NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

Committee Governance Handbook

Contents

Good governance

As detailed with NHS HMR CCG Constitution.

The CCG will, at all times, observe generally accepted principles of good governance. These include:

a) Use of the governance toolkit for CCGs www.ccggovernance.org;
b) Undertaking regular governance reviews;
c) Use of standards and procedures that facilitate speaking out and the raising of concerns including a freedom to speak up guardian;
d) Promoting CCG and RBC joint values (Proud, Passionate, Pioneering & Open) that include standards of propriety in relation to the stewardship of public funds, impartiality, integrity and objectivity;
e) The Good Governance Standard for Public Services;
f) The standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles';
g) The seven key principles of the NHS Constitution;
h) Equality Act 2010; and
i) The standards set out in the Professional Standard Authority's guidance 'Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England'.

General

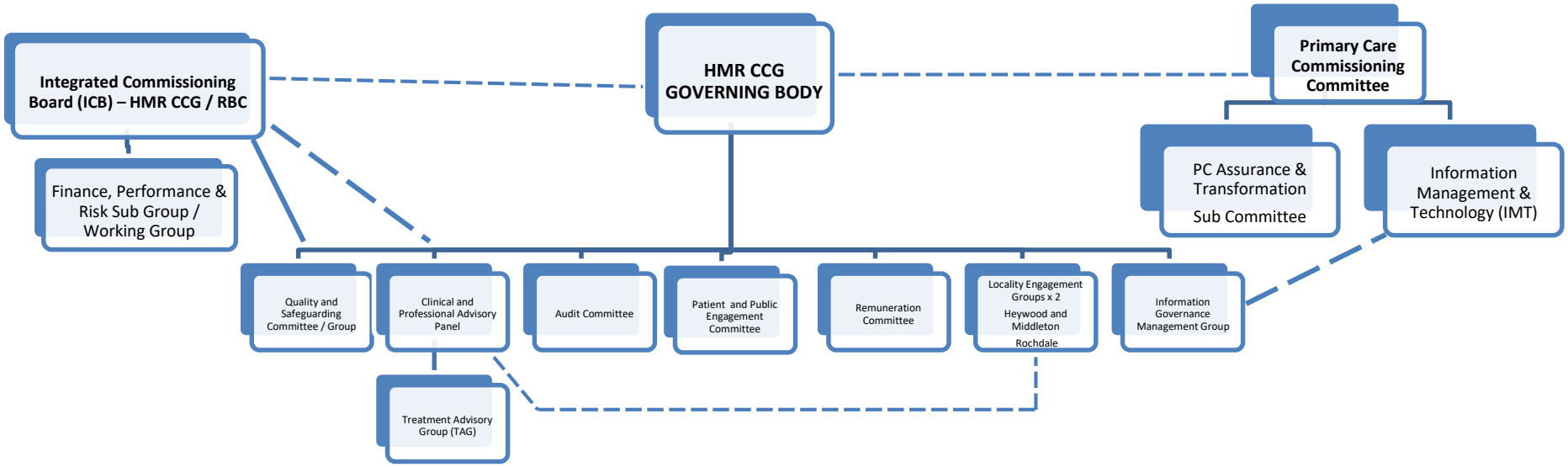
The CCG will:

a) comply with all relevant laws, including regulations;
b) comply with directions issued by the Secretary of State for Health or NHS England;
c) have regard to statutory guidance including that issued by NHS England; and
d) take account, as appropriate, of other documents, advice and guidance.

The CCG will develop and implement the necessary systems and processes to comply with (a)-(d) above, documenting them as necessary in the constitution, its scheme of reservation and delegation and other relevant policies and procedures as appropriate.

To support the CCG in delivering its statutory duties, a governance structure is in place as detailed on the next page.

HMR CCG Governance Structure



November 2019

Committee planning and preparation

Each Committee will have in place a business schedule which sets out the dates and frequency of items that should be set as recurring or fixed on the agenda.

Agenda setting will take place between the Chair and committee / admin support a minimum of 15 working days prior to the meeting. Papers will be due for submission 7 working days prior to the meeting and papers will be circulated to members 5 working days prior to the meeting.

It is important that apologies are submitted in advance to determine quoracy of the meeting. The terms of reference for each of the committees state the membership required for Quoracy.

Meeting etiquette

Before the meeting:

- As Chair consider if the meeting is essential and what is the best format e.g. meeting in person, telecom or video conferencing;
- Be clear as to the purpose of the meeting and your role in it;
- Ensure the secretary and / or chair has been advised of agenda items in advance and papers are available by the due date;
- Papers must be submitted on time, using the appropriate templates; be in the approved CCG corporate style; and be no longer than 4 pages with added appendices if essential;
- Verbal updates to be provided by exception only;
- Committee members should read all papers ahead of the meeting and prepare questions to be raised at the appropriate time, or think of suggestions to resolve problems;
- Request further information or seek clarification ahead of the meeting;
- If you cannot attend submit apologies and where necessary arrange for a deputy to go in your place, ensuring that they are briefed and have the authority to make decisions and provide updates on any outstanding actions;
- Arrive in good time as items already covered will not be repeated for those that arrive late;
- Urgent additional items should be notified to the Chair before the start of the meeting as there will be no any other business (AOB). All items (other than urgent ones) will have been included as part of the agenda with an accompanying paper if required in advance of the meeting.

During the meeting:

- Dedicate your attention to the purpose of the meeting;
- Turn off your mobile phone or put on silent if expecting an urgent call;
- Declare any potential or real conflicts of interest with regard to any matter on the agenda;
- Where public are in attendance, please ensure use of microphones provided;
- Avoid talking across other people;
- When presenting at the meeting **do not** repeat the contents of your paper. Highlight any new information of a material nature that has come to light since the paper was published; and the key point(s) only;
- Be constructive in the way you express your views;
- All meetings must keep to time, and last no more than one to two hours;

- Chairs are responsible for keeping meetings to time, for ensuring the meeting recommendations are reached in consensus or by vote and for summarising each item's agreed position;
- Challenge inappropriate behaviour or language from others at the time via the Chair or after the meeting if more appropriate;
- Challenge the issue being discussed, not the personality;
- Welcome challenges as a test of robustness of papers and arguments presented. Do not cause offence or take offence, accept the diversity of opinions and views presented;
- Refrain from private conversations with others at the meeting and the passing of notes;
- Keep confidential matters confidential;
- Know and understand the role you play at the meeting and the need for the Governing Body / Committee to act as a corporate body (i.e. not to pursue self-interest or that of another body);
- Laptops can be used for reading papers but not for responding to e-mails or undertaking other work that would distract you from the meeting.

After the meeting

- Ensure that there is effective feedback to anyone that needs to be made aware of the outcome of the meeting;
- Remember that decisions are taken collectively by the governing body / committee and therefore that responsibility remains collective too;
- Committee chairs to feedback their respective chaired meetings to the governing body / committee highlighting key issues and matters arising since the meeting has taken place, in a key issues report.

Guidance for committee chairs

Declarations of Interest

Under the Health and Social Care Act 2012, there is a legal obligation to manage conflicts of interest appropriately. It is essential that declarations of interest and actions arising from the declarations are recorded formally and consistently across all CCG governing body, committee and sub-committee meetings.

This checklist has been developed with the intention of providing support in conflicts of interest management to the Chair of the meeting- prior to, during and following the meeting. It does not cover the requirements for declaring interests outside of the committee process.

Detailed guidance can be found within **Annex E: Template declarations of interest checklist**, which Committee Chairs should familiarise themselves with.

At the start of all committee / subcommittee meetings the Chair should ensure that all members in attendance including those members attending on behalf of another member has completed a Declarations of Interest form. To assist with this, admin support for each committee will have a supply of blank DOI forms for completion prior to the meeting taking place.

Agenda item 1.2 requires the Chair to ask members for any declarations of interest in relation to the agenda items due to be discussed.

If a declaration is made the following should be recorded: name of the person declaring the interest, reason for declaration and associated action to be taken.

This will then be recorded within the Declarations of Interest section at the start of the meeting and again under the relevant agenda item, including any action that has been implemented i.e. X left the meeting during the discussion / decision. Xxx returned to the meeting following the discussion.

Declarations of Interest – General Information

- DOI's are required to be completed every six months once at the start of the financial year then again at the beginning of October.
- Completed forms should be returned to Corporate Affairs and Governance Manager – hmrccg.dois@nhs.net
- HMR CCG Conflicts of Interest Guardian is Joanne Newton – Lay Member for Governance / Chair of Audit Committee.

Annex E: Template declarations of interest checklist

Under the Health and Social Care Act 2012, there is a legal obligation to manage conflicts of interest appropriately. It is essential that declarations of interest and actions arising from the declarations are recorded formally and consistently across all CCG governing body, committee and sub-committee meetings. This checklist has been developed with the intention of providing support in conflicts of interest management to the Chair of the meeting- prior to, during and following the meeting. It does not cover the requirements for declaring interests outside of the committee process.

