

Herts Valleys Clinical Commissioning Group Locality Committees Terms of Reference

1. Purpose

- 1.1 The Locality Committee(s) (the committee(s)) exists to provide the Board with advice in order that it is informed by the clinical commissioning group members (members) within the locality. This recognises the importance of local knowledge and its application in allowing the clinical commissioning group to discharge its functions successfully.
- 1.2 The committee(s) also provides a conduit for the Board to communicate effectively with practice representatives and the membership of the clinical commissioning group.
- 1.3 The committee (s) will actively contribute to the identification of quality improvements and key priorities of the CCG. The committee (s) will own the delivery of these improvements and key priorities, together with its members within its locality. This committee is responsible for raising awareness with its members and ensuring two way dialogue and feedback.
- 1.4 The committee(s) is/are jointly accountable to the member practices within the locality and the Board.
- 1.5 The committee (s) is/are the authorised decision making body(ies) for its member practices.

2. Roles and Responsibilities

- 2.1 The committee(s) is/are responsible for ensuring the Board is informed by the members of the clinical commissioning group and that local knowledge is fed into the decision making process of the group.
- 2.2 The committee(s) is/are responsible for ensuring that members have the opportunity to contribute to the development of policy and commissioning strategy.
- 2.3 The roles will include, but are not limited to:
 - 2.3.1 advising the Board of localities priorities;
 - 2.3.2 advising members in the locality of the work of the committee(s);
 - 2.3.3 consulting with members in the locality on behalf of the Board where requested to do so or otherwise appropriate;
 - 2.3.4 supporting the Board in delivering the objectives of the clinical commissioning group;
 - 2.3.5 supporting members of the locality to engage with the clinical commissioning group (CCG);
 - 2.3.6 GP, Practice and Patient engagement;
 - 2.3.7 participation and engagement with other localities on the development of the CCGs commissioning plans;
 - 2.3.8 development of locality commissioning plans, within the overall context of the CCGs overall plans;
 - 2.3.9 participation in the development of clinical pathways in accordance with best practice.

- 2.4 Additionally the committee(s) is/are accountable for:
- 2.4.1 communication of the CCGs policies to locality members; and
 - 2.4.2 operating within and managing any budgetary allocation, where any exists.
 - 2.4.3 upholding the Standing Financial Instructions, Standing Orders and Delegation of Powers.
- 2.5 These Terms of Reference are a template for individual Locality Committee(s) to add an appendix taking account of local circumstances, notifying the CCG of these. Changes to delegated powers will need to be agreed by the CCG Board.
- 3. Membership**
- 3.1 The committee(s) shall be made up of the appointed practice representative from each member practice in the locality or the elected member practices, as appropriate. Member practices are:
- *(To be completed by Chief Locality Officer)*
- 3.2 Only members of the committee(s) have the right to vote at committee meetings (one practice, one vote)¹. The committee(s) may require other members and other individuals to attend all or part of its meetings as and when necessary in a non-voting advisory capacity, i.e. practice managers, pharmacy etc.
- 3.3 The Chief Locality Officer will be expected to attend all meetings to provide support and information and to assist the Chair and Locality members with the work of the committee.
- 3.4 The nominated leads for Quality, Finance, Contracts and Business Intelligence will provide written information for every meeting and attend a minimum of five meetings through the year. Their attendance will be agreed in advance by the Chief Locality Officer and/or Locality Chair.
- 3.5 At least one patient representative (one of whom is from the PPI committee) will be invited to attend meetings as a non-voting member.
- 4. Chair/Vice Chair**
- 4.1 In the absence of the Chair/Vice Chair of the Committee(s), the remaining members present shall elect another member to Chair the meeting.
- 5. Secretary**
- 5.1 The Chief Locality Officer or their nominee shall act as Secretary to the committee(s).
- 6. Quorum**
- 6.1 No formal business of the committee(s) shall be transacted unless at least one half of the whole number of members is present and at least one of either the Chair or Vice Chair is present.

¹ the person nominated to vote can be a GP, Practice Manager or Practice Nurse within the practice, ie this is not limited to GP only. However, the nominated person will be responsible for attending all meetings.

6.2 If both the Chair and Vice Chair are absent, or are disqualified from participating, a Chair shall be chosen by the members present, or by a majority of them, and shall preside.

7. Frequency of meetings

7.1 At least 9 meetings of the committee(s) shall take place each year, the locality must ensure their frequency and timing of meetings enable alignment of decision making into Board meetings.

7.2 Committee members should aim to attend all scheduled meetings.

7.3 The Chair may convene additional meetings as appropriate.

7.4 Any member of the committee(s) may request additional meetings by writing to the Chair.

7.5 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the committee and any other person required to attend, no later than five working days before the meeting.

8. Minutes of meetings

8.1 The Chief Locality Officer is responsible for ensuring that all proceedings of the committee(s) are minuted, including recording the names of those present and those in attendance.

8.2 Members, or those present, should state any conflicts of interest in relation to open agenda items, which will be recorded in the minutes. Where there is a conflict of interest, the Chair will notify the member whether they should withdraw from the meeting, the discussion and/or voting. The Secretary should minute any conflicts of interest accordingly.

9.0 Agenda

The agenda will be set by the Chair of the Locality Committee in liaison with members. There will be standing agenda items covering Quality, Contracting and Performance (a report will be provided by the CCG management team).

9.1 The committee will produce an annual work programme, ie their Plan on a Page and a Delivery Plan. Specifics from the Plan will be reviewed at every meeting to ensure all items are monitored and progressed.

9.2 In addition the Board may from time to time request that specific agenda items are added to the agenda. This will be discussed and agreed with the Locality Chair.

10.0 Relationship with the clinical commissioning group

10.1 The committee(s) is/are accountable to the Board in respect of functions where it acts as a conduit for the Board to disseminate information to the members of the locality.

10.2 The committee(s) is/are accountable to the members in the locality in respect of functions where it acts as a conduit for the locality members to provide information to the Board.

10.3 The committee(s) will produce a short report for each public Board meeting and a more detailed end of year report which will be received by the Board in the first quarter of the following year.

10.4 Actions agreed at meetings of the committee(s) will be made available to members of the clinical commissioning group, Board members and other senior managers within the organisation.

11.0 Reporting Responsibilities

11.1 The committee(s) will report to the CCG Board and its membership.

11.2 The committee(s) will report on any decisions taken, together with any interests declared, to the Head of Governance, who will include them within the quarterly decision report to the Audit Committee.

11.3 The Board requires that an annual self-assessment review is carried out to review the effectiveness of the Locality Committee. The annual self-assessment review shall be carried out by the Head of Governance and reported to the Locality Committee(s), Board and member practices.

11.4 The CCG Board will approve the Terms of Reference and membership.

11.5 The committee(s) will make whatever recommendations to the Board it deems appropriate within its remit.

11.6 The Committee may establish working groups reporting to the Committee.

11.7 The Committee may receive reports and recommendations from relevant experts and/or from any working-groups established by the Committee.

12.0 Policy and best practice

12.1 The committee(s) shall have regard to current legislative requirements, good practice, policies and guidance.

13. Conduct of the committee(s)

13.1 The committee(s) shall conduct its business in accordance with these terms of reference and the clinical commissioning group's governance arrangements. It shall be informed by the aims, mission and values of the CCG.

14. Other Issues

14.1 The Committee may wish to exclude patient representatives from a meeting (whether during the whole or part of the proceedings) by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of the proceedings.

15. Review

15.1 Terms of Reference approved by Locality Committee: 28 May 2015

15.2 Terms of Reference approved by the Board:

15.3 Terms of Reference annual review due: