**HEALTHY LIVES HEALTHY FUTURES PROGRAMME**

**Scheme of Delegated Authority**

1. **RECOMMENDATION**

This paper seeks the approval of North East Lincolnshire Partnership Board and North Lincolnshire Governing Body in relation to the designated levels of authority given to Northern Lincolnshire’s Healthy Lives, Healthy Futures (Sustainable Services) Programme Board.

The paper clarifies decisions what will be retained for ratification by the relevant Governing Body and Partnership Board and those areas where delegated responsibility is given to the Healthy Lives, Healthy Futures (Sustainable Services) Programme Board.

1. **DECISIONS AND DUTIES RESERVED FOR THE CLINICAL COMMISSIONING GROUP GOVERNING BODY OR PARTNERSHIP BOARD**
* Final approval of the preferred option(s) prior to formal consultation
* Approval of the Healthy Lives Healthy Futures final business case
* The Council of Members has final decision making powers over strategic service change in the area according to the constitution

The Accountable Officer for each organization is a member of the Healthy Lives Healthy Futures Programme Board. They are responsible for updating the Governing Body (NL) or Partnership Board (NEL) on a regular basis in regard to the Programme’s progress to ensure the Governing Body and Partnership Board are fully apprised of the Programme’s position.

They are also responsible for ensuring that the resources necessary to the delivery of the programme are appropriately assessed, and that resourcing / costs are approved in accordance with the relevant CCG policies and processes.

1. **DECISIONS AND DUTIES DELEGATED TO THE NORTHERN LINCOLNSHIRE HEALTHY LIVES, HEALTHY FUTURES (SUSTAINABLE SERVICES) PROGRAMME BOARD**

The Healthy Lives, Healthy Futures (Sustainable Services) Programme Board has delegated authority from the relevant CCG Governing Body or Partnership Board for development of the Programme’s strategic direction and for overseeing the management and delivery of all aspects of the Programme

Specific responsibilities include (but are not limited to):

* Approval of the Programme Plan and all Programme documentation
* Approval of the Programme process and key decisions not reserved to the Clinical Commissioning Group Governing Body or Partnership Board. This shall include (but not be limited to) approval of the long list of options, evaluation criteria and short list of options for pre-consultation engagement
* Ratification of the Communications & Engagement Plan
* Management and ratification of all documentation in relation to the External Assurance Process, pre-consultation engagement process and formal consultation process
* Authorisation of Programme recruitment plans
* Overall responsibility for the risk register and where relevant, effective management of risks (with ownership of risks where appropriate)

**Appendix 1**

**NORTHERN LINCOLNSHIRE HEALTHY LIVES HEALTHY FUTURES PROGRAMME**

**PROGRAMME BOARD MEETING**

**TERMS OF REFERENCE**

1. **Purpose**

The Healthy Lives Healthy Futures Programme Board will be the strategic decision making group for the Healthy Lives Healthy Futures Programme and will agree and oversee the delivery of the agreed options for sustainable services across Northern Lincolnshire.

1. **Key Responsibilities**

The Programme Board will be responsible for:

1. Ensuring a co-ordinated approach across health and social care to the delivery of the Commissioner Vision and Commissioning Intentions for sustainable services across the constituent CCGs and Area Team.
2. Ensuring that the agreed overall principles for the delivery of sustainable services are utilised as the overarching framework for how service change will be delivered across the constituent CCGs and Area Team
3. Approval and ratification of all programme documentation
4. Approval and ratification of strategic decisions
5. Ensuring that quality, performance and monitoring arrangements are appropriately reported into the key external organisations and groups
6. Clinical engagement through the Clinical Advisory Group. Options will be provided to the Clinical Advisory Group on a range of issues relevant to the delivery of the Healthy Lives Healthy Futures Programme. Decisions agreed by the Board must take into account any recommendations made from the Clinical Advisory Group.
7. Co-ordination of all publicity or other dissemination of information about the programme
8. Monitoring of high level programme risks
9. **Membership**

**PART A - COMMISSIONERS**

Chair Hugo Mascie-Taylor

North Lincolnshire CCG Accountable Officer

 Chair - Council of Members (& representing Doncaster CCG)

 Senior Officer Commissioning Support and Service Change

North East Lincolnshire CCG Accountable Officer

 Deputy Chief Executive **(Deputy Chair)**

 Strategic Planning Lead

East Riding of Yorkshire CCG Director of Joint Commissioner

East Lincolnshire CCG TBC

NHS England Area Team Medical Director

 Head of Primary Care (North Yorkshire & Humber)

 Assurance Lead

Commissioning Support Unit Communication & Engagement Lead

 Strategic Programme Lead

Programme Manager

In Attendance Programme Administrator (minute taking)

**PART B – COMMISSIONERS & PROVIDERS**

All Part A members

Northern Lincolnshire & Goole FT Chief Executive

(Inc. NL Community) Medical Director

Care Plus Group (NEL Community) Chief Operating Officer

North Lincolnshire ASC ASC Lead

North East Lincolnshire ASC ASC Lead

1. **Quorum**

The meeting will be quorate when there is representation from at least three commissioning organisations (either Clinical Commissioning Groups or Area Team) for Part A and in addition, representation from two providers for Part B.

1. **Frequency of Meetings**

The meetings will be monthly

1. **Administrative Arrangements**
2. The Commissioning Support Unit will provide the administrative support and will draw up the agenda in collaboration with the Chair
3. Wherever possible the agenda and papers will be circulated electronically 7 days in advance
4. **Tenure**

The group will be in place to oversee the development and delivery of sustainable services and will be reviewed annually in terms of purpose and appropriateness.

1. **Terms of Reference Review Date**

April 2014