

**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
TERMS OF REFERENCE**

COUNCIL OF MEMBERS (CoM)

1. PURPOSE

The Council of Members is the arena in which all member practices have the opportunity to come together to:

- consider and advise on the service commissioning agenda for Health & Social Care
- ensure that the continued development of the CCG is aligned to the principles and aspirations of the constituent practices
- shape the organisations strategic direction and key objectives
- approve service strategies and significant service change proposals

Operating principles:

- We need to provide constructive challenge and act as a critical friend to ensure that the CCG continues to encourage innovation and operates in a way that
- empowers individuals to lead on areas of work that they feel passionate about.
- We need to become a learning community that adopts the best. Bottom quartile performance is not acceptable, top quartile performance should be celebrated and rapidly adopted.
- We need systems that challenge “top-down” priorities and legitimise local decisions

2. ACCOUNTABILITY

The Council of Members is accountable to the membership of NHS North East Lincolnshire Clinical Commissioning Group.

3. REPORTING

The Council of Members will be accountable to the Member Practices (membership) and all approved minutes must be made available to all Member Practices.

The Council of Members will work in conjunction with its annual work plan

The Council of Members will undertake an annual self-assessment of its performance against the annual plan, membership and terms of reference. This self-assessment will be approved by the Member practices and form part of the annual report.

4. CONSTITUTION

Member practices will act in accordance with the CCG’s constitution and need to demonstrate to each other that they are applying the values within the Constitution and achieving high quality care.

5. COMMITTEE CHAIR AND DEPUTY CHAIR

A Chair and Vice Chair shall be elected for a three-year period by the members of the Council of Members, with each member having a voting mechanism that has been agreed as set out in these Standing Orders. Council of Members can recommend different periods of appointment to the Remuneration Committee. Only senior GP representatives shall be eligible for election to both posts, and remuneration for both shall be determined by the CCG Remuneration Committee.

6. MEMBERSHIP

Core Membership

Each practice will be responsible for determining who will be its core member and therefore would be able to vote on the practice's behalf. Core member must be one senior GP representative nominated by each group member. Members may authorise another Clinical Healthcare Professional to act on their behalf by enactment of a suitable proxy notices. Each Core member will have a vote equivalent to their practices fair share budget allocation (as determined by the national funding formula), with Adult Social Care having a vote equivalent to the allocation the CCG receives from the council.

The Council of Members includes the following additional members:

a) Adult Social Care members

- The Governing Body Executive Director with responsibility for ASC strategic commissioning
- The Social Work Advisor to the Governing Body

b) One lead health care professional nominated by Care Plus Group Practices

Each practice may also have a practice manager in attendance; however, the practice manager will **not** be a voting member.

Role of Practice Representatives

Practice representatives represent their practice's views and act on behalf of the practice in matters relating to the group. The role of each practice representative is to:

- Attend or ensure representation at **each** meeting of the Council of Members
- Act as a point of contact between the CCG and the practice
- Participate and vote in relation to matters reserved to the Council of Members
- Share any information provided by the CCG within their practice
- Ensure their practice is fully engaged with the CCG by leading the commissioning agenda within their practice
- Declare interests in line with NHS England's Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017 (or updated)
- Elect and ratify clinical members to the Governing Body; and
- Actively participate in the appointment and reappointment process of Governing Body members.
- Any other duties as agreed by the council of members

Practice Name	Address	Primary Care Network
Field House Medical Group	Freshney Green Primary Care Centre Sorrell Road Grimsby DN34 4GB	Freshney Pelham
Humberview Surgery	Stirling Medical Centre Stirling Street Grimsby DN31 3AE	Freshney Pelham
Littlefield Surgery	Freshney Green Primary Care Centre Sorrell Road Grimsby DN34 4GB	Freshney Pelham
Pelham Medical Group	Church View Health Centre Cartergate Grimsby DN31 1QZ	Freshney Pelham
Woodford Medical Centre	Church View Health Centre Cartergate	Freshney Pelham

