

## CLINICAL COMMISSIONING GROUP (CCG) GOVERNING BODY TERMS OF REFERENCE

### 1.0 Purpose of the Committee

The purpose of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG) Governing Body is, on behalf of their population, to:

- a. commission safe and effective community and secondary health care services
- b. continually work towards the quality improvement of health care
- c. work in partnership with other Clinical Commissioning Groups and agencies to secure the overall health and well-being of the population
- d. conduct the business in accordance with the constitution of the CCG and the NHS constitution and other NHS statutory guidance.

In discharging its obligations the CCG Governing Body will be responsible and accountable for delivering financial balance, managing risks and for achieving national and local quality, productivity and service delivery targets.

The CCG Governing Body will delegate responsibility for a range of functions to its committees and working groups, e.g. the Pennine Lancashire Quality Committee, the Primary Care Commissioning Committee, the Audit Committee, the Remuneration and Terms of Service Committee, the Commissioning Business Group, and the Executive Joint Commissioning Group. These functions are set out in the approved Terms of Reference of each committee/group and the CCG's Standing Orders and Schemes of Delegation.

### 2.0 Roles and Responsibilities

2.1	The CCG Governing Body will operate within the legal framework.
2.2	The CCG Governing Body will comply with its standing orders and standing financial instructions and the terms of reference will be reviewed at least annually.
2.3	The CCG Governing Body is subject to governance, ethical and legal guidelines. This includes requirements around ethical behaviour, conflicts of interest declarations and maintaining a register of interests.
2.4	The CCG Governing Body will establish committees and working groups as required to effectively transact the business of the Clinical Commissioning Group, approving all Terms of Reference and clearly setting out all delegated functions.
2.5	The CCG Governing Body will agree to delegate powers of budgetary responsibility to its committees and groups. A formal Scheme of Delegation will be agreed between the CCG Governing Body and its committees and groups.
2.6	NHS England will hold the CCG Governing Body to account for delivery of its delegated responsibilities / accountability. NHS England has the power to intervene in the work of the CCG should it be considered necessary.
2.7	The elected General Practitioner (GP) representatives on the Governing Body of the CCG Governing Body will, as part of a team, ensure that the CCG exercises its functions efficiently, effectively and economically with good governance and in accordance with the terms of the CCG as agreed with its members. The development of the governance arrangements is in accordance with the legal requirements in the Health and Social Care Act 2012 for the establishment of CCGs.

2.8	The CCG Governing Body will receive regular reports from its committees and groups from which to gain assurance on the delivery of the annual and strategic Operational and Financial Plans.
2.9	The CCG Governing Body will be responsible for ensuring that services for the population of Blackburn with Darwen are informed and commissioned in a way which delivers improved health and social care, improved outcomes, improved patient experience, good productivity and minimises health inequalities and that its work is in accordance with the requirements of the NHS Constitution.
2.10	The CCG Governing Body will develop the commissioning intentions and oversee the conduct of contracting negotiations for the major CCG led contracts.
2.11	The CCG Governing Body will continually review quality and performance, outcomes and efficiency and effectiveness of spend in all commissioned services that fall within the scope of the CCG.
2.12	The CCG Governing Body will be responsible for the assurance that services are safe, of a consistently high quality, value for money and sustainable.
2.13	The CCG Governing Body will ensure continuous and meaningful engagement with the public and patients in the planning, delivery and prioritisation of services.
2.14	The CCG Governing Body will work collaboratively with a range of partners to commission services which will improve health and minimise health inequalities.
2.15	The CCG Governing Body will ensure that planning, prioritisation and decision making are transparent, equitable and auditable.
2.16	The CCG Governing Body will ensure that the CCG achieves a balanced budget, whilst delivering the agreed Single Integrated Plan.
2.17	The CCG Governing Body will lead the development of the strategic planning process for the CCG.
2.18	The CCG Governing Body will be responsible for and take ownership of Quality, Innovation, productivity and Prevention (QIPP) and performance management.
2.19	The CCG Governing Body will be responsible for approving all VSM and Governing Body remuneration levels.
2.20	The Governing Body will receive confirmation reports on the determined remuneration levels and conditions of service of the Executive Officers and GP Executive members from the Remuneration and Terms of Service Committee.
<b>3.0 Deliverables</b>	
3.1	To commission a comprehensive range of appropriate, cost effective and high quality health services for the population of Blackburn with Darwen.
3.2	Create and lead the development of the system locally to ensure that the CCG remains fit for purpose.
3.3	Lead and drive the change of behaviour and culture in the NHS that is required for optimal productivity and sustainability by creating meaningful relationships across the whole system.
3.4	Ensure inclusion of all GP practices and that practices'/clinical engagement is harnessed and targeted to deliver priorities.
3.5	Ensure that the CCG Governing Body has a mandate from its constituent practices/GPs.
3.6	Be responsible for the organisational development of the CCG.
3.7	Ensure effective and appropriate practice education development and communication in relation to CCG led commissioning.
3.8	Develop meaningful engagement/links with Local Authority/Public Health Service/NHS England / Health and Well-Being Board / Healthwatch and other organisations as appropriate to ensure system development in line with the implementation of the Health and Social Care Act 2012.

