

# Value Based Clinical Commissioning Subgroup Terms of Reference

**Version 1**

**Better health  
and wellbeing for all...**

## Version Control

Version	Approval Date	Author	Update comments
1	16 April 2026	Corporate Governance Team	Combined previous Value Based Clinical Commissioning Policy subgroup and IFR Panel into one meeting
2			
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4			
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## **1. Establishment**

The Value Based Clinical Commissioning group is a formal subgroup established by the Quality and Safety Committee, in conjunction with the Safe and Effective Care Group.

## **2. Terms of reference**

The terms of reference are defined by the ICB.

The terms of reference will be maintained by the ICB Governance Team and published in the ICB's Governance Handbook which is accessible here:

<https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/governance-handbook/>

## **3. Authority**

The subgroup is authorised to:

- Investigate any activity within its terms of reference
- Seek any information it requires within its remit, from any employee or member of the ICB
- Commission any reports it deems necessary to help fulfil its obligations
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the subgroup must follow any procedures put in place by the ICB for obtaining legal or professional advice

For the avoidance of doubt, the subgroup will comply with the ICB Standing Orders, Standing Financial Instructions, and the Scheme of Reservation and Delegation (SoRD). However, as a subgroup there is no financial delegation to the group.

## **4. Purpose**

The purpose of the subgroup is to support both the Quality and Safety Committee and the Safe and Effective Care Group to discharge its duties relating to:

- Individual Funding Requests (IFR) consideration.
- Providing clarity, consistency, and evidence to the process of developing, reviewing and implementing policies relating to value based clinical commissioning.

## **5. Roles and responsibilities**

This section describes the duties, authority, accountability and reporting.

The subgroup's duties are as follows:

## **Individual Funding Requests**

The main function of the group is to consider Individual Funding Requests, where escalated by the Decision Maker (DM) to the group, to make decisions to either support or not support the requests based on the information provided. Requests will be assessed for access to treatments within the commissioning authority of the ICB, based on clinical exceptionality and in adherence to the Value Based Clinical Commissioning Policy.

IFR requests that fall within the parameters of the Value Based Clinical Commissioning Policy are based on meeting clinical exceptionality and are not a financial decision. For requests out with of a commissioned service/VBCC Policy, the ICB's financial limits will be considered amongst other factors as per the IFR Policy.

### **Urgent Requests**

In the case of urgent clinical need or a risk to patient safety the receiving Decision Maker (DM) is able to make a timely decision to avoid inappropriate delay. If a DM feels unable to make an urgent decision due to complexity or adherence to the Value Based Clinical Commissioning Policy, then they should contact the IFR admin to establish if an urgent meeting can be organised in line with the IFR Policy.

The information is communicated to each of the members via NHS net in line with the agreed process and a decision will be made within 2 working days of receipt. The IFR Admin will ensure the decision is retrospectively recorded in the following month's minutes.

### **Reconsideration**

A reconsideration request should be made within three months of original decision, via documented correspondence stating why the reconsideration request is being made and must include any new information / evidence.

On receipt of an application for reconsideration, the IFR Administration Team will screen the original application, the notes of the Panel decision, all correspondence, any new information and the reconsideration request.

Where it is evident that substantial new information has been made available over and above the contents of the original request, the DM will confirm as to whether the request should be reconsidered within the next meeting or whether a decision can be reached out with the Panel by the receiving DM. Where the group made the original decision, it would usually be expected that the DM will refer back to the next meeting, unless there are clear reasons why this would not be necessary.

### **Appeals**

Where there are grounds for an appeal hearing, i.e. where there is evidence that the IFR Admin/DM/group may not have acted in accordance with the agreed IFR process and policy, a recommendation will be made to for the group in order to hear the appeal.

Members who were present at the original meeting are not eligible to sit on the Appeals Panel. One of the DMs from the original Panel may be invited to attend this meeting for the case to be discussed. The attending DM will then be asked to leave the meeting to enable Appeal Members to make a decision.

The outcome of the appeal is the final decision and will be communicated by written correspondence within 5 working days of the Appeals meeting. For all cases the IFR Admin in their role of co-ordinator, will write on behalf of the ICB, to the referring clinician, with the decision(s) and reason(s) for the decision(s) reached.

## **Reporting**

Performance Reports will be presented to the Quality and Safety Committee on a quarterly basis detailing a review of numbers / types of cases / number of upheld appeals considered to share learning, analysis of trends and consistency in decision making. Copies of these reports and the Annual Report will also be circulated to Decision Makers to aid their ongoing development.

## **Value Based Clinical Commissioning Policies**

The group has a role to develop and maintain a policy development and review process, which is consistent with best practice and considers ensuring a level of consistency with other ICBs, NHS England, and other NHS Organisations – the process and policy will be agreed by the ICB. In relation to this, the group's duties are to:

- As and when required make evidence-based policy recommendations to the ICB on thresholds where they are thought to be required for various treatments and procedures.
- Maintain version control of the Value Based Clinical Commissioning Policy (VBCCP) and communicate to relevant stakeholders for the Northeast and North Cumbria ICB via the IFR Team.
- Review policy positions on a regular basis, or in light of new evidence, guidance, national/regional policy or on request of the group based on IFR processing. The VBCC policy will be reviewed as required.
- Prepare an update to the VBCCP as required. This will, when finalised, be shared with the ICB for approval via the Quality and Safety Committee. Where there are any minor amendments that do not impact the application of the policy criteria, these can be reviewed and approved by the group. Any changes that impact the application of the criteria will need to be brought through the governance process for approval in line with the Scheme of Reservation and Delegation.

