

HEALTHIER PEOPLE,
BETTER FUTURE



Heywood, Middleton
and Rochdale
Clinical Commissioning Group

NHS HMR Clinical Commissioning Group (CCG) Governing Body

Terms of Reference

May 2021



VERSION CONTROL

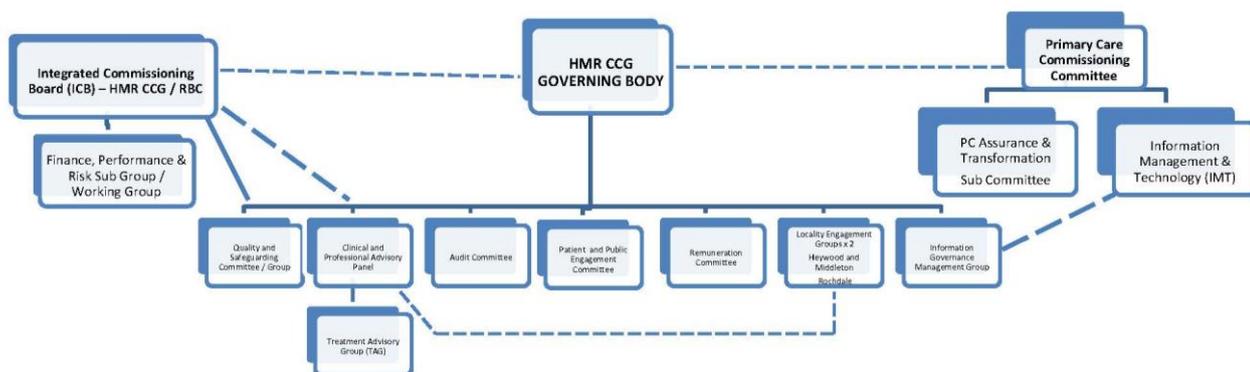
V4.1	Issued to	Governing Body	November 2019	APPROVED
V4.2	Issued to	Governing Body	November 2020	Annual Review
V5.0	Issued to	Governing Body	November 2020	RATIFIED
V5.1	Issued to	Governing Body	21 May 2021	Updates to titles
V6.0	Issued to	Governing Body	May 2021	RATIFIED

1. Introduction

These Terms of Reference should be read in conjunction with the CCG's Constitution, Standing Orders, Scheme of Delegation and Standing Financial Instructions.

The Government's ambition set out in the Health and Social Care Act 2012, for the NHS to deliver health outcomes amongst the best in the world is rooted in the three principles of giving patients more information and choice, focussing on healthcare outcomes and quality standards and empowering frontline professionals with a strong clinical leadership role. At the heart of these proposals are Clinical Commissioning Groups (CCGs)

2. Governing Body Sub-Committees



3. Objectives of the Governing Body

The governing body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in its constitution. The governing body has responsibility for:

- ensuring that the group has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the groups *principles of good governance* (its main function);
- determining the remuneration, fees and other allowances payable to employees or other persons providing services to the group and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act;
- approving any functions of the group that are specified in regulations;
- approving and monitoring the group's duty to meet the Public Sector Equality Duty;
- promoting the involvement of all Members in the work of the CCG in securing improvements in commissioning of care and services and developing the vision, values and culture of the group in consultation with members;

- f) reviewing and monitoring the arrangements for working in partnership with the local authority to develop joint strategic needs assessments and joint health and well-being strategies and monitoring the delivery of the groups responsibilities within such strategies;
- g) approving and publishing the groups public engagement strategy and annual public involvement report;
- h) ensuring effective arrangements are in place to secure health services in such a way that promotes awareness of, and upholds the NHS Constitution;
- i) approving and monitoring the implementation of the groups strategies and plans to secure continuous improvement in the safety and quality of services including safeguarding children and vulnerable adults utilising information available to help identify areas for improvement to ensure better health, better outcomes and better value for the residents of Heywood, Middleton and Rochdale;
- j) assisting NHS England and NHS Improvement in its duty to co-commission and to improve the quality of primary medical services by continuously increasing the capability, competence and capacity of primary care, and the proportion of health and social care provided by primary and community services;
- k) ensuring effective plans are in place to reduce inequalities across the borough;
- l) promoting the involvement of patients, their carers and representatives in decisions about their healthcare;
- m) ensuring effective systems to enable patients to make choices are in place across its member practices and commissioned providers;
- n) ensuring that decision making processes are informed by advice and opinion from a wide-range of professionals;
- o) engaging in a collaborative approach within the local health and care system including but not limited to:
 - i) the Local Medical Committee
 - ii) other local representative committees
 - iii) the Local Authority
 - iv) Health Watch
 - v) local Health & Social Care Providers
 - vi) The voluntary sector
 - vii) Other clinicians and allied health professionals
- p) ensuring effective systems are in place to promote innovation;
- q) ensuring effective systems are in place to promote research and the use of research;
- r) ensuring effective systems are in place to promote education and training;
- s) approving and monitoring plans to support and drive the integration of health and social care services with intent to improve quality and/or reduce inequalities;
- t) ensuring the group has in place effective arrangements to:
 - i) ensure expenditure does not exceed the aggregate of its allocations for the financial year,