Timing	Checklist for Chairs	Responsibility
In advance of the meeting	**1.** **The agenda** to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting.	Meeting Chair and secretariat
	2. A **definition of conflicts of interest** should also be accompanied with each agenda to provide clarity for all recipients.	Meeting Chair and secretariat
	3. **Agenda** to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered.	Meeting Chair and secretariat
	4. **Members should contact the Chair** as soon as an actual or potential conflict is identified.	Meeting members
	5. Chair to review a **summary report from preceding meetings** i.e., sub-committee, working group, etc., detailing any conflicts of interest declared and how this was managed. **A template for a summary report** to present discussions at preceding meetings is detailed below.	Meeting Chair
	6. A **copy of the members' declared interests** is checked to establish any actual or potential conflicts of interest that may occur during the meeting.	Meeting Chair

Timing	Checklist for Chairs	Responsibility
During the meeting	**7. Check and declare the meeting is quorate** and ensure that this is noted in the minutes of the meeting.	Meeting Chair
	8. Chair requests **members to declare any interests in agenda items**- which have not already been declared, including the nature of the conflict.	Meeting Chair
During the meeting	**9. Chair makes a decision** as to how to manage each interest which has been declared, including whether / to what extent the individual member should continue to participate in the meeting, on a case by case basis, and this decision is recorded.	Meeting Chair and secretariat
	10. As minimum requirement, the following should be **recorded in the minutes of the meeting**: • Individual declaring the interest; • At what point the interest was declared; • The nature of the interest; • The Chair's decision and resulting action taken; • The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared; • **Visitors in attendance** who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner. **A template for recording any interests during meetings** is detailed below.	Secretariat
Following the meeting	**11.** All **new interests declared** at the meeting should be promptly updated onto the declaration of interest form;	Individual(s) declaring interest(s)

Timing	Checklist for Chairs	Responsibility
	12. All new completed declarations of interest should be **transferred onto the register of interests.**	Designated person responsible for registers of interest

Template for recording any interests during meetings

Report from <insert details of sub-committee/ work group>	
Title of paper	<insert full title of the paper>
Meeting details	<insert date, time and location of the meeting>
Report author and job title	<insert full name and job title/ position of the person who has written this report>
Executive summary	<include summary of discussions held, options developed, commissioning rationale, etc.>
Recommendations	<include details of any recommendations made including full rationale> <include details of finance and resource implications>
Outcome of Impact Assessments completed (e.g. Quality IA or Equality IA)	<Provide details of the QIA/EIA. If this section is not relevant to the paper state 'not applicable'>
Outline engagement – clinical, stakeholder and public/patient:	<Insert details of any patient, public or stakeholder engagement activity. If this section is not relevant to the paper state 'not applicable'>
Management of Conflicts of Interest	<Include details of any conflicts of interest declared> <Where declarations are made, include details of conflicted individual(s) name, position; the conflict(s) details, and how these have been managed in the meeting> <Confirm whether the interest is recorded on the register of interests- if not agreed course of action>

Assurance departments/ organisations who will be affected have been consulted:	<Insert details of the people you have worked with or consulted during the process: Finance (insert job title) Commissioning (insert job title) Contracting (insert job title) Medicines Optimisation (insert job title) Clinical leads (insert job title)

	Quality (insert job title) Safeguarding (insert job title) Other (insert job title)>
Report previously presented at:	<Insert details (including the date) of any other meeting where this paper has been presented; or state 'not applicable'>
Risk Assessments	<insert details of how this paper mitigates risks- including conflicts of interest>

Template to record interests during the meeting

Meeting	Date of Meeting	Chairperson (name)	Secretariat (name)	Name of person declaring interest	Agenda Item	Details of interest declared	Action taken

Process for drafting agendas

1. Agenda's should be drafted 3 weeks prior to the meeting.

2. Ensure appropriate corporate template is accessed from the relevant admin folder in working drafts.

3. Ensure standing items are included.

4. Ensure each meeting folder has a folder titled "Agenda items" to enable any items to be dropped in as and when these are requested.

5. Draft the agenda referencing all of the following:
    - Business schedule where one is in place
    - Agenda items folder
    - Previous action log and minutes.
    - Relevant Committee Folder in HUB in box

6. If you are unsure whether an item is for decision or discussion, put in the section you think most appropriate and highlight as a query for the Chair to confirm.

7. Send draft agenda to Chair and the Exec Lead for review

8. Make any amendments from Chair, then circulate to committee members, at least 17 days prior to the meeting with a paper call for submission 10 days prior to the meeting, with all apologies, declarations of interest and papers to be sent to the central HUB email hmrccg.ccghub@nhs.net

9. Final Agenda and papers to be circulated to committee members 7 days prior to the meeting in line with CCG ToR's Governance requirements.

10. Please ensure the following statement is included in the email to request any declarations of interest prior to the meeting.

    "Please forward apologies, papers and any declarations of interest to hmrccg.ccghub@nhs.net "

Chairs Action process

1. Chairs Actions are usually requested formally in a meeting to ensure papers are approved and submitted in line with set timeframes.

2. Use of Chairs Actions should always be noted formally at the next committee meeting.

3. If Chairs Actions are required to approve an item prior to the following meeting (for example if a meeting is cancelled), the following steps must be taken.

4. Paper(s) need to be distributed to all committee members requesting feedback by a set date and include date in subject matter

5. Please ensure a feedback template is provided for members to complete detailing approval Yes / No and any additional comments for consideration. Within the email please ensure you state "*if no response is received, it will be assumed approval has been given".*


Item for Approval.docx

6. Feedback to be collated by the admin support and forwarded to the Chair to consider and approve via Chair's Actions if appropriate.

7. Feedback templates, individual emails and collated template to be saved in relevant Boards and Committees folder.

8. Ensure the item is taken forward and noted in agenda items folder for the following meeting and formally noted under Chairs Actions at the next meeting.

Items for approval / comments

Name of Committee – Date circulated or meeting date if paper is circulated in lieu of a meeting

Name of member providing approval / comment:			
Name of Paper / Item	**Paper No**	**Approve Y/N**	**Comments**

Terms of Reference

Governing Body

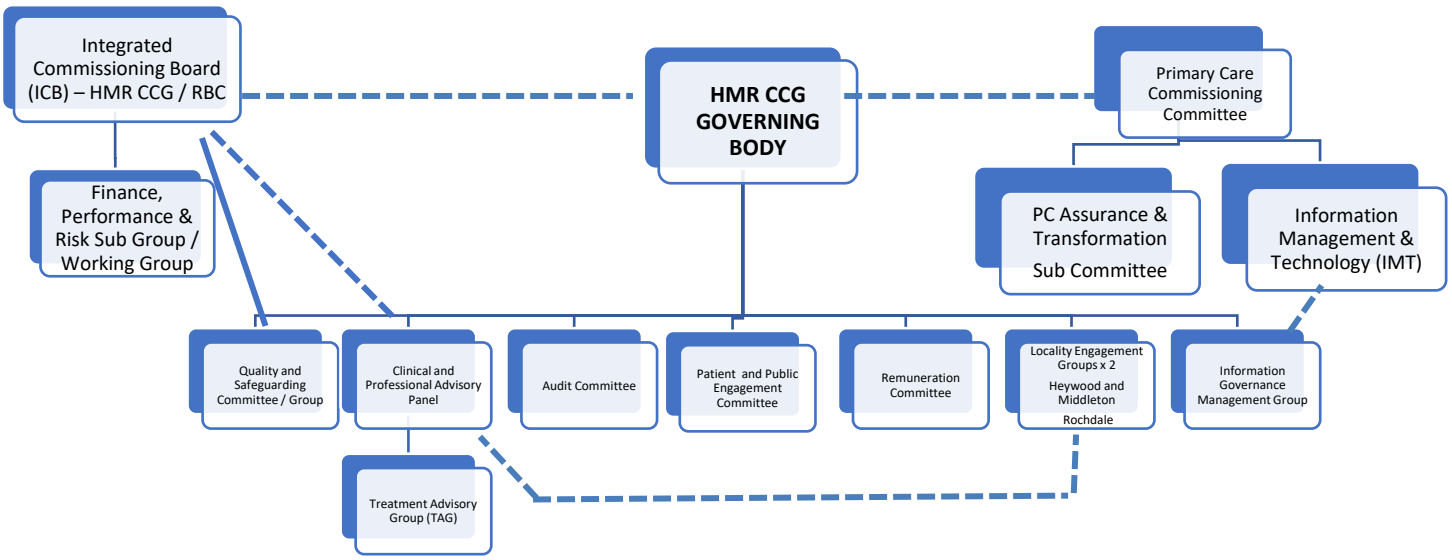
(Version 4.1 November 2019)

1. Introduction

These Terms of Reference should be read in conjunction with the CCG's Constitution, Standing Orders, Scheme of Delegation and Standing Financial Instructions.