	Grimsby DN31 1QZ	
Open Door	Albion Street Grimsby DN32 7DL	Meridian Health Group
Quayside Open Access	Albion Street Grimsby DN32 7DL	Meridian Health Group
Roxton Practice (plus Branch Surgery at Keelby)	Pilgrim Primary Care Centre Pelham Road Immingham DN40 1JW	Meridian Health Group
Roxton at Weelsby View	Weelsby View Health Centre Ladysmith Road Grimsby DN32 9SW	Meridian Health Group
Greenlands and New Waltham Surgery	Greenland Avenue New Waltham DN36 44QG	Panacea
Scartho Medical Centre	Springfield Road Scartho Grimsby DN33 3JF	Panacea
Dr A Sinha (plus Branch Surgery at Laceby)	Cromwell Primary Care Centre Cromwell Road Grimsby DN31 2BH	Panacea
Dr P Suresh Babu	Weelsby View Health Centre Ladysmith Road Grimsby DN32 9SW	Panacea
Beacon Medical	Cleethorpes Primary Care Centre St Hugh's Avenue Cleethorpes DN35 8EB	Panacea
Birkwood Medical Centre	Westward Ho Grimsby DN34 5DX	Panacea
Dr Biswas-Saha	Blundell Park Surgery 142-144 Grimsby Road Cleethorpes DN35 7DL	Panacea
Chantry Health Group	Church View Health Centre Cartergate Grimsby DN31 1QZ	Panacea
Clee Medical Centre	323 Grimsby Road Cleethorpes DN35 7XE	Panacea
Core Care Family Practice	Cromwell Primary Care Centre Cromwell Road Grimsby DN31 2BH	Panacea
Healing Health Centre	Wisteria Drive Healing DN41 7PU	Panacea
Dr A Kumar	Stirling Medical Centre Stirling Street Grimsby DN31 3AE	Panacea
The Lynton Practice	Taylor's Avenue Medical Centre Taylor's Avenue Cleethorpes DN35 0LJ	Panacea
Dr Mathews (plus Branch Surgery at Cromwell PCC)	Stirling Medical Centre Stirling Street Grimsby DN31 3AE	Panacea
Dr O Z Qureshi	Taylor's Avenue Medical Centre Taylor's Avenue Cleethorpes DN35 0LJ	Panacea

Raj Medical Centre	307 Laceby Road Grimsby DN34 5LP	Panacea
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Additional Attendees

The Council of Members may invite other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit. Any such person may be invited by the Chair to speak and participate in debate but may not vote.

The Council of Members will regularly invite the following individuals to attend any or all its meetings as attendees, but they may not vote

- Lay Member

7. QUORACY

The quorum of the council of members shall normally be one third of practice members (i.e. 9), of which at least 3 shall be representing a smaller practice i.e. registered practice population of 5000 or less

Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interest, the Chair of the meeting shall consult with the Conflict of Interest Guardian or Chief Finance Officer on the action to be taken

8. DECISION MAKING/VOTING

Generally, it is expected that all the decisions shall be determined by consensus wherever possible. Should this not be possible then a vote of members will be required, the process for which is first to allow a vote by way of a show of hands. Where a clear majority is not agreed as being achieved by those present, decisions shall be determined through voting of those present (or by proxy).

Where there is more than one practice representative to vote on behalf of their practice – only one vote is counted

Adult Social Care (ASC) shall have a total vote equivalent to the allocation the CCG receives from the council, which shall be cast by the agreed social care member representative(s) at the meeting.

The ASC vote will be carried through a 50:50 split of the total ASC vote as follows:

- The board executive director with responsibility for ASC strategic commissioning will carry 50% of the vote
- The social work advisor to the board will carry the remaining 50%

There would be a few areas where Adult Social Care would be excluded /abstain from voting and these are detailed below:

- The election of the Chair of the council of members (which is elected to represent the practices at the Board, ASC has separate representation at the Board within the current arrangements).
- The election of the other GP members to the Board
- Any commissioning decision which would have no impact on Adult Social Care.

The group's members have a responsibility to ensure that they have a representative that attends **each** meeting of the council of members but may choose to operate a proxy vote through the representative of another member.

Proxy appointments will only be considered valid if they are received in writing at least 24hrs in advance of the meeting and by the member representative appointing the proxy.

The CCG may require proxy notices to be delivered in a particular form and may specify different forms for different purposes.