- ii) ensure its use of resources does not exceed the amount specified by NHS England and NHS Improvement or the financial year;
- iii) and in respect of any directions from NHS England and NHS Improvement in respect of specified types of resource in a financial year, to ensure the group does not exceed an amount specified
- u) approving and publishing a process for and an explanation of the utilisation of any payment in respect of quality;
- v) managing the corporate strategic risks of the group including regularly reviewing the group's Assurance Framework; and,
- w) approving the Organisational Development Strategy and Plan including the principles by which it will procure commissioning support.

4. Membership

Part One

Voting Members

Clinicians:

- I. GP Chair (chair role is casting vote)
- II. Locality Lead GP (Rochdale)
- III. Locality Lead GP (Heywood & Middleton)
- XI. Chief Nurse / Associate Director of Quality and Safeguarding
- IV. 2 x Clinical Board members
- V. Secondary Care Clinician

Non-clinicians:

- VI. 3 Lay members - one is non-clinical vice chair
- VII. Accountable Officer
- VIII. Chief Finance Officer – Health and Social Care Integration
- IX. Director of Strategic Commissioning
- X. Director of Operations

Non-Voting Members

- XII. Director of Public Health
- XIII. Council Leader RBC - delegated to Portfolio Holder for Healthy Lives
- XIV. Healthwatch Rochdale
- XV. Consultant in Public Health

Part Two

Voting Members

Clinicians:

- I. GP Chair (chair role is casting vote)
- II. Locality Lead GP (Rochdale)
- III. Locality Lead GP (Heywood & Middleton)
- IV. Chief Nurse / Associate Director of Quality and Safeguarding
- V. 2 x Clinical Board members
- VI. Secondary Care Clinician

Non-clinicians:

- VII. 3 Lay members - one is non-clinical vice chair
- VIII. Accountable Officer
- IX. Chief Finance Officer – Health and Social Care Integration
- X. Director of Strategic Commissioning
- XI. Director of Operations

Non Voting Member

- XII. Director of Public Health

The following non-voting members will be invited to attend based on the agenda, taking into consideration any commercially sensitive or confidential items.

- XI. Council Leader RBC - delegated to Portfolio Holder for Healthy Lives
- XII. Healthwatch Rochdale
- XIII. Consultant in Public Health

5. Quorum

The quorum will be a third of all members with at least 3 of those being Clinicians.

6. Frequency of Meetings

The committee will meet bi-monthly with formal “part 1” meetings being held in public . If the Committee needs to discuss matters of a confidential nature, then these will be considered in a private “part 2” session. The agenda for each meeting will be sent to members at least five days before the meeting and supporting papers, whenever possible, shall accompany the agenda.

7. Conflicts of Interest

An up to date register of members’ interest will be retained and published in line with NHS HMR CCG Conflicts of Interest Policy.

Members will be expected to declare any conflicts of interest at all meetings and the Chair will determine how any conflict will be handled in line with CCG policy and guidelines, which will be recorded in the minutes of the meeting.

Members will be required to complete the annual mandatory conflicts of interest training.

8. Corporate Sustainability

As a healthcare commissioner, the CCG is committed to planning and buying health care on a sustainable basis, this committee will support the commitments of the HMR CCG Sustainable Development Management Strategy and Delivery Plan, wherever possible in;

1. Commissioning for Sustainability and Adaptation
2. Being a Sustainable Organisation
3. Promoting sustainability with member practices
4. Delivering our commitments and Assessing our Performance

Commissioning for sustainable development in the health and care system means;

- Planning services which are efficient, effective and safe
- Buying services which provide highest quality at best value, are safe and which have least impact on the environment
- Avoiding duplication, inefficiency and waste
- Focus on preventative, proactive care
- Patient and public engagement involvement in planning and design of services
- Building resilience, and protecting and developing community assets and strengths
- Making the best use of all of the resources we have
- Minimising carbon emissions

9. Review Date

The Terms of Reference will be reviewed as a minimum on an annual basis.

10. Secretarial Support

Secretarial support will be provided to support the Chair in the management of the Governing Body business and the collation and distribution of papers.

11. Conduct of the Governing Body

The Governing Body will assess its performance annually against the objectives as set out in the Terms of Reference.

Items for the agenda and all relevant supporting papers should be submitted to hmrccq.ccghub@nhs.net a minimum of 7 working days prior to the meeting.

As a minimum all members will be expected to attend 70% of meetings within the financial year or send an appropriate fully briefed deputy to provide appropriate feedback and vote on their behalf where required.