

Item: 9.2
Appendix: 6

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Appendix 6



Integrated Care Board

Medicines Subcommittee

Terms of Reference

Table of Contents

Establishment	3
Terms of reference:	3
Purpose	3
Roles and responsibilities	3
Duties	3
Authority	5
Delegation by Scheme of Reservation and Delegation (SoRD)	6
Accountability and reporting	6
Committee meetings	8
Composition and quoracy	8
Frequency and formats	10
Procedures	11
Secretariat and administration	12
Appendix 1: Approval History	14
Appendix 2: Review History	14

1. Establishment

The NHS North East and North Cumbria Medicines Subcommittee is a subcommittee of the Executive Committee as established by the ICB Board, in accordance with the NHS North East and North Cumbria's (hereafter referred to as the ICB) Scheme of Reservation and Delegation (SoRD) and Constitution.

2. Terms of reference:

Definition of terms: The terms of reference are defined by the ICB.

Amendment: The terms of reference may be amended in accordance with the provisions set out in the 'Establishing Subcommittees' standard operating procedure.

Publication: The terms of reference will be published in the ICB's Governance Handbook which is accessible here: <https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/>

3. Purpose

The purpose of the subcommittee is to support the Executive Committee to discharge its duties relating to quality assurances of medicines safety, medicines quality, efficient use of medicines and clinical governance for the use of medicines within the Integrated Care System (ICS).

The NENC Medicines Subcommittee aims to improve patient centred healthcare through optimising the use of medicines and driving a reduction in health inequalities across the NENC population.

4. Roles and responsibilities

This section describes the subcommittee's duties, authority, accountability and reporting.

4.1 Duties

The subcommittee's duties are as follows:

- a. Support the NHS England vision to establish a strategic framework of policy, clinical leadership, and governance to ensure all aspects of medicines optimisation are integrated and coordinated at every level of the NE&NC healthcare system including at "place"

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- b. To improve patient outcomes relating to medicines and ensure the equitable, safe, sustainable, appropriate, functional, and efficient use of medicines across the ICS
- c. To provide assurance in respect of medicines safety, value, quality, inequality, sustainability, standards across NENC
- d. To support the implementation at strategic level of best practice around medicines including NICE guidelines and technology appraisals and to facilitate rapid and consistent implementation across the ICS in a manner which reduces health inequalities but which recognises local variations.
- e. To ensure corrective action has been taken and managed where gaps are identified in relation to system level medicines risks and issues and escalate to the Executive Committee where necessary.
- f. To ensure that robust medicines governance structures, systems and processes are in place across all providers of medicines and pharmacy services; and that these have been developed in line with national and regional commissioning expectations.
- g. To define role and set terms of reference for subgroups of the Medicines Subcommittee and ensure integrated multidisciplinary membership.
- h. To assign sub-group and functionality as appropriate and ensure integrated multidisciplinary membership
- i. To enable local NHS stakeholders and clinicians to exert a population approach to the prioritisation, improvement and development of healthcare delivery related to medicines.

The scope of the subcommittee is all aspects of NHS physical and mental healthcare delivered across the ICB footprint regardless of setting.

The function of the subcommittee is to continually develop and promote the vision, values and culture of quality medicines use, ensuring that commissioned healthcare services meet national and local clinical standards, realising equitable access to medicines for the NENC population and in turn quality outcomes across NENC.

The Medicines Subcommittee will achieve this by:

- Taking a strategic view of medicines use and optimisation, co-ordinating cross-sector action and engagement with the public, patients, (in liaison with the ICB Involvement Team), commissioners, providers, and clinicians to improve outcomes, reduce harm, and encourage a long-term, patient-centred approach to medicines optimisation focusing on the effective investment in improving health and wellbeing, through a NENC collaborative approach.
- Setting high quality outcomes standards, and monitoring and reporting against these standards with the aim of improving outcomes, reducing unwarranted clinical variation, and reducing health inequalities across the population.