The Government's ambition set out in the Health and Social Care Act 2012, for the NHS to deliver health outcomes amongst the best in the world is rooted in the three principles of giving patients more information and choice, focussing on healthcare outcomes and quality standards and empowering frontline professionals with a strong clinical leadership role. At the heart of these proposals are Clinical Commissioning Groups (CCGs)

2. Governing Body Sub-Committees



3. Objectives of the Governing Body

The governing body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in its constitution. The governing body has responsibility for:

a) ensuring that the group has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the groups *principles of good governance* (its main function);

b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the group and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act;

c) approving any functions of the group that are specified in regulations;

d) approving and monitoring the group's duty to meet the Public Sector Equality Duty;

e) promoting the involvement of all Members in the work of the CCG in securing improvements in commissioning of care and services and developing the vision, values and culture of the group in consultation with members;

f) reviewing and monitoring the arrangements for working in partnership with the local authority to develop joint strategic needs assessments and joint health and well-being strategies and monitoring the delivery of the groups responsibilities within such strategies;

g) approving and publishing the groups public engagement strategy and annual public involvement report;

h) ensuring effective arrangements are in place to secure health services in such a way that promotes awareness of, and upholds the NHS Constitution;

i) approving and monitoring the implementation of the groups strategies and plans to secure continuous improvement in the safety and quality of services including safeguarding children and vulnerable adults utilising information available to help identify areas for improvement to ensure better health, better outcomes and better value for the residents of Heywood, Middleton and Rochdale;

j) assisting NHS England in its duty to co-commission and to improve the quality of primary medical services by continuously increasing the capability, competence and capacity of primary care, and the proportion of health and social care provided by primary and community services;

k) ensuring effective plans are in place to reduce inequalities across the borough;

l) promoting the involvement of patients, their carers and representatives in decisions about their healthcare;

m) ensuring effective systems to enable patients to make choices are in place across its member practices and commissioned providers;

n) ensuring that decision making processes are informed by advice and opinion from a wide-range of professionals;

o) engaging in a collaborative approach within the local health and care system including but not limited to:

i) the Local Medical Committee

ii) other local representative committees

iii) the Local Authority

iv) Health Watch

v) local Health & Social Care Providers

vi) The voluntary sector

vii) Other clinicians and allied health professionals

p) ensuring effective systems are in place to promote innovation;

q) ensuring effective systems are in place to promote research and the use of research;

r) ensuring effective systems are in place to promote education and training;

s) approving and monitoring plans to support and drive the integration of health and social care services with intent to improve quality and/or reduce inequalities;

t) ensuring the group has in place effective arrangements to:

i) ensure expenditure does not exceed the aggregate of its allocations for the financial year,

ii) ensure its use of resources does not exceed the amount specified by NHS England for the financial year;

iii) and in respect of any directions from NHS England in respect of specified types of resource in a financial year, to ensure the group does not exceed an amount specified

u) approving and publishing a process for and an explanation of the utilisation of any payment in respect of quality;

v) managing the corporate strategic risks of the group including regularly reviewing the group's Assurance Framework; and,

w) approving the Organisational Development Strategy and Plan including the principles by which it will procure commissioning support.

4. Membership

Part 1
Voting Members

Clinicians:

I. GP Chair (chair role is casting vote)
II. Locality Lead GP (Rochdale)
III. Locality Lead GP (Heywood & Middleton)
IV. Executive Nurse / Director of Operations
V. 2 x Clinical Board members
VI. Secondary Care Clinician

Non-clinicians:

VII. 3 Lay members - one is non-clinical vice chair
VIII. Accountable Chief Officer
IX. Chief Finance Officer – Health and Social Care Integration
X. Joint Director of Integrated Commissioning

Non-Voting Members

XI. Director of Public Health
XII. Council Leader RBC - delegated to Portfolio Holder for Culture, Health and Wellbeing
XIII. Healthwatch Rochdale
XIV. Consultant in Public Health
XV. Head of Quality and Safeguarding / Deputy Executive Nurse

Part 2

Voting Members

Clinicians:

XI. GP Chair (chair role is casting vote)
XII. Locality Lead GP (Rochdale)
XIII. Locality Lead GP (Heywood & Middleton)
XIV. Executive Nurse / Director of Operations
XV. 2 x Clinical Board members
XVI. Secondary Care Clinician

Non-clinicians:

XVII. 3 Lay members - one is non-clinical vice chair
XVIII. Accountable Chief Officer
XIX. Chief Finance Officer – Health and Social Care Integration
XX. Joint Director of Integrated Commissioning

The following non-voting members will be invited to attend based on the agenda, taking into consideration any commercially sensitive or confidential items.

XVI. Director of Public Health
XVII. Council Leader RBC - delegated to Portfolio Holder for Culture, Health and Wellbeing
XVIII. Healthwatch Rochdale

XIX. Consultant in Public Health
XX. Head of Quality and Safeguarding / Deputy Executive Nurse

5. Quorom

The quorum will be a third of all members with at least 3 of those being Clinicians.

6. Frequency of Meetings

The committee will meet bi-monthly with formal “part 1” meetings being held in public. If the Committee needs to discuss matters of a confidential nature, then these will be considered in a private “part 2” session. The agenda for each meeting will be sent to members at least five days before the meeting and supporting papers, whenever possible, shall accompany the agenda.

7. Conflicts of Interest

An up to date register of members’ interest will be retained and published in line with NHS HMR CCG Conflicts of Interest Policy.

Members will be expected to declare any conflicts of interest at all meetings and the Chair will determine how any conflict will be handled in line with CCG policy and guidelines, which will be recorded in the minutes of the meeting.

Members will be required to complete the annual mandatory conflicts of interest training.

8. Corporate Sustainability

As a healthcare commissioner, the CCG is committed to planning and buying health care on a sustainable basis, this committee will support the commitments of the HMR CCG Sustainable Development Management Strategy and Delivery Plan, wherever possible in;

- Commissioning for Sustainability and Adaptation
- Being a Sustainable Organisation
- Promoting sustainability with member practices
- Delivering our commitments and Assessing our Performance

Commissioning for sustainable development in the health and care system means;

- Planning services which are efficient, effective and safe
- Buying services which provide highest quality at best value, are safe and which have least impact on the environment
- Avoiding duplication, inefficiency and waste
- Focus on preventative, proactive care
- Patient and public engagement involvement in planning and design of services
- Building resilience, and protecting and developing community assets and strengths
- Making the best use of all of the resources we have
- Minimising carbon emissions

9. Review Date

The Terms of Reference will be reviewed as a minimum on an annual basis.

10. Secretarial Support

Secretarial support will be provided to support the Chair in the management of the Governing Body business and the collation and distribution of papers.

11. Conduct of Committee

The Governing Body will assess its performance annually against the objectives as set out in the Terms of Reference.

Items for the agenda and all relevant supporting papers should be submitted to hmrccg.ccghub@nhs.net a minimum of 7 working days prior to the meeting.

As a minimum all members will be expected to attend 70% of meetings within the financial year or send an appropriate fully briefed deputy to provide appropriate feedback and vote on their behalf where required.

Audit Committee (Statutory)

(Version 4.0 February 2020)

1. Introduction

The Audit Committee (the Committee) is established in accordance with Heywood, Middleton and Rochdale Clinical Commissioning Group's (NHS HMR CCG) constitution, standing orders and scheme of delegation.

These terms of reference set out the membership, remit responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Clinical Commissioning Group's constitution and standing orders.

2. Purpose of the Committee

Under delegated authority from the Governing Body, the Committee will provide an independent and objective review of the clinical commissioning group's financial reporting and internal control processes and ensure an appropriate relationship with both internal / external auditors and Local Counter Fraud Specialist is maintained.

The duties of the committee will be driven by the priorities identified by the Clinical Commissioning Group, and the associated risks. An annual programme of business will be agreed, however, this will be flexible to new and emerging priorities and risks.

The Committee will conduct its business in accordance with national guidance and the Nolan principles of public life. The committee will review its own performance, membership and terms of reference. Any resulting changes to the terms of reference should be approved by the Governing Body.

3. Objectives of the Committee

The Committee Objectives are:

Integrated governance, risk management and internal control

- Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control.

- This dovetails with the work of the Quality and Safeguarding Committee/Group in relation to clinical quality and the Finance, Performance and Risk sub group of the Integrated Commissioning Board with regard to the integrity of the system of controls over finance, performance and risk management.

In particular, the Committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the Clinical Commissioning Group.

- The underlying assurance processes that indicate the degree of achievement of Clinical Commissioning Group objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.

- The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud and Security Management Service.