3.9	Communication and sharing of learning locally, regionally and nationally.
3.10	Minutes recording the decisions reached and the reasons for such decisions shall be maintained.
3.11	The Publication of the Governing Body's Annual Report.
<b>4.0 Constraints/Risks</b>	
4.1	The CCG Governing Body will work within the constitution and legal framework of the NHS.
<b>5.0 Membership</b>	
5.1	<p><b>The membership of the CCG Governing Body is:</b></p> <ul style="list-style-type: none"> <li>• Chair and Lay Member for Patient and Public Involvement (v)</li> <li>• Lay Member Governance (v)</li> <li>• Joint Chief Officer (v)</li> <li>• Deputy Chief Officer/Chief Finance Officer (v)</li> <li>• Secondary Care Doctor (v)</li> <li>• Director of Quality and Chief Nurse (v)</li> <li>• Four elected GP Governing Body members (includes the Vice Chair) (v)</li> <li>• Medical Director (v)</li> <li>• Clinical Director of Quality and Primary Care (v)</li> <li>• Director of Population Strategy and Transformation</li> <li>• Lay Member</li> </ul> <p><b>Co-opted Member:</b></p> <ul style="list-style-type: none"> <li>• Director of Public Health (Blackburn with Darwen Local Authority)</li> </ul> <p><b>In Attendance:</b></p> <ul style="list-style-type: none"> <li>• East Lancashire CCG Governing Body (Meeting in Common)</li> <li>• Head of Corporate Business</li> <li>• Administration Support</li> </ul> <p>Voting members of the Governing Body are those indicated by (v).</p> <p>In the absence of the Chair the Vice Chair will conduct proceedings.</p> <p>In the absence of the Joint Chief Officer the Deputy Chief Officer will act as their deputy.</p> <p>Members must comply with the requirements of the CCG's conflict of interest policy.</p>
5.2	The CCG Governing Body will also invite other individuals to attend meetings as required from time to time. These individuals will not have voting rights.
5.3	The CCG Governing Body reserves the right to co-opt additional members where appropriate.
<b>6.0 Governance and Reporting</b>	
6.1	<p><u>Reporting arrangements - into</u></p> <p>The CCG Governing Body will report to NHS England.</p>
6.2	The CCG Governing Body will make the minutes of meetings available to member practices, after each Governing Body Meeting and will keep them informed by messages from the Joint Chief Officer as key strategic decisions are taken.

6.3	<p><u>Reporting arrangements – from</u></p> <p>The CCGs sub-committees and groups listed below will report into the CCG Governing Body:-</p> <ul style="list-style-type: none"> <li>- Pennine Lancashire Quality Committee</li> <li>- Commissioning Business Group</li> <li>- Primary Care Commissioning Committee</li> <li>- Remuneration and Terms of Service Committee</li> <li>- Audit Committee</li> <li>- Executive Joint Commissioning Group</li> <li>- Lancashire and South Cumbria Joint Committee of Clinical Commissioning Groups (JCCCG)</li> </ul> <p>The CCG will also on occasions be required to establish other Sub-Committees in line with the CCG’s constitution.</p>
6.4	<p><u>Quorum</u></p> <p>A meeting of the Clinical Commissioning Group Governing Body shall be quorate when there are a minimum of five members, to include three GPs, one Executive Officer and one Lay Member present, unless the exceptional circumstances apply as described below:-</p> <ol style="list-style-type: none"> <li>1. Where a decision is to be made where significant conflicts of interest exist with GP members the quorum will be achieved by five of the remaining Governing Body members: Joint Chief Officer, Deputy Chief Officer/Chief Finance Officer, Director of Quality and Chief Nurse, Secondary Care Doctor, two Lay Members/Chair (and any non-conflicted GP members).</li> <li>2. Where a decision is to be made where a conflict of interest exists with a sitting Vice Chair, the role of the Chair will be deferred to a Governing Body Member.</li> <li>3. Where a decision is to be made where significant conflicts of interest exist for the two Lay Members, Chair and Secondary Care Doctor, the quorum will be achieved by a minimum of five of the following members: Joint Chief Officer, Deputy Chief Officer/Chief Finance Officer, Director of Quality and Chief Nurse, Medical Director, Clinical Director of Quality and Primary Care and four GP members.</li> </ol> <p>The conflicts of interest policy will be applied to all these scenarios.</p>
6.5	<p><u>Attendance</u></p> <p>Each member is expected to attend a minimum of 75% of scheduled formal and Development meetings per annum.</p>
6.6	<p><u>Review</u></p> <p>The Terms of Reference will be reviewed annually by the CCG Governing Body.</p>
6.7	<p><u>Recording of Proceedings</u></p>

	<p><u>CCG</u> The CCG will make an audio recording of proceedings. Members of the Governing Body have agreed to the recording of the meetings, as an aide-memoire for the minute taker; to ensure an accurate transcript of the meeting. The copy of the audio recording will be kept by the Governing Body Secretary. The recording will be destroyed following the ratification of the minutes of the last meeting at the next available meeting.</p> <p><u>Members of the Public in Attendance</u> The CCG will accommodate members of the public who wish to film, photograph or record CCG meetings in so far as it does not disrupt business and respects the rights of individuals who may not wish to be filmed. Any member of the public wishing to film the meeting is required to make the request in writing at least 24 hours in advance.</p> <p>The filming, photographing or audio recordings will only be made from the designated public seating area and may be taken from one fixed position, to prevent obstructing others from observing proceedings.</p> <p>Attendees will be advised at the start that the meeting is being filmed, photographed or audio recorded, and given the name and contact details of the individual undertaking the recording.</p> <p>The Chair shall instruct that filming, photographing or audio recordings is stopped:</p> <ul style="list-style-type: none"> <li>• During those parts of the meeting when the press and public have been excluded due to the nature of the business being discussed i.e. either exempt or confidential matters;</li> <li>• If there is a public disturbance or suspension/adjournment of the meeting;</li> <li>• If to his judgement the recording has become disruptive or distracting to the good order and conduct of the meeting;</li> <li>• If the Chair determines that it has not been possible to obtain informed consent from a person with known learning disabilities or mental health issues or parental consent for a young person speaking.</li> </ul> <p>In allowing this, the CCG requests that those recording proceedings must not edit the film/recording/photographs in a way that could lead to misinterpretation of the proceedings, or infringe the core values of the CCG.</p> <p>The use of flash photography or additional lighting will not be allowed unless this has been discussed in advance of the meeting and agreement reached on how it can be done without disrupting proceedings.</p> <p><u>Public Order</u> The Chair may, at any time, require the public or individual members of the public or media to leave the meeting or may adjourn the meeting to a private location if he considers that those present are disrupting the proper conduct of the meeting or the business of the Governing Body.</p>
<b>7.0 Relationships/Interdependencies with other Bodies</b>	
7.1	The Governing Body will cooperate and collaborate with other organisations in order to achieve its objectives.

<b>8.0</b>	<b>Location of shared information such as plans, or contact information</b>
8.1	These will be stored electronically on the Clinical Commissioning Group drive.
<b>9.0</b>	<b>Related Policies</b>
9.1	<ul style="list-style-type: none"> <li>• Standing Financial Instructions</li> <li>• Standing Orders</li> <li>• Scheme of Delegation</li> <li>• Governance Framework</li> <li>• Risk Management Policy</li> <li>• Conflict of Interest Policy</li> <li>• Constitution</li> </ul>
<b>10.0</b>	<b>Schedule of Meetings</b>
10.1	The Governing Body will meet a minimum of 6 times per year in public with additional meetings being scheduled as required to ensure Governing Body development and discussion.