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- Develop a population health management approach with better utilisation of digital systems, data, and analytics, through uniform implementation of agreed data collation and communication platforms, and utilising this to develop a broader population health approach to reducing health inequalities and improving outcomes.
- Monitoring system-wide investment on medicines and ensuring value is obtained.
- Developing and implementing robust system-wide medicines decision making processes for the NENC, (in accordance with the decisions delegated by the Scheme of Reservation and Delegation (see page 6) to manage entry, use and provision of medicines.
- Further integrating and collaboration with other ICB medicines optimisation committees/boards across the North East and Yorkshire via the North East and Yorkshire Regional Medicines Optimisation Committee (RMOC NEY), optimising the medicines optimisation agenda through the sharing of best practice.

5. Authority

The subcommittee is authorised to:

Investigate	Investigate any activity within its terms of reference.
Seek information	Seek any information it requires within its remit, from any employee or member of the Board.
Investigate	Commission reports required to help fulfil its obligations from NECS. Commission reports required to help fulfil its obligations from Audit One or the ICB's external auditors, in consultation with the Executive Director of Finance. Commission other external reports required to help fulfil its obligations, subject to the financial limits of the most senior member of the subcommittee.
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the subcommittee must follow any procedures put in place by the ICB for obtaining professional advice.
Create Groups	Groups may be established by the subcommittee, but they have no formal status. They do not have any

The subcommittee is authorised to:

delegated authority from the Board. Their decision making is restricted to decisions and limits of individuals as set out in the ICB's Financial Limits and Financial Delegations. These may not be aggregated and therefore the limits are those of the most senior member present at any meeting of the group. Groups may be permanent or task and finish groups.

The NENC Medicines Sub Committee may choose to establish/adopt other permanent or temporary sub-groups and short-life working groups to take forward specific programmes of work as considered necessary by members. They may also choose to delegate such tasks but not decision making to existing groups.

The Northern Treatment Advisory Group (NTAG) and the Medicines Safety Subgroup will be permanent subgroups of the NENC Medicines Sub Committee.

6. Delegation by Scheme of Reservation and Delegation (SoRD)

Decisions delegated by the Scheme of Reservation and Delegation

To make decisions on all aspects of medicines use at system level subject to delegation from the Executive Committee (as approved by the Board through their approval of these terms of reference and the Scheme of Reservation and Delegation) and to report these decisions to the Executive Committee.

7. Accountability and reporting

The Subcommittee is accountable to its parent committee, the Executive Committee, and reports to its parent committee on how it discharges its responsibilities.

Accountabilities	Description
Draft minutes and reports	The Subcommittee receives scheduled assurance reports from its established groups. The secretary formally records the minutes of each meeting.

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	The chair of the Subcommittee reports to its parent committee after each meeting and provides a report on assurances received, escalating any concerns, where necessary.
Monitor attendance	Attendance is monitored and profiled as part of the agenda at each subcommittee meeting. Members should aim to attend 100% of meetings and must attend at least 75% of meetings and read all papers beforehand.
Draft annual work plans	The Subcommittee produces an annual work plan in consultation with its parent committee.
Conduct annual self-assessment	The Subcommittee undertakes an annual self-assessment of its performance against the annual plan and terms of reference. Any resulting proposed changes to the terms of reference are submitted to the parent committee for agreement and action as the 'Establishing Subcommittees' standard operating procedure. The Subcommittee utilises a continuous improvement approach in its delegation. Members review the effectiveness of the meeting at each sitting.
Annual Report	The Subcommittee provides its parent committee with an annual report, timed to support finalisation of the accounts and the governance statement. The report includes: <ul style="list-style-type: none"> • The governance cycle • A summary of the business conducted • Frequency of meetings, membership attendance, and quoracy • The committee's self-assessment.

The Medicines Subcommittee is accountable to the Executive Committee. Any changes to these terms of reference must be recommended for approval by the Executive Committee to the Board.

Individual members of the subcommittee are responsible for progressing any actions relevant to their own areas and communicating decisions made through their own reporting structures to share information

Decisions from the subcommittee will be submitted after each meeting to the Executive Committee for approval as in line with the Scheme of Reservation and Delegation.

The subcommittee will receive the minutes of the Northern Treatment Advisory Group (NTAG) and the Medicines Safety Subgroup for assurance.

8. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

8.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

Composition/ quoracy	Description of expectations
Chair	Appointed for their specific knowledge skills and experience and suitability. (Note: does not need to be a member of the ICB board)
Deputy Chair	Subcommittee members may appoint a vice chair from amongst the members.
Absence of Chair or Vice Chair	In the absence of the chair, or vice chair, the remaining members present elects one of their number to Chair the meeting.
Membership	<p>Membership will be multidisciplinary and will include all parts of the NENC pharmacy and medicines optimisation sectors. The membership will include the following or their nominated deputies as agreed with the Chair:</p> <p>Voting members:</p> <ul style="list-style-type: none"> • ICB Director of Medicines and Pharmacy (chair) • ICB Medical Director representative (vice chair) • ICB Community Pharmacy Clinical Lead • Foundation Trust Chief Pharmacist representatives – Mental Health x 1, Acute x 1 and Ambulance x 1 • ICB Nursing Director • ICB Director of Finance • ICB Director of Place representative <p>Non-voting members</p> <ul style="list-style-type: none"> • System representative, NECS • Public Health Commissioning representative, NHS England • Public Health Pharmacist representative • Social Care representative • Strategic Clinical Networks representative

Composition/ quoracy	Description of expectations
	<ul style="list-style-type: none"> • Specialised Commissioning representative, NHS England (to include Health and Justice representation) • Regional Chief Pharmacist, NHS England • Chair of NTAG • Chair of Medicines Safety Subcommittee Chair • NICE associate • Lay representative <p>Nominated deputies as agreed by the Chair will have the same voting rights as those that they are deputising for.</p> <p>EDI: When determining the membership of the subcommittee, consideration will be given to diversity and equality.</p> <p>Involvement: In determining membership consideration will be given to the need for a patient and public involvement member.</p> <p>ICS: Membership may be from across the Integrated Care System. However, the balance of decision making must sit with the ICB.</p> <p>Conflicts: Consideration must be given to material conflicts in the appointment of members.</p>
<p>Attendees and procedure for absence</p>	<p>Only members have the right to attend meetings.</p> <p>Other attendees: the chair may elect to co-opt additional attendees, where it is in the interests of the activities to do so.</p> <p>Other advisory specialists may be invited to attend where specific issues relating to their respective areas of responsibility are discussed (e.g., those submitting papers or pathways for approval) as agreed following discussion between the chair and committee secretary. The chair may ask any or all of those in attendance but who are not members to withdraw to facilitate open and frank discussion.</p> <p>Procedure for absence:</p> <p>Where a member or any regular attendee of the subcommittee is unable to attend a meeting, a suitable alternative may be agreed with the chair.</p> <p>The chair may ask any or all of those who normally attend to withdraw to facilitate open and frank discussion of particular matters.</p>
<p>Quoracy and Procedure for Inquoracy</p>	<p>Threshold:</p>

Composition/ quoracy	Description of expectations
	<p>A minimum of 50% of voting members (or their agreed nominated deputies) which must include at least:</p> <ul style="list-style-type: none"> • ICB Director of Medicines and Pharmacy • ICB Medical Director • ICB Director of Finance, and • One Foundation Trust Chief Pharmacist <p>Absence: Where members are unable to attend, they should agree this with the chair.</p> <p>Disqualification: If any member of the subcommittee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum.</p> <p>Inquoracy: If the quorum is not reached, the meeting may proceed if those members attending agree, but no decisions may be taken.</p>

Members, deputies and regular attendees must complete a 'declarations of interest' form on joining the group, on changes of job title or position, where declarations change or new declarations are to be made, and annually in April.

In addition, members and attendees are required to declare any relevant interests relating to the agenda on receipt of the papers, at the start of a meeting, or at any point during the meeting where a conflict (actual, potential or perceived) arises.

Members may be excluded from decision making (as determined by the Chair) where appropriate. If quoracy is affected as a result, the meeting may continue but no decisions will be made from the point the meeting becomes inquorate.

Declarations of Interest will also be required from all those submitting papers, formulary application, and guidelines to the Area Prescribing Committee.

