NHS
North East Lincolnshire
Clinical Commissioning Group

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 inter-practice agreement that has to be signed by all members
- Discuss & agree the organisations strategic direction and key objectives, prior to approval by the CCG Partnership Board, or relevant committee
- Approve service strategies and significant service change proposals, prior to ratification by the CCG Partnership Board, 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
- Consider and advise on saving plans from improvements in Quality, Innovation, Productivity and Prevention (QiPP) and from the sustainable services programme
- Agree key decisions for developing the annual business plan/local implementation plan, prior to approval by the CCG Partnership Board
- Discuss & agree the use of the Quality Premium received from the NHS Commissioning Board, prior to ratification by the CCG Partnership Board
- Ensure member practices are held to account for their commissioning performance and compliance with the inter practice agreement
- Approval of Terms of Reference for Governing Body Committees (excluding The Joint Committee for Primary Care Co-Commissioning)

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).

Practice Members shall have a vote equivalent to their proportion of the fair share budget allocation of all members and that vote shall be cast by their representative. 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%

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.

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

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

Voting Member	Practice	Voting Deputy
Dr Ehab Amin	Medi Access Ltd	
Dr L Bernal-Gilliver	Roxton Practice	Dr Anne Spalding
Dr L Bernal-Gilliver	Roxton Practice at Weelsby View	Dr Anne Spalding
Dr P S Babu	Dr PS Babu	
Dr T Bruning	Beacon Medical	Dr S Gupta
Dr K Severin	Birkwood Surgery	Dr O Wilson
Dr P Ray	Dr B Biswas & Dr P Ray, Blundell Park Surgery	Shiney Thomas
Drs Chalmers & Meier	Drs Chalmers & Meier	Jon Aisthorpe
Dr A M Bamgbala	Chantry Health Group	Susan Collis
Dr Kazim Sibtain	Clee Medical Centre	Lynsey Collett
Dr A Nayyar	Dr R Kumar	Nicola Glen
Dr Anusha Fazil	Field House Medical Group	Dr Helen Buckley
Dr Thomas Maliyil	Healing Health Centre	Shiney Thomas
Dr A Kumar	Dr A Kumar	Mandy Osborne
Dr Nathalie Dukes	Littlefield Surgery	Mercedes Mello-Jenkins,
Jane Miller	Open Door	Lisa Revell
Dr R Pathak	Raj Medical Centre	
Dr D Elder	Pelham Medical Group	Richard Ellis
Dr D Elder	Humber View	Richard Ellis
Dr A Sinha	Dr A Sinha	Vicky Lane
Dr Sudhakar Allamsetty & Dr Cathy Twomey	Scartho Medical Centre	Dr Sudhukar Allamsetty & Dr Cathy Twomey
Dr S Dijoux	Dr S Dijoux & Partners	Debbie Landymore
Dr R K Mathews	Dr Mathews	Dr Sinha, Dr Raghwani
Dr Peter John	Woodford Medical Centre	Mercedes Mello-Jenkins
Dr O Qureshi	Dr O Qureshi	Jane Lond
Jane Miller	Quayside	Lisa Revell
Dr Jeeten Raghwani	Greenlands Surgery	Dr Renju Mathews, Dr Anupam Sinha
Joe Warner	Social work advisor to the Board	
Helen Kenyon	Board Executive Director with responsibility for ASC strategic commissioning	

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.

The quorum of the council of members shall normally be:
One third of practice members (i.e. 10), 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 6 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: January 2017

Approved by Council of Members – 2 February 2017
Ratified by Governing Body – 9 March 2017