- Highlight areas / issues and make appropriate recommendations for the ICB to consider, relating to political, social, legal, or ethical factors that may lead to challenge or debate.
- Provide advice and support to the ICB in dealing with concerns and complaints made with regards to the VBCCP
- Estimate the future impact of policies on activity and outcomes.
- Consistently implement the VBCCP, ensuring the policy is embedded in commissioning, contracting, and monitoring arrangements.
- Receive, review and act upon the annual IFR Report and,
- Develop and recommend to the ICB “holding positions” on new service developments highlighted through the IFR route that have not yet been considered by the Northern Treatment Advisory Group, NICE or other recognised advisory body (such as SIGN or a Royal College).

## **6. Delegation by Scheme of Reservation & Delegation (SoRD)**

Approval of individual funding requests (IFR) in accordance with the ICB policy

## **7. Accountability and reporting**

As a formal subgroup, the subgroup is accountable to its Parent Committee and reports (via minutes/actions) to its Parent Committee on how it discharges its responsibilities. The secretary formally records the minutes of each meeting and all confirmed minutes will be provided to the Parent Committee once approved, providing assurances on the business considered and escalating any concerns, where necessary.

In order to aid agenda planning, the subgroup may produce a cycle of business in consultation with its Parent Committee.

## **8. Membership and attendance**

### **Chair and Vice Chair**

- Independent Member (drawn from Independent non-executive members / Board partner members) (Chair)

In the absence of the Chair, the following will apply:

- An ICB Medica Director may chair the meeting or
- An experienced Decision Maker may chair the meeting.

**NB:** Neither of the 2 above will undertake a Decision Making role whilst chairing the meeting or count towards quoracy

### **Membership (subject to ICB Chair's approval as above)**

- Independent Member (Chair)

- X 5 ICB Decision Makers (approved by Chief Medical Officer)
- IFR Administrator (in attendance)
- Specialist public health advisor (in attendance as required)

The following are specialist advisors to the Panel and can be in attendance at Panel to offer advice and technical support as and when necessary:

- Contracting/Commissioning representative
- Medicines Management representative
- Mental Health / Learning Disabilities / Neurodiversity representatives
- Any other specialise deemed appropriate for a given case

When Value Based Clinical Commissioning Policy business is discussed the following may be invited for that item as required:

- Other ICB employed clinicians which may include additional IFR decision makers, clinical leads and medical directors
- Commissioning managers
- Director of finance
- Secondary Care representatives
- Provider Collaborative representatives

### **Attendees**

Only members of the subgroup have the right to attend meetings, however all meetings of the subgroup may also be attended by the appropriately nominated individuals who are not members.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters. Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter.

### **Attendance**

Where a member of the subgroup is unable to attend a meeting, a nominated deputy may be agreed with the Chair. Once agreed, that person will have the same voting rights and responsibilities as the member. Conflicts of interest will need to be considered for any nominated deputies.

Where an attendee of the subgroup (who is not a member) is unable to attend a meeting, a nominated alternative may be agreed with the Chair (or Vice Chair in his/her absence).

## **9. Meeting Quoracy and Decisions**

The subgroup will meet in private.

The subgroup will meet as required and arrangements and notice for calling meetings are as set out in the Standing Orders. Additional meetings may take place as agreed by the Chair (or Vice Chair in his/her absence).

The Parent Committee may ask the subgroup to convene further meetings to discuss particular issues on which they want the subgroup's advice.

In accordance with the Standing Orders, the subgroup may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

### **Quoracy**

As this is a formal subgroup quoracy is required. For a meeting to be quorate the meeting must include the following:

- Chair or nominated deputy
- At least three approved IFR decision makers

The IFR Admin must also be in attendance and will support the presentation of cases where required and take notes of each meeting.

If any member has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

In the event that the quorum cannot be achieved due to a member or members being disqualified from taking part in a vote or discussion due to a declared interest the Chair of the meeting will determine the action to be taken in accordance with the constitution.

In these circumstances, an alternative quoracy of one third of the non-conflicted members will apply.

### **Decision making and voting**

The subgroup does not have any financial delegated authority, however IFR decisions are made based on clinical exceptionality as per the IFR Policy.

Decisions will be taken in accordance with the Standing Orders and will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the subgroup may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair will hold the casting vote.

If a decision is needed which cannot wait for the next scheduled meeting, the chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

## **10. Behaviours and Conduct**

### **ICB values**

Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

### **Conflicts of interest**

In discharging duties transparently, conflicts of interest must be considered, recorded and managed. Members should have regard to the NHS guidance on managing conflicts of interest and the ICB Standards of Business Conduct and Declarations of Interest Policy.

Conflicts of interest must be declared and recorded at the start of each meeting. A register of interests is maintained by the ICB with an extract considered before and during each meeting. If a conflict of interest arises, the Chair may require the affected member to withdraw at the relevant point.

### **Equality and diversity**

Members must demonstrably consider the equality and diversity implications of decisions they make.

## **11. Secretariat and Administration**

The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.

The subgroup shall be supported with a secretariat function which will ensure that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Any additional conflicts of interest are recorded and handled appropriately.
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action

points and issues to be carried forward are kept and taken forward between meetings.

- The Chair is supported to prepare and deliver reports to the Parent Committee and/or Board.
- Confirmed minutes and areas of escalation from agreed subgroups are reported to each meeting.

## **12. Review**

These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Parent Committee for approval.