In carrying out this work the Committee will primarily utilise the work of internal audit, external audit, and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from officers and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

Internal audit
Ensure that there is an effective internal audit function that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Accountable Officer and Clinical Commissioning Group. This will be achieved by:

- Consideration of the provision of the internal audit service, the cost of the service and all aspects relating to the selection, appointment, resignation or dismissal of the internal audit service provider

- Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework.

- Considering the major findings of internal audit work (and management's response) and ensuring co-ordination between the internal and external auditors to optimise audit resources.

- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the Clinical Commissioning Group.

- An annual review of the effectiveness of internal audit.

External audit
Review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

- Consideration of the provision of the external audit service, the cost of the service and all aspects relating to the selection, appointment, resignation or dismissal of the external audit service provider

- Consideration of the performance of the external auditors.

- Discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan,

and ensuring co-ordination, as appropriate, with other external auditors in the local health and care economy.

- Discussion with the external auditors of their local evaluation of audit risks and assessment of the Clinical Commissioning Group and associated impact on the audit fee.

- Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

Other assurance functions
The Committee shall review the findings of other significant assurance functions, both internal and external and consider the implications for the governance of the Clinical Commissioning Group.

Counter fraud
The Committee shall satisfy itself that the Clinical Commissioning Group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

Consideration of the provision of the counter fraud service, the cost of the service and all aspects relating to the selection, appointment, resignation or dismissal of the counter fraud service provider

Management
Request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

Review, at least annually, the Declarations of Interest register for the Clinical Commissioning Group members.

The Committee may also request specific reports from individual functions within the Clinical Commissioning Group as they may be appropriate to the overall arrangements.

Financial reporting
Monitor the integrity of the financial statements of the Clinical Commissioning Group and any formal announcements relating to the Clinical Commissioning Group's financial performance.

Ensure that the systems for financial reporting to the Clinical Commissioning Group, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided.

Review and approve the annual report and financial statements, focusing particularly on:

- The wording in the governance statement and other disclosures relevant to the terms of reference of the Committee;
- Changes in, and compliance with, accounting policies, practices and estimation techniques;
- Unadjusted mis-statements in the financial statements;
- Significant judgements in preparing of the financial statements;
- Significant adjustments resulting from the audit;
- Letter of representation;
- Qualitative aspects of financial reporting;

- Review instances where Standing Orders / Standing Financial Instructions have been waived
- Review at least annually, the Clinical Commissioning Group Governing Body's schedules of losses, special payments and register of gifts and hospitality

4. Membership

The Committee shall operate as a sub - committee of the Governing Body.The membership shall comprise:

ROLE	RESPONSIBILITY	VOTING/ NON-VOTING
Lay Member for Governance	Chair	Voting
Lay Member for Integrated Risk	Vice Chair	Voting
Lay Member for Patient and Public Engagement		Voting

In attendance: (not members and no voting rights)

- Chief Finance Officer – Health and Social Care Integration
- Director of Operations / Executive Nurse
- Director of Integrated Commissioning
- Deputy Chief Finance Officer
- Corporate Affairs and Governance Manager
- External Audit
- Internal Audit
- Local Counter Fraud Specialist

The Accountable Officer should be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

The Committee may co-opt or seek advice from other representatives/expertise as appropriate and deemed necessary.

5. Quoracy

For each meeting to be deemed quorate attendance must include two voting members

6. Frequency of Meetings

The frequency of meetings will be at least quarterly and there should be opportunity for internal and external audit to meet with lay members privately at least once a year but more frequently if necessary. All meetings will be scheduled in advance for the full year.

7. Conflicts of Interest

An up to date register of members' interest will be retained and published in line with HMR CCG Conflicts of Interest Policy.

Members will be expected to declare any conflicts of interest at all meetings and the Chair will determine how any conflict will be handled in line with CCG Conflicts of Interest Policy.

8. Accountability

The Audit Committee will report to the Governing Body following each meeting, the minutes of the Committee shall be formally recorded, and a summary report submitted to part 1 of the subsequent meeting of the Governing Body.

Any Chair's action taken between meetings must be ratified at the next meeting of the Committee.

The Committee will complete an annual self-assessment of effectiveness, which will inform the CCG's Annual Governance Statement.

9. Scheme of Delegation

The Committee will carry out the duties as detailed in these terms of reference in accordance with the scheme of delegation as set out in the NHS Heywood, Middleton and Rochdale CCG Constitution.

10. Corporate Sustainability

As a healthcare commissioner, the CCG is committed to planning and buying health care on a sustainable basis, this Committee will support the commitments of the HMR CCG Sustainable Development Management Strategy and Delivery Plan, wherever possible in;

- Commissioning for sustainability and adaptation
- Being a sustainable organisation
- Promoting sustainability with member practices
- Delivering our commitments and assessing our performance

Commissioning for sustainable development in the health and care system means;

- Planning services which are efficient, effective and safe
- Buying services that provide highest quality at best value, are safe and which have least impact on the environment
- Avoiding duplication, inefficiency and waste
- Focus on preventative, proactive care

- Patient's public engagement and involvement in planning and design of services
- Building resilience, and protecting and developing community assets and strengths
- Making the best use of all of the resources we have
- Minimising carbon emissions

11. Review Date

These Terms of Reference will be reviewed annually as a minimum.

12. Secretarial Support

Secretarial support will be provided to support the Chair in the management of the Committee's business and the collation and distribution of papers.

The agenda and papers for meetings shall be distributed five working days prior to the meeting

13. Conduct of Committee

The Committee will set an annual work programme/schedule, it will review annually the terms of reference and membership.

Items for the agenda and all relevant supporting papers should be submitted to the CCG hub for approval by the Committee Chair a minimum of 10 working days prior to the meeting.

As a minimum all members will be expected to attend 70% of meetings within the financial year.

Clinical and Professional Advisory Panel

(Version 2.0 November 2019)

1. Introduction

1.1 CPAP is established to support the Integrated Commissioning Directorate governance structure, which has been established to deliver the requirements of the Locality Plan and a clinically and financially sustainable health and social care economy across Rochdale Borough.

1.2 These terms of reference (ToR) set out the membership, remit responsibilities and reporting arrangements of the CPAP.

1.3 CPAP will operate as an advisory group to the Integrated Commissioning Board.

1.4 CPAP will be a system wide meeting bringing together a range of borough wide services to enable clear oversight of the delivery of commissioning and consequential provider intent.

2. Purpose of the Committee

2.1 The purpose of the CPAP is to oversee all of the integrated commissioning business linked to the delivery of the Locality Plan and wider business plans of HMR CCG and RBC and ensure clinical and professional advice is provided across the health, public health and social care agenda.

2.2 The CPAP's key functions are:

- Advisory: a forum that the partnership groups/boards, LEGs, finance, quality/safety, commissioning, ICB etc. can refer issues to for advice/opinion/steer from across the system.

- Pathway and system design/redesign: lead and inform development of effective, safe and integrated pathways of care/support to inform commissioning intentions/arrangements for service delivery.

- Ideas generation and innovation.

2.3 Members of the CPAP will conduct its business in accordance with national guidance and the Nolan principles of public life.

2.4 CPAP is an advisory but not decision-making group.

3. Objectives of the Committee

3.1 The objectives of the CPAP are to:

- Provide a forum to exchange views, knowledge and information on matters of mutual professional interest

- Make recommendations/advice to the Integrated Commissioning Board and to the Partnership Boards in response to specific requests that have been made or to inform commissioning intentions and decisions
- Make recommendations of clinical pathways/innovations that should be progressed to the business case stage.
- Provide advice and clinical input to the development/delivery of the savings programme.

4. Membership

4.1 Membership shall be inclusive across the system and relevant to the issues being discussed at each meeting.

There will be core membership to ensure continuity and smooth operation of the panel.

In addition, there will be flexible membership to allow for most relevant clinicians/practitioners to attend dependent on item being discussed drawn from across the system (so the expertise in the room supports the agenda/discussion).

Members are not there to represent their organisation or their organisations interests (leaving 'lanyards at the door') but to provide expert opinion.

Core group membership will consist of:

- CCG Rochdale Locality Lead (Chair)
- RBC/CCG Assistant Director of Commissioning
- CCG Clinical Board Member(s)
- Clinical Leads (for designated portfolios)
- GPs
- RBC Assistant Director of Commissioning (Prevention & Adult Social Care)
- RBC Director of Operations, Adult Social Care
- CCG Finance Representative
- Lay Member
- CCG Executive Nurse
- CCG Head of Primary Care
- Medicines Optimisation
- Public Health
- HealthWatch Rochdale
- Northern Care Alliance – Acute
- Northern Care Alliance – Community
- Pennine Care Foundation Trust
- Private Provider Sector
- Voluntary and Community Sector
- CCG/RBC Commissioning Managers
- Primary Care Network Clinical Directors

Fluid membership will include the Local Optometry Committee and Local Dental Committee.