Proxy notices will specify how the proxy appointed under them is to vote (or a proxy is to abstain from voting) on one or more resolutions.

Unless a proxy notice indicates otherwise, it must be treated as: -

- a) allowing the person appointed as having the discretion to vote on any ancillary or procedural resolutions put to the meeting, and
- b) appointing that person as a proxy in relation to any adjournment of the meeting to which it relates as well as the meeting itself.

Behavior's

Irrespective of individual views all members are expected to support the decisions made by the CoM and actively promote implementation.

9. SUBGROUPS

The committee shall establish subgroups to support delivery of its functions and responsibilities as and when it deems appropriate.

10. ROLES AND RESPONSIBILITIES

Decisions and functions reserved to the Council of Members

- Consideration and approval of applications to NHS England on any matter concerning material changes to the CCG's constitution, as defined in scheme of reservation and delegation.
- Agree the vision, values and overall strategic direction and key objectives of the CCG prior to approval by the CCG Governing Body, or relevant committee
- Approve decisions delegated under joint arrangements with other CCGs and/or NHS England and/or other bodies established under the 2006 Act
- Approve service strategies and significant service change proposals, prior to ratification by the CCG Governing Body, or relevant committee
- Consider & advise on issues relating to clinical governance and service standards as appropriate
- Use of payment in respect of quality payments made to the CCG by NHS England
- Agree the priorities for contract negotiations and quality payments made to the CCG by NHS England
- Agree key decisions for developing the annual business plan/local implementation plan and commissioning plan, prior to approval by the CCG Governing Body
- Approval of suspension of standing orders
- Approve the arrangements for:
 - Identifying practice members to represent practices at Council of Members
 - Selection of member representatives to the Governing Body
 - Ensure members agree to work in accordance with the inter-practice agreement as agreed from time to time by the Council of Members; and
 - Actively participate in the appointment process of Governing Body members
- Ratify the appointments of members to the Governing Body, following the appointment by selection process (and approval by NHS England, in the case of the Accountable Officer)
- Approve arrangements for identification, selection and appointment of Chair of the Governing Body
- Seek assurance that the commissioning strategy for the CCG fully reflects all elements of quality (experience, effectiveness, and safety), keeping in mind that the strategy and response may need to adapt and change

11. DECLARATIONS OF INTERESTS, CONFLICTS AND POTENTIAL CONFLICTS

All committee/subcommittee members must adhere to the CCG's Constitution and Standards of Business Conduct / Conflicts of Interest policies, together with NHS England statutory guidance on managing conflicts of interest.

Where a member of the committee/subcommittee/group believes that he /she has a conflict of interest in relation to one or more agenda items, they must declare this at the beginning of the meeting wherever possible, and always in advance of the agenda item being discussed. It will be responsibility of the Chair to decide how to manage the conflict and the appropriate course of action.

To further strengthen scrutiny and transparency of CCG's decision-making processes the CCG has an appointed Conflict of Interest Guardian. This role is undertaken by the CCG's Integrated Governance and Audit Chair.

Any interests which are declared at a meeting must be included on the CCG's Declaration of Interest Register. Where this is not already the case, the individual with the conflict must ensure that the item is added to their declaration as soon as is practicable following the meeting.

12. FREEDOM OF INFORMATION ACT 2000

The minutes and papers of this Committee are, in the main, classed as public documents, except where matters, usually due to draft work in progress, issues of confidentiality or commercial sensitivity, are specifically deemed to be unsuitable for publication.

13. MEETING PAPERS

Items of business to be transacted for inclusion on the agenda of a routine meeting need to be notified to the administrator of the meeting at least 14 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 7 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 working days before the date the meeting will take place.

14. FREQUENCY AND NOTICE OF MEETINGS

Ordinary meetings of the groups Council of Members shall be held at regular intervals at such times and places as the CCG may determine, but on not less than 4 occasions per year. The chair may call additional meetings as and when required in response to members reasonable requests or the necessary discharge of the Council of Members responsibilities.

15. ADMINISTRATIVE SUPPORT

Administration support will be provided within the CCG.

16. REVIEW OF TERMS OF REFERENCE

These terms of reference will be reviewed on an annual basis.

Agreed by Council of Members February 2021