim:** To make recommendations to ICBs on the appropriateness of commissioning and funding of healthcare interventions (e.g. specific treatments, procedures and care pathways), using the agreed Ethical Framework and taking into account clinical views.

**Objectives:**

- To receive evidence appraisals and service reviews as agreed by the Committee
- To take account of relevant expert advice and patient perspectives
- To consider the information received in accordance with the agreed Ethical Framework
- To develop recommendations on commissioning policy for consideration and adoption by ICBs.
- To identify potential healthcare interventions to be considered by the Committee
- To review progress against the agreed work programme
- To receive data and other reports, for example 'individual funding requests' (IFR) activity, to inform the work of the Committee and support the ICBs' duty to address health inequalities
- To take account of the NHS statutory requirements

**2. MEMBERSHIP and PROCESS**

**2.1 Roles and responsibilities of committee members**

The overall role of all members is to actively contribute to the discussions and recommendations of the Committee. All members should have a named deputy of similar standing and expertise; all are expected to attend annual training where agreed and complete an induction relating to their Priorities Committee role. Employed members should have this role included in their job description/ job plan. The Committee members are recruited as:

- (a) Members representing ICBs. They should have sufficient authority and standing to support the development of recommendations and provide a wider commissioning view.
- (b) Members performing specialist advisory roles. They should have background or expertise in a particular area; for example, ethics, law, clinical, public health, finance, contracting, pharmaceutical or lay representatives.

(c) Members representing provider organisations. They should have sufficient authority and standing to contribute to the discussions on developing recommendations.

(d) By invitation: relevant clinicians and patient group representatives.

The **Term of Office** for members is three years, which can be renewed after that period.

All members of the Priorities Committee will be asked to declare any conflict of interest to the Committee secretariat annually. All members and attendees will also be asked to declare any conflict of interest in relation to the agenda to the Committee Chair using the Declaration of Interest form circulated with meeting papers prior to each meeting. The BOBFPC evidence review consultation will also include a request to disclose any conflicts of interest by the specialist feeding back on the topic under review. A judgement will be made by the Chair of the Committee as to materiality of any declaration to the Committee decision making.

## 2.2 Membership

	Role	ICB	No. of members	Voting rights
Core members	Member Chair	N/A	1	✓
	NHS Integrated Care Board Representatives	BOB	2	✓
		Frimley	2	✓
	ICB executive members	BOB	1	✓
		Frimley	1	✓
	ICB finance manager	BOB	1	✓
		Frimley	1	✓
Members with specialist knowledge	Public Health Consultant	BOB	1	✓
		Frimley	1	✓
	Medicines Optimisation Commissioner	BOB	1	✓
		Frimley	1	✓
	Special advisor – Ethics	N/A	1	✓
	Special advisor – Health Law	N/A	1	✓
	Lay members	BOB	1	✓
		Frimley	1	✓
	Healthwatch	BOB	1	x
Individual Funding Request Manager	BOB	1	x	
	Frimley	1	x	
Academic Health Science Network	N/A	1	x	
Provider members	Oxford University Hospitals NHS Foundation Trust	BOB	1	x
	Royal Berkshire NHS Foundation Trust		1	x
	Buckinghamshire Healthcare NHS Trust		1	x
	Berkshire Healthcare NHS Foundation Trust		1	x
	Oxford Health NHS Foundation Trust		1	x
	Frimley Health NHS Foundation Trust	Frimley	1	x
	Surrey and Borders NHS Foundation Trust		1	x
	Sussex Partnership NHS Foundation Trust		1	x

## 2.3 Chairing of Committee

The Priorities Committee will have an independent Chair and a named deputy lay Chair (who will also be a member of the Priorities Committee). The Chair will be agreed by the members of the ICB executive team or personnel with delegated responsibility. The Chair will have a role description.

## **2.4 Quoracy**

The Priorities Committee meetings will be considered quorate if, as a minimum, the following members (or their deputies) are present:

- Chair of Committee (or deputy)
- One ICB executive member (or designated deputy))
- at least one member representing each ICB.
- at least one lay member
- at least two clinicians (one medical for example GP or secondary care consultant)

If members, and their named deputy, are absent from two consecutive meetings, the lack of representation of that function will be reported to the appropriate senior ICB executive member for resolution.

## **2.5 Recommendations to ICBs**

The Committee's recommendations are made by a consensus of voting members, at a quorate meeting. On occasions, a vote is taken; a simple majority decides. In the event of no majority, the Chair has the casting vote.

## **3. MEETING LOGISTICS**

The BOB ICB and Frimley ICB Priorities Committee will meet on a bi-monthly basis. The service provider South Central and West (SCW) clinical effectiveness team will manage and administer the Priorities Committee and will liaise with ICBs, ahead of each meeting to establish meeting quoracy. It is each member ICB's responsibility to ensure they are appropriately represented at Priorities Committee meetings. ICBs should send a deputy if the representative is unable to attend. If neither the representative nor the deputy is able to attend, they should inform the SCW clinical effectiveness team.

If a meeting is not quorate (as per point 2.4.) absent delegates will be required to confirm their endorsement (or not) of the Committee's recommendations via the minutes of the meeting *post hoc*. If no response is received, requests will be escalated to the relevant Executive member (s).

The location of meetings is to be agreed by the members.

The agenda for each meeting will be agreed by the Committee, as per the annual work programme. The agenda and papers will be distributed to Committee members five working days in advance of each meeting. Meeting papers will be circulated to an agreed list of non-member recipients, for information. Draft minutes will be circulated to the Committee and approved at the next meeting.

## **4. GOVERNANCE and relationship with commissioning organisations**

The Committee's core function is to provide ICBs with evidence-based recommendations on commissioning priorities and policies, using the agreed Ethical Framework.

The Committee will receive reports on Individual Funding Requests (IFR) activity and decisions as appropriate at the Priorities Committee meeting to identify trends, risks and issues that might inform the work of the Priorities Committee.

Each ICB will be responsible for taking the recommendations of the Priorities Committee through their internal governance committees including the Governing Body. Ratified policies will be published by

ICBs on their websites. With supporting information from SCW, Lead Commissioners will communicate the clinical policies to provider organisations.

SCW will provide an annual summary report of the activity of the Priorities Committee (reviews undertaken, policies produced, impact and resources used) to the designated lead member of each ICB.

## **5. WORK PROGRAMME and WORKING GROUP**

The Priorities Committee Working Group will set the work programme for the Priorities Committee by considering topics submitted to its annual meeting. The annual meeting of the Working Group must be scheduled to ensure the work programme topics are linked to the ICBs' priorities as identified in their annual/strategic plans. The Working Group meeting will take the format of a workshop aimed at all committee members. Clinical senates and networks, and Academic Health Science Network representatives may be invited to advise on specific issues as appropriate. The workshop will

- consider commissioning priorities for the next contracting/planning round
- agree which topics should be placed on the Priorities Committee work programme; and
- agree the relative priority with which these topics should be presented to the Committee.

Additional to the annual workshop, ICBs and other organisations represented on the Priorities Committee are encouraged to submit topics to the Priorities Committee via the Service Provider throughout the year, as issues or opportunities for clinical service improvements or efficiency savings arise.

## **6. REVIEW**

The work of the Priorities Committee, SOP and ToR will be reviewed annually.

February 2014  
Updated July 2017  
Updated November 2018  
Updated July 2019 and November 2019  
Updated July 2021  
Updated November 2022 (V4)