5. Quoracy

5.1 The Chair will be clinical; the vice-chair will be a social care professional.

5.2 As this is an advisory panel, there is no specific requirement to be quorate; however, for a meaningful discussion to take place it is recommended that there is representation from the various organisations.

6. Format of Meetings

6.1 The frequency of meetings will be monthly. Meetings will be held on the 1st Friday of every month. Extraordinary meetings may be called by the Chair, if required.

6.2 Meetings will be held in a workshop format to promote full and active participation.

6.3 A summary of discussions will incorporate actions and will be made available to CPAP members.

6.4 All meetings will be scheduled in advance for the full year

7. Conflicts of Interest

7.1 An up to date register of members' interest will be maintained and retained.

7.2 Members of the CPAP shall comply with the requirements of the Codes and Protocols of their respective organisations.

8. Accountability

8.1 The CPAP will report in respect of the advice/recommendations to the Integrated Commissioning Board (ICB) and Governing Body and can accept agenda items from the ICB, Locality Engagement Groups, partnership boards and Local Care Organisation.

8.2 The CPAP will establish appropriate links with other relevant groups and committees within the new integrated governance, NE Sector and Greater Manchester Health and Social Care Partnership (GMHSCP) sub committees.

8.3 The panel will complete an annual self-assessment of effectiveness, which will inform the CCG's Annual Governance Statement.

9. Corporate Sustainability

9.1 As a healthcare commissioner, the CCG is committed to planning and buying health care on a sustainable basis, this committee will support the commitments of the HMR CCG Sustainable Development Management Strategy and Delivery Plan, wherever possible in;

- Commissioning for Sustainability and Adaptation
- Being a Sustainable Organisation
- Promoting sustainability with member practices
- Delivering our commitments and Assessing our Performance

9.2 Commissioning for sustainable development in the health and care system means;

- Planning services which are efficient, effective and safe
- Buying services which provide highest quality at best value, are safe and which have least impact on the environment
- Avoiding duplication, inefficiency and waste
- Focus on preventative, proactive care
- Patients public engagement and involvement in planning and design of services
- Building resilience, and protecting and developing community assets and strengths
- Making the best use of all of the resources we have
- Minimising carbon emissions

10 Review Date

10.1 These Terms of Reference will be reviewed annually as a minimum.

11 Secretarial Support

11.1 Secretarial support will be provided to support the Chair in the management of the meeting's business and the collation and distribution of papers.

11.2 The agenda and papers for meetings shall be distributed a minimum of five working days prior to the meeting.

12 Conduct of Committee

12.1 The CPAP will agree a work programme at least six months in advance to allow engagement of relevant professionals for specific items/topics.

12.2 Items for the agenda and all relevant supporting papers should be submitted to the admin lead for approval by the Chair a minimum of 10 working days prior to the meeting where possible/if timings of other meetings allow.

12.3 All core members will be expected to attend 70% of meetings within the financial year or send an appropriate fully briefed deputy.

Information Governance Management Group

(Version 8.0 November 2019)

1. Introduction

This Management Group will oversee and influence the development of Information Governance across NHS Heywood, Middleton and Rochdale Clinical Commissioning Group via the implementation of an Information Governance Framework including the risk management of information assets, the management of information incidents, and provision of Data Security / IG relevant training to all CCG employees.

2. Purpose of the Group

Under delegated authority from Governing Body, the Information Governance Management Group (IGMG) will provide assurance on the CCG's statutory requirements in relation to information governance and associated legislation and Department of Health requirements, including the completion of the Data Security & Protection Toolkit (DSPT).

The Group will conduct its business in accordance with national guidance and the Nolan principles of public life. The group will review its own performance, membership and terms of reference. Any resulting changes to the terms of reference should be approved by the Governing Body.

The Group will monitor the CCG's compliance against the National Cyber Security Centre's Cyber Essentials framework and report on this annually to the CCG Governing Body.

3. Objectives of the Group

- Promote and develop a robust information governance framework within the CCG
- Ensure openness, security, quality and legal compliance in all information produced, utilised and reported by the CCG
- In conjunction with key groups / committees develop appropriate systems, policies, procedures and accountability for the effective management of information, including (but not restricted to) the areas of: Information Risk Management / Confidentiality and Data Protection / Incident Management / IG Training / Specialist Information Governance Advice and Guidance
- Drive the CCG's compliance against relevant internal and external standards and assessment criteria, including the annual Data Security & Protection Toolkit assessment; and internal / External Audit reviews.
- Develop, and performance manage Action Plans / Reports to achieve Information Governance objectives.
- Onward report relevant issues and concerns to relevant individuals / groups, including but not limited to Quality and Safety and Commissioning.
- Inform and report the CCG performance, action plans, and identified risks connected to information governance to the Governing Body.
- Co-ordinate the work programme for the Information Asset Owners & Administrators in relation to compliance with the Information Risk Management Framework.
- Inform and report the CCG performance in relation to the management of Information and Cyber Security to the Governing Body
- Provide a forum for discussion and debate on any ad hoc information governance issues.

4. Membership

The Group shall operate as a sub - group of the Governing Body. The membership shall comprise:

ROLE	RESPONSIBILITY	VOTING/ NON-VOTING
GP, CCG Chair (Caldicott Guardian)	Chair / Caldicott Guardian	Voting
Head of IT & Assurance	Vice Chair	Voting
Director of Operations Officer / Executive Nurse (DPO)	IG Lead / DPO	Voting
Chief Finance Officer (SIRO)	Member / SIRO	Voting
IT Operations Manager	Member	Voting
Senior Information Governance Lead	Member	Voting
Rochdale Council IG Lead	Member	Non-Voting
Co-opted members	Specialist knowledge will be co-opted as deemed necessary	Non-Voting

In attendance:

The Group may co-opt or seek advice from other representatives/expertise as appropriate and deemed necessary.

Deputies must be fully briefed and hold the represented members full delegated authority.

5. Quoracy

For each meeting to be deemed quorate attendance must include a minimum of four members and must include either the Chair or the Vice Chair and one of the SIRO or Caldicott Guardian. All members should attend at least 70% of meetings annually, and arrange appropriate deputation, where possible, in their absence.

6. Frequency of Meetings

The frequency of meetings will be will be bi-monthly and will be scheduled where possible to coincide with relevant reporting committees.

All meetings will be scheduled in advance for the full year.

7. Conflicts of Interest

An up to date register of members' interest will be retained. Members will be expected to declare any conflicts of interest at all meetings and the Chair will determine how any conflict will be handled in line with CCG guidelines.

8. Accountability

The Group will report to the Governing Body and following each meeting, the minutes shall be formally recorded, and submitted to the Governing Body, with six monthly summary reports being submitted to Governing Body.

Any Chairs action taken between meetings must be ratified at the next meeting of the Group.

Members may be asked to leave the meeting during certain discussions, where a conflict of interest may exist and this will be formally recorded in the minutes.

The IGMG may also operate with a Part 2 function to receive updates on the management of a sensitive and/or confidential nature. The Part 2 agenda may mirror the format for the Part 1 agenda (as set out elsewhere in these Terms of Reference).

The IGMG may establish sub working groups as is deemed necessary. The IGMG will be the responsible body for sponsoring the outcomes of sub groups onto other committees.

9. Scheme of Delegation

The group will carry out the duties as detailed in these terms of reference in accordance with the scheme of delegation as set out in the NHS Heywood, Middleton and Rochdale CCG Constitution.

10. Corporate Sustainability

As a healthcare commissioner, the CCG is committed to planning and buying health care on a sustainable basis, this committee will support the commitments of the HMR CCG Sustainable Development Management Strategy and Delivery Plan, wherever possible in;

- Commissioning for Sustainability and Adaptation
- Being a Sustainable Organisation
- Promoting sustainability with member practices
- Delivering our commitments and Assessing our Performance

Commissioning for sustainable development in the health and care system means;

- Planning services which are efficient, effective and safe
- Buying services which provide highest quality at best value, are safe and which have least impact on the environment
- Avoiding duplication, inefficiency and waste
- Focus on preventative, proactive care
- Patients public engagement and involvement in planning and design of services
- Building resilience, and protecting and developing community assets and strengths
- Making the best use of all of the resources we have
- Minimising carbon emissions

11. Review Date

These Terms of Reference will be reviewed annually as a minimum.

12. Secretarial Support

Secretarial support will be provided by the CCG Hub to support the Chair in the management of the group's business and the collation and distribution of papers.

Items for the agenda should be submitted to the IT & Assurance Team for approval a minimum of seven days prior to the meeting.

The agenda and papers for meetings shall be distributed at least five working days prior to the meeting.

Minutes of meetings and supporting actions shall be issued to members no later than ten working days after the meeting

13. Conduct of Group

The group will set an annual work programme/schedule; it will review annually the terms of reference and membership and the chair.