8.2 Frequency and formats

This section on Subcommittee meetings describes the meeting frequency and formats.

Frequency/ format	Description
Meeting frequency	The Subcommittee will meet at least six times a year with a minimum of five meetings at appropriate times in the reporting cycle.

Frequency/ format	Description
	<p>Additional meetings may be convened on an exceptional basis at the discretion of the subcommittee chair.</p> <p>The parent committee chair may ask the Subcommittee to convene further meetings to discuss particular issues on which they want the sub committee's advice.</p>
Public vs closed	<p>Meetings will be held in private.</p> <p>External Audit, Internal Audit and Local Counter Fraud representatives will have full and unrestricted rights of access to the Subcommittee.</p>
Virtual meetings and extra-ordinary meetings	<p>In accordance with the Standing Orders, the Subcommittee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.</p>

8.3 Procedures

Procedure	Description of rules and expectations:
Agenda	<p>The chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.</p> <p>Members are expected to identify agenda items for consideration to the chair and any meeting papers using the prescribed format at least 5 working days before the meeting.</p>
Conflicts of interest	<p>Declarations: All members, and those in attendance must declare any actual, potential, or perceived conflicts of interest. This is recorded in the minutes.</p> <p>Exclusions: The Subcommittee will follow and apply the ICB's Standards of Business Conduct with regards to the management of conflicts of interest. This means that the chair will consider the exclusion of members and / or attendees from discussion and / or decision-making if individuals have a relevant material or perceived interest in a matter under consideration.</p>
Decision-making	<p>Decisions: Decisions are taken in accordance with the Standing Orders and are arrived at by consensus.</p>

Conduct	The Subcommittee's conducts its business in accordance with relevant codes of conduct / good governance practice, including the Nolan principles of public life, the ICB Standards of Business Conduct Policy, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations
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An agenda will be produced and circulated electronically together with accompanying papers at least 5 working days prior to the meeting.

Draft minutes, decision summary and updated action log will be circulated after the meeting to the members within 2 weeks and the minutes confirmed in the subsequent meeting.

Action points are taken forward between meetings and progress against those actions is monitored.

All appeals against decisions of the subcommittee must comply with the ICB Appeals Policy. The grounds on which an appeal can be made are outlined within the policy and must be sent to the Subcommittee secretary in the first instance. Appeals can only be made by NHS healthcare Professionals within the NENC ICS.

9. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Subcommittee in the following ways:

Functions	Description
Distribute papers	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the chair with the support of the relevant executive lead.
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the chair those that are not meeting the minimum attendance requirements.
Maintain records	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary.
Minute Taking	Take good quality minutes and agree them with the chair. Keep a record of matters arising, action points and issues to be carried forward.

Functions	Description
Support for Chair & Committee	Support the chair in preparing and delivering reports to the parent committee. Take forward action points between meetings and monitor progress against those actions.
Provide updates	Update the Subcommittee on pertinent issues/ areas of interest/ policy developments.
Governance advice	Provide easy access to governance advice for subcommittee members

Communications between the subcommittee and stakeholders will generally be through the secretariat, except where it has been agreed that an individual member should act on the subcommittee's behalf

All media enquiries relating to outputs from the Medicines Subcommittee will be dealt with by the ICB's Communications Team in consultation with the Chair and the secretariat (after consultation from the membership if necessary).

The Medicines Subcommittee will not accept requests from the pharmaceutical industry to attend meetings or to present information to group members. Ways in which the group will engage with the industry are defined within the NENC ICS pharmaceutical engagement policy.

Item: 9.2
Appendix: 6

Official

Appendix 1: Approval History

Version	Date	Approved by	Status
V0.5	14/3/2023	Executive Committee recommended to Board for Approval	Draft (until Board approval)
V1.0	28/3/2023	Board (TBC)	First Issue

Appendix 2: Review History

Version	Date	Reviewed by	Changes Required Y/N?	Summary of changes (once changes are approved Appendix 1 should be updated)

Review date: March 2024
Contact: ICB Corporate Governance Team

Document control

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