

North East Lincolnshire Council of Members (CoM)

Terms of Reference

Objectives

The CoM is the arena in which all member practices have the opportunity to come together to:

- considers 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

Decisions & functions reserved to the Council of Members

- Approve the constitution of the CCG organisation
- agree the organisations strategic direction and key objectives, prior to approval by the CCG Governing Body, or relevant committee
- 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
- Agree the priorities for contract negotiations and quality payments
- Agree key decisions for developing the annual business plan/local implementation plan, prior to approval by the CCG Governing Body
- agree the use of the Quality Premium received from the NHS England, prior to ratification by the CCG Governing Body
- Ensure member practices are held to account for their commissioning performance and compliance with the inter practice agreement
- Establishment of Committees of the Group (including joint committees) and approval of their Terms of Reference
- Approval of Terms of Reference for Integrated Governance & Audit Committee & Remuneration Committee (prior to ratification by Governing Body at a meeting held in public
- Approve arrangements for identification, selection processes



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- appointment for Chair of Governing Body
- nomination and selection for GP members on Governing Body
- Ratification of lay members, registered nurse and secondary care doctor appointments to the CCG 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

Decision making

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 & 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.

Conflicts of Interest

All Committee 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.



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Where a member of the committee 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 of Committee 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 & 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.

Behaviours

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

Operating principles:

- We need to provide constructive challenge & 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

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 practices behalf. Core member must be one 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 member will have an "approved deputy" who shall be eligible to vote in the absence of the member. Each Deputy must have completed a CCG declaration of interest. Each Core member will have a vote equivalent to their practices fair share budget allocation (as determined by the national funding



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formula), with Adult Social Care having a vote equivalent to the allocation the CCG receives from the council.

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:

- a) Attend, or ensure representation, participate and vote at the council of members meetings
- b) To communicate the business of the council of members within their practice
- c) Ensure that where a decision is taken at the council of members, implementation is actively promoted within the practice in accordance with the agreed timescales
- d) Any other duties as agreed by the council of members



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North East Lincolnshire
Clinical Commissioning Group

| Practice Name | GP Federation | Address | Postcode |
|--|-----------------------|--|----------|
| Field House Medical Group | Freshney/Pelham | Field House Medical Centre, Freshney Green Primary Care Ctr, Sorrell Rd, Grimsby | DN34 4GB |
| Humberview Surgery | Freshney/Pelham | Stirling Medical Centre, Stirling Street, Grimsby, | DN31 3AE |
| Littlefield Surgery | Freshney/Pelham | Littlefield Surgery, Freshney Green Primary Care Centre, Sorrell Road, Grimsby, | DN34 4GB |
| Pelham Medical Group | Freshney/Pelham | Pelham Medical centre, Church View Health Centre, Cartergate, | DN31 1QZ |
| Woodford Medical Centre | Freshney/Pelham | Woodford Medical Centre, Freshney Green Medical Ctr, Sorrell Road, Grimsby, DN34 4GB | DN34 4GB |
| | | | |
| Drs Chalmers & Meier | Meridian Health Group | Weelsby View Health Centre, Ladysmith Rd, Grimsby, | DN32 9SW |
| Greenland & New Waltham Surgery | Meridian Health Group | Greenland Avenue, New Waltham, Grimsby, N E Lincolnshire, | DN36 4QG |
| Open Door | Meridian Health Group | Albion Street, Grimsby, | DN32 7DL |
| Quayside Open Access | Meridian Health Group | Albion Street, Grimsby, | DN32 7DL |
| Roxton Practice | Meridian Health Group | The Roxton Practice, Pilgrim Primary Care Centre, Pelham Road, Immingham, | DN40 1JW |
| Roxton At Weelsby | Meridian Health Group | Weelsby View Health Centre, Ladysmith Rd, Grimsby, | DN32 9SW |
| Scarcho Medical Centre | Meridian Health Group | Springfield Road, Scarcho, Grimsby, | DN33 3JF |
| Dr P Suresh Babu | Meridian Health Group | Weelsby View Health Centre, Ladysmith Rd, Grimsby, | DN32 9SW |
| | | | |
| Beacon Medical | Panacea Collaborative | Beacon Medical, Cleethorpes Primary Care Ctr, St Hughs Ave, Cleethorpes, | DN35 8EB |
| Birkwood Medical Centre | Panacea Collaborative | Birkwood Medical Ctr, Westward Ho, Grimsby, | DN34 5DX |
| Dr Biswas -Saha | Panacea Collaborative | Blundell Park Surgery 142-144 Grimsby Road, Cleethorpes, | DN35 7DL |
| Chantry Health Group | Panacea Collaborative | Chantry Health Group, Cartergate, Grimsby, | DN31 1QZ |
| Clee Medical Centre | Panacea Collaborative | Clee Medical Centre, 323 Grimsby Rd, Grimsby, | DN35 7XE |
| Core Care Family Practice (Formally Dr R Kumar) | Panacea Collaborative | Cromwell Primary Care Centre, Cromwell Road, Grimsby, | DN31 2BH |
| Healing Health Centre | Panacea Collaborative | Healing Health Centre, Wisteria Drive, Healing, | DN41 7PU |



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| Practice Name | GP Federation | Address | Postcode |
|------------------------|-----------------------|---|----------|
| Dr A Kumar | Panacea Collaborative | Stirling Medical Centre, Stirling Street, Grimsby, | DN31 3AE |
| The Lynton Practice | Panacea Collaborative | Taylors Avenue Medical Centre, Taylors Avenue, Cleethorpes, | DN35 0LJ |
| Dr Mathews | Panacea Collaborative | Stirling Medical Centre, Stirling Street, Grimsby, | DN31 3AE |
| Dr O Z Qureshi Surgery | Panacea Collaborative | Taylors Avenue Medical Centre, Taylors Avenue, Cleethorpes, | DN35 0LJ |
| Raj Medical Centre | Panacea Collaborative | RAJ Medical Centre, 307 Laceby Road, Grimsby, | DN34 5LP |
| Dr A Sinha | Panacea Collaborative | Cromwell Primary Care Centre, Cromwell Road, Grimsby, | DN31 2BH |

Associate members

In addition to the core members the CoM will have a number of associate members. Each Associate member will be agreed by the CoM, & will subsequently be invited to attend all future meetings. Associate members could be drawn from other sectors of the Health and Social Care Community and could be from different professional backgrounds. Associate members will be actively encouraged to be involved in and contribute to the work of the CoM.

Associate members will be non voting members of the group.

Quoracy

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:-



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- 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.

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

Meeting arrangements

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 GP representatives shall be eligible for election to both posts, and remuneration for both shall be determined by the CCG Remuneration Committee.

Ordinary meetings of the groups Council of Members shall be held at regular intervals at such times and places as the group 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.

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.

Administration support will be provided within the CCG.

Version date: February 2019
Approved by Council of Members – March 2019
Ratified by Governing Body – 29 March 2019



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