Locality Engagement Group

(Version 2 January 2019)

1. Introduction

The Locality Engagement Groups (the Groups) are established in accordance with Heywood, Middleton and Rochdale Clinical Commissioning Group's (NHS HMR CCG) constitution, standing orders and scheme of delegation. These terms of reference set out the membership, remit responsibilities and reporting arrangements of the Groups and shall have effect as if incorporated into the clinical commissioning group's constitution and standing orders.

2. Purpose of the Group

Under delegated authority from the Governing Body, the Groups will support the CCG in the delivery of its roles and responsibilities, ensuring all practices are able to contribute to and become involved in successful clinical commissioning across the health, public health and social care agenda.

The two Locality Engagement Groups (LEGs) have been established with representation from Heywood, Middleton and Rochdale member practices with the aim of engaging practices in shaping and delivering the NHS HMR CCG vision, values and strategies.

The Group will conduct its business in accordance with national guidance and the Nolan principles of public life. The Group will review its own performance, membership and terms of reference. Any resulting changes to the terms of reference should be approved by the Governing Body.

3. Objectives of the Group

- Provide an interface between GP practices and the NHS HMR CCG, utilising robust communication channels with practices to ensure Locality and Borough wide messages are relayed, and ensuring that practices' views are listened to and fed into the CCG as appropriate.
- Work collaboratively with NHS HMR CCG and support each locality practice to support effective commissioning and deliver effective/efficient services by sharing knowledge, best practice, resources and leading and managing core activities as agreed.
- Where relevant, work closely with other stakeholders to deliver shared priorities and delegated responsibilities as appropriate under a contractual framework.
- Support and lead innovation within localities and encourage delivery of QIPP at practice level.
- Promote clinical quality, safety and excellent outcomes in all commissioned services.

4. Membership

The membership shall comprise:

ROLE	RESPONSIBILITY	VOTING/NON-VOTING
Locality Chair	Chair	Voting
HMR CCG Clinical Lead	Vice Chair	Voting
One GP representative from each practice		Voting

within the locality (or a deputy)		
A Practice Manager from each practice within the locality (or a deputy)		Voting

Members of the practices, other than the nominated representatives, are also invited to attend but will not be funded or have voting rights.

Nominated representatives are paid at the following rates:

- GP £80 per hour
- Practice Manager £20 per hour
- This is up to a maximum of £250 per half day and £500 per full day attendance

In attendance:

- CCG Senior Management Team Representative
- Primary Care Team Representative
- Locality Medicines Optimisation Lead and/or representative
- Integrated Commissioning Directorate Representative
- CCG Administrative Assistant

The Group may co-opt or seek advice from other representatives/expertise as appropriate and deemed necessary.

Deputies must be fully briefed and hold the represented members full delegated authority.

5. The Chair

The Chair shall be a GP; however, they may delegate the chairing of the monthly meetings.

The Groups shall elect a Chair from the nominated representatives; the voting for the Chair will be based on block voting e.g. one vote per practice.

There will be no limit on the number of periods of office the Chair may stand for, but there will be elections on a bi-annual basis

The Chair may resign his/her post during the term of office with a mutually agreed notice period, to ensure a smooth transition to a replacement.

6. Quoracy

For each meeting to be deemed quorate attendance must include a minimum of 66% of the practices with at least 50% having GP representation for the meeting to be deemed quorate.

Where the appropriate quorum is not present within 15 minutes of the start of the meeting, any resolution passed must later be ratified by a fully quorate meeting.

A register of attendance at each meeting will be kept on record.

7. Frequency of Meetings

The frequency of meetings will be monthly on the second Tuesday, and there shall be a minimum of 10 meetings per year. Extra-ordinary meetings may be called as appropriate.

All meetings will be scheduled in advance for the full year.

Meetings will be held in a workshop format to promote full and active participation

8. Conflicts of Interest

An up to date register of members' interest will be retained and published in line with HMR CCG Conflicts of Interest Policy.

Members will be expected to declare any conflicts of interest at all meetings and the Chair will determine how any conflict will be handled in line with CCG Conflicts of Interest Policy.

The CCG will request declarations of interest to be submitted on a minimum of a six monthly basis, even if there's no change a nil return is required.

9. Accountability

The Group will report to the CCG Governing Body following each meeting, the minutes of the Committee shall be formally recorded and a summary report submitted to Part 1 of the subsequent meeting of the Governing Body.

Any Chairs action taken between meetings must be ratified at the next Locality Engagement Group meeting.

The Groups will complete an annual self-assessment of effectiveness, which will inform the CCG's Annual Governance Statement.

10. Corporate Sustainability

As a healthcare commissioner, the CCG is committed to planning and buying health care on a sustainable basis, this Group will support the commitments of the HMR CCG Sustainable Development Management Strategy and Delivery Plan, wherever possible in;

- Commissioning for Sustainability and Adaptation
- Being a Sustainable Organisation
- Promoting sustainability with member practices
- Delivering our commitments and Assessing our Performance

Commissioning for sustainable development in the health care system means;

- Planning services that are efficient, effective and safe.
- Buying services which provide highest quality at best value, are safe and which have least impact on the environment
- Avoiding duplication, inefficiency and waste
- Focus on preventative, proactive care
- Patients public engagement and involvement in planning and design of services
- Building resilience, and protecting and developing community assets and strengths

- Making the best use of all of the resources we have
- Minimising carbon emissions

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11. Review Date

These Terms of Reference will be reviewed annually as a minimum

12. Support

Secretarial support will be provided to support the Chair in the management of the groups business and the collation and distribution of papers.

The agenda and papers for meetings shall be distributed five working days prior to the meeting

13. Conduct of Locality Engagement Groups

Items for the agenda and all relevant supporting papers should be submitted to the Chair for approval a minimum of seven working days prior to the meeting.

As a minimum all members will be expected to attend 70% of meetings within the financial year or send an appropriate fully briefed deputy to provide appropriate feedback and vote on their behalf where required

Patient and Public Engagement Committee

(Version 3.0 April 2019)

1. Introduction

The Patient and Public Engagement Committee (the Committee) is established in accordance with Heywood, Middleton and Rochdale Clinical Commissioning Group's (NHS HMR CCG) constitution, standing orders and scheme of delegation.

These terms of reference set out the membership, remit responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the clinical commissioning group's constitution and standing orders.

2. Purpose of the Committee

Under delegated authority from the Governing Body, the Committee will provide assurance on the delivery of the CCG's patient and public involvement duty. Ensuring the CCG's commissioning activities meets its statutory duties, adheres to national guidance and best practice.

The Committee will also work in collaboration with the CCG Governing Body and Committees to provide assurance that commissioned services are designed to meet patients' needs and delivered with due regard to patient safety, quality effectiveness therefore making best use of NHS resources.

The Committee will conduct its business in accordance with national guidance and the Nolan principles of public life. The Committee will review its own performance, membership and terms of reference. Any resulting changes to the terms of reference should be approved by the Governing Body.

3. Objectives of the Committee

The Committee will:

- Provide assurance that patient and public engagement has a strategic focus, is integrated into commissioning functions and influences the direction of service delivery in the short and long term.
- Scrutinise, advise and promote innovation on the patient and public engagement element of commissioning plans throughout the commissioning cycle. Ensuring all engagement activity satisfies ethical and governance standards.
- Assure inclusive and equitable patient and public engagement is evident and auditable in the commissioning and performance management of service delivery and planning.
- Act as conduit for CCG engagement and partnership working with 3rd sector and statutory organisations across the borough, building capacity and capability.
- Provide a mechanism for the collection and monitoring of public opinion across the borough's diverse communities.
- Assure avoidance of duplication and save resources by ensuring all local patient and public engagement is joined up and co-ordinated.
- Analyse engagement activity understanding who has been engaged by area, gender, age, disability, ethnicity, religious and sexual orientation (where possible), and ensure action plans are produced to close any gaps.
- Monitor the effectiveness of feedback to patients and the public on how their engagement has influenced the commissioning and performance monitoring of services.
- Support and recommend policies and strategies governing the management and process for

patient and public engagement and the gathering of public opinion.

- Assure that national, regional and local data is triangulated with locally gathered data to ensure equitable services and best use of resources for the residents of the borough.
- Act as a conduit for engagement with local health and social care partner organisations, 3rd sector organisations and other public sector bodies promoting and supporting shared goals.

To deliver the objectives, task and finish groups will be established to focus on the specific areas of work, the committee will receive updates from the task and finish groups and also provide advice and support to such groups.

4. Membership

The Committee shall operate as a sub - committee of the Governing Body. All membership organisations shall have one vote with the exception of NHS HMR CCG who will have one vote per represented department. The Chair will hold the casting vote in the event of a split vote. The membership shall comprise of:

Voting Members – Core Membership

ROLE	RESPONSIBILITY
Lay Member - Patient and Public Experience and Engagement **(Chair)**	• To Chair the meeting • Reports to Governing Body • Ensures, through the appropriate governance processes, that the function of the Committee is discharged effectively.
Director of Operations / Executive Nurse (Representative for Quality and Safeguarding Lead as required)	• Executive Management Team representative ensuring that the work of the Committee aligns with the strategic objectives of the CCG • To assign responsibility to the appropriate CCG Officers for any actions resulting from the work of the Committee • Holds an executive oversight of patient and public engagement within the CCG's functions
Head of Communications and Engagement / Corporate Services	• To be operational lead for the CCG on patient, public and stakeholder engagement. • Committee co-ordination including work planning and risk management • To facilitate a continuous dialogue with patients and the public.
Engagement Lead	• To report on all engagement activity undertaken by the CCG in the day to day business.
Quality and Safeguarding Lead (Representation covered by Director of Operations / Executive Nurse as required)	• To identify performance/safety issues raised by patients during engagement activities and ensure they are addressed appropriately. • To ensure any such incidents are appropriately risk assed in line with NPSA Advice • To ensure data gathered from patient's engagement is triangulated with PALS and Complaints data to monitor the performance and quality of commissioned services.
Primary Care Quality Lead	• To present primary care commissioning plans prior to approval evidencing proportionate

	engagement activity at the appropriate milestones throughout the process. • To ensure data gathered from patient engagement is triangulated with PALS and Complaints data to monitor the performance and quality of primary care services. • To facilitate the involvement of patients and the public in primary care service redesign • To ensure engagement with Borough wide PPG's
Integrated Commissioning Representative	• To present commissioning plans prior to approval evidencing proportionate engagement activity at the appropriate milestones throughout the process. • To ensure data gathered from patient engagement is triangulated with PALS and Complaints data to monitor the performance and quality of commissioned services. • To facilitate the involvement of patients and the public in service redesign
Equality and Diversity Lead	• To ensure that E & D issues are addressed and that engagement reflects the demographic profile of the Borough.
Rochdale MIND	• To work in partnership ensuring that patient and public representative groups are involved in decision making. • Establish communication between individual organisation's networks and the CCG • Share best practice and local community intelligence. • Undertake to support to the CCG Locality • Plan Thriving and Coping Programme
Rochdale And District Disability Action Group (RADDAG)	
Voluntary and Third Sector Organisations Representing Children and Younger People	
Healthwatch Rochdale (Vice Chair)	
Voluntary and Third Sector Organisations Representing BME Health Matters	
Voluntary and Third Sector Organisations Representing Older People	
Patient Participation Group (Boroughwide)	

TASK & FINISH GROUP MEMBERSHIP - REPRESENTATIVES FROM ABOVE, SUPPORTED BY:

- Greater Manchester Fire and Rescue Service
- Greater Manchester Police (GMP)
- Rochdale Borough Council (RBC)
- North West Ambulance Service (NWAS)
- Pennine Acute NHS Hospitals Trust (PAHT) – Engagement Lead
- Pennine Care NHS Foundation Trust (PCFT) – Engagement Lead
- Lesbian Gay Bisexual and Transgender (LGBT) Steering Group
- Multi Faith Network

- Rochdale Health Alliance (RHA)

In attendance:

The Committee may co-opt or seek advice from other representatives/expertise as appropriate and deemed necessary.

Deputies must be fully briefed and hold the represented members full delegated authority.

5. Quoracy

For each meeting to be deemed quorate attendance must include six members which must include the Chair or Vice Chair and a representative from one of the Third Sector organisations.

6. Frequency of Meetings

The frequency of meetings will be quarterly.

All meetings will be scheduled in advance for the full year.

7. Conflicts of Interest

An up to date register of members' interest will be retained and published in line with HMR CCG Conflicts of Interest Policy.

Members will be expected to declare any conflicts of interest at all meetings and the Chair will determine how any conflict will be managed in line with CCG guidelines.

8. Accountability

The Patient and Public Engagement Committee will report to Governing Body following each meeting, the minutes of the Committee shall be formally recorded, and a summary report submitted to Part 1 of the subsequent meeting of the Governing Body.

Any Chairs action taken between meetings must be ratified at the next meeting of the Committee

The Committee will complete an annual self-assessment of effectiveness, which will inform the CCG's Annual Governance Statement.

9. Scheme of Delegation

The committee will carry out the duties as detailed in these terms of reference in accordance with the scheme of delegation as set out in the NHS Heywood, Middleton and Rochdale CCG Constitution.

10. Corporate Sustainability

As a healthcare commissioner, the CCG is committed to planning and buying health care on a sustainable basis, this committee will support the commitments of the HMR CCG Sustainable Development Management Strategy and Delivery Plan, wherever possible in;

1. Commissioning for Sustainability and Adaptation
2. Being a Sustainable Organisation
3. Promoting sustainability with member practices
4. Delivering our commitments and assessing our performance

Commissioning for sustainable development in the health and care system means;

- Planning services which are efficient, effective and safe
- Buying services that provide highest quality at best value, are safe and which have least impact on the environment
- Avoiding duplication, inefficiency and waste
- Focus on preventative, proactive care
- Patients public engagement and involvement in planning and design of services
- Building resilience, and protecting and developing community assets and strengths
- Making the best use of all of the resources we have
- Minimising carbon emissions

11. Review Date

These Terms of Reference will be reviewed annually as a minimum.

12. Secretarial Support

Secretarial support will be provided to support the Chair in the management of the committee's business and the collation and distribution of papers.

The agenda and papers for meetings shall be distributed five working days prior to the meeting, however the action log will be shared 10 working days following the meeting and updates provided prior to the next meeting.

13. Conduct of Committee

The committee will set an annual work programme/schedule, it will review annually the terms of reference and membership and the chair will also produce an annual report of business areas.

Items for the agenda and all relevant supporting papers should be submitted to CCG Hub (hmrccg.ccghub@nhs.net) for approval by the Committee Chair a minimum of 10 working days prior to the meeting.

As a minimum all members will be expected to attend 70% of meetings within the financial year or send an appropriate fully briefed deputy to provide appropriate feedback and vote on their behalf where required.

Quality and Safeguarding Committee / Group

(Version 5 - March 2020)

1. Introduction

The Quality and Safeguarding Committee / Group (the Committee) is established in accordance with Heywood, Middleton and Rochdale Clinical Commissioning Group's (NHS HMR CCG) constitution, standing orders and scheme of delegation. For the purpose of reporting this meeting is established as a committee to report via the CCG's governance and a group to report via RBC governance.

These terms of reference set out the membership, remit responsibilities and reporting arrangements of the Committee / Group and shall have effect as if incorporated into the clinical commissioning group's constitution and standing orders and Rochdale Borough Council (RBC) reporting arrangements to Integrated Commissioning Board (ICB) and do not impact on the Safeguarding Board reporting.

2. Purpose of the Committee / Group

Under delegated authority from the Governing Body and ICB, the Committee / Group will promote and assure quality so that patients / citizens have effective, safe care and a positive experience of services commissioned by the CCG and RBC.

The Quality and Safeguarding Committee / Group is responsible for the development and implementation of the CCG Quality Strategy and CCG Safeguarding Strategy, Adult Care Quality Assurance Framework.

The Committee / Group will also work in collaboration with the Clinical and Professional Advisory Panel, Primary Care Commissioning Committee and the Patient and Public Engagement Committee to support and inform all aspects of the CCG commissioning function and also the Adult Care Strategic Partnership Board, Adult Safeguarding Board and Children's Safeguarding Board.

The Committee / Group will conduct its business in accordance with national guidance and the Nolan principles of public life. The Committee / Group will review its own performance, membership and terms of reference. Any resulting changes to the terms of reference should be approved by the Governing Body and ICB.

3. Objectives of the Committee / Group

- Ensure that the CCG Quality Strategy is developed and implemented so as to support transformation. In doing so the Committee / Group will seek assurance that integrated commissioning incorporates and upholds the tenets of quality (patient safety, experience and clinical effectiveness and improving wellbeing and outcomes) and that recommendation are implemented.

- Ensure that the CCG Safeguarding Strategy and the Adult Care Quality Assurance Framework is developed and implemented to ensure that the CCG fulfils its statutory duty with regard to safeguarding and that integrated commissioning protects individuals human rights, promotes dignity, independence and well-being, hears and responds to the needs of children, young people, adults and carers and demonstrates assurance that any child, young person or adult thought to be at risk is safeguarded and protected from harm and abuse.

Assuring and promoting Safety

- Seek assurance on the performance of commissioned services with regard to regulatory requirements in relation to safety and quality, e.g. CQC, NHS Improvement, NICE recommendations and guidelines

- Receive assurance reports in relation to key providers of commissioned services (acute, mental health, community and Independent Sector) that identify areas of risk, compliance, themes and trends, and recommend areas for change through the commissioning process.

- Receive reports relating to Healthcare Associated Infections to provide the Committee / Group with assurance that commissioned services are compliant with statutory regulations

- Oversee processes concerning Never Events, Investigation of Serious Incidents (SI), management of risk and subsequent compliance, informing the Governing Body and ICB of any escalation or sensitive issues in line with the framework.

- Ensure investigation recommendations, including organisational learning processes are actioned in order to reduce risk of recurrence within commissioned services

- Ensure a clear escalation process, including trigger points, is in place to enable appropriate engagement of external bodies (e.g. National Reporting and Learning System (NRLS), Greater Manchester Health and Social Care Partnership (GM HSCP) NHS England, Care Quality Commission (CQC)

- Advise the Governing Body and ICB on actions following national enquiries, national and local reviews undertaken by external agencies (e.g. Care Quality Commission, Independent Mental Health Homicide Reviews) in relation to commissioned services and oversee the performance management of the implementation of recommendations

- As required by the Clinical and Professional Advisory Panel, review QIPP programmes to advise regarding the impact on patient safety and quality and to support assurance that patient safety and wellbeing is paramount in all commissioning and decommissioning decisions

Safeguarding families

- Oversee safeguarding arrangements to assure that the CCG's statutory responsibilities for safeguarding are met, and that the CCG fulfils its role as a member of Local Safeguarding Boards and Corporate Parenting Board

- Members of the Board as advisers, i.e. Nurse, Social Worker with professional oversight.

- Receive assurance reports in relation to safeguarding children, young people and adults that identify areas of compliance, themes and trends, and recommend areas for change through the commissioning process.

Professional / Clinical Effectiveness

- Oversee the development and monitoring of quality indicators and metrics within commissioned services and seek assurance of implementation through quality schedules

- Provide assurance to the Governing Body and ICB that quality assurance and professional / clinical governance mechanisms are integral to monitoring commissioned services, to ensure better outcomes for patients

- Oversee the development and monitoring of CQUIN schemes (Commissioning for Quality and Innovation) and other incentive schemes to promote quality improvement in commissioned services

- Promote research and development within commissioned services and seek assurance of robust research governance that is in accordance with the UK Policy Framework for Health and Social Care Research

- Review and provide commissioner response to provider annual Quality Accounts

- Seeking assurance about Quality Arrangements in Adult Care.

Service User / Patient experience

- Receive reports relating to patient experience, including PALS and complaints, and surveys that identify themes and trends in order to recommend areas for change through the commissioning process

- Receive reports from CCG conducted provider site visits, ensuring recommendations and appropriate actions have been acted on.

- Receive reports in relation to equality and diversity to ensure that the CCG is fulfilling its statutory duties, for example Public Sector Equality Duty, and to assure that commissioned services comply such duties

- This also includes reports / feedback from Healthwatch, Carer / User Forum / Third Sector Organisations and others as appropriate

4. Membership

The Committee shall operate as a sub - Committee / Group of the Governing Body and ICB. The membership shall comprise:

ROLE	RESPONSIBILITY	VOTING/NON-VOTING
Director of Operations and Executive Nurse	Chair; Executive leadership for quality, safety & safeguarding	Voting
General Practitioner (2)	Clinical expertise/ perspective to inform and advise QSC; link with CPAP	Voting
CCG Governing Body Lay Member	Patient perspective Scrutiny of QSC to fulfil its delegated duty	Voting
CCG Quality and Safeguarding Lead – Adults	Quality & Safety expert adviser to QSC	Voting
CCG Head of Quality and Safeguarding / Deputy Executive Nurse	Deputy Chair: Safeguarding expert adviser to QSC	Voting
CCG Designated Nurse – Children and Looked After Children	Quality & Safeguarding expert adviser to QSC	Voting

CCG Designated Safeguarding Adults Professional / Deputy Quality Lead Adults	Quality & Safeguarding expert adviser to QSC	Voting
Head of Safeguarding and Practice Assurance (RBC)	Principle Social Worker and Safeguarding Adviser	Voting
Senior Integrated Commissioning Directorate representative	Commissioning expert adviser to QSC and link with commissioning work streams	Voting
Primary Care Team Representative	Ensure links with the Primary Care Agenda and Quality	Voting
Healthwatch Representative	Patient perspective/voice	Non-Voting

In attendance:

CCG Patient and Public Engagement Lead
Public Health Representative
CCG Quality and Safeguarding Manager
CCG Designated Nurse Cared for Children (LAC)
Equality, Diversity & Inclusion Strategic Lead
Patient Services Representative
Infection Prevention and Control Matron

The Committee may co-opt or seek advice from other representatives/expertise as appropriate and deemed necessary.

5. Quoracy

For each meeting to be deemed quorate attendance must include four of all members with at least two of those being members of the Governing Body.

6. Frequency of Meetings

The frequency of meetings will be every 2 months.

All meetings will be scheduled in advance for the full year.

7. Conflicts of Interest

An up to date register of members' interest will be retained and published in line with HMR CCG Conflicts of Interest Policy.

Members will be expected to declare any conflicts of interest at all meetings and the Chair will determine how any conflict will be managed in line with CCG guidelines.

8. Accountability

The Quality and Safeguarding Committee / Group will report to Governing Body and ICB following each meeting, the minutes of the Committee shall be formally recorded, and a summary report submitted to Part 1 of the subsequent meeting of the Governing Body and ICB.

Any Chairs action taken between meetings must be ratified at the next meeting of the Committee / Group

The Committee / Group will complete an annual self-assessment of effectiveness, which will inform the CCG's Annual Governance Statement.

The Quality and Safeguarding Committee / Group will report additionally to:

- Adult Care submits a NMDS (workforce analysis).
- MCA and DoLS annually to NHS Digital
- Self-Assessment for Safeguarding Board
- Safeguarding Adult Collection (SAC) to NHS Digital

9. Scheme of Delegation

The Quality & Safeguarding Committee / Group does not have any delegated authority in relation to financial decisions or budget allocation.

10. Corporate Sustainability

As a health and social care commissioner, the CCG is committed to planning and buying health and social care on a sustainable basis, this committee will support the commitments of the HMR CCG Sustainable Development Management Strategy and Delivery Plan, wherever possible in;

- Commissioning for Sustainability and Adaptation
- Being a Sustainable Organisation
- Promoting sustainability with member practices
- Delivering our commitments and Assessing our Performance

Commissioning for sustainable development in the health and care system means;

- Planning services which are efficient, effective and safe
- Buying services which provide highest quality at best value, are safe and which have least impact on the environment
- Avoiding duplication, inefficiency and waste
- Focus on preventative, proactive care
- Patients public engagement and involvement in planning and design of services
- Building resilience, and protecting and developing community assets and strengths
- Making the best use of all of the resources we have
- Minimising carbon emissions

11. Review Date

These Terms of Reference will be reviewed annually as a minimum.

12. Secretarial Support

Secretarial support will be provided to support the Chair in the management of the committee's business and the collation and distribution of papers.

The agenda and papers for meetings shall be distributed five working days prior to the meeting

13. Conduct of Committee / Group

The Committee / Group will set an annual work programme/schedule, it will review annually the terms of reference and membership and the chair will also produce an annual report of business areas.

Items for the agenda and all relevant supporting papers should be submitted to the CCG Quality and Safeguarding Committee Administrator for approval by the Committee / Group Chair a minimum of 10 working days prior to the meeting.

As a minimum all members will be expected to attend 70% of meetings within the financial year or send an appropriate fully briefed deputy to provide appropriate feedback and vote on their behalf where required.

Remuneration Committee (Statutory)

(Version 3.1 November 2019)

1. Introduction

The Remuneration Committee (the Committee) is established in accordance with Heywood, Middleton and Rochdale Clinical Commissioning Group's (NHS HMR CCG) constitution, standing orders and scheme of delegation.

These terms of reference set out the membership, remit responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Clinical Commissioning Group's constitution and standing orders.

PART ONE

2. Part One - Purpose of the Committee

Under delegated authority from the Governing Body, the Committee will:

- make recommendations on appropriate remuneration and terms of service for the:
- Chief Officer, Chief Finance Officer and any other employees not employed under Agenda for Change including
    (i) all aspects of salary
    (i) arrangements for termination of employment and other contractual terms including redundancy (if applicable), annual leave and contracted hours
- aim to ensure that individuals are fairly rewarded for their individual contribution to the CCG, having proper regard to the CCG's circumstances, performance reports to support any performance related reward and to the provisions of any national arrangements for such members of staff where appropriate;
- monitor and evaluate the performance in relation to the targets and competences set out for each role in the job descriptions of the Chief Officer, Chief Finance Officer and any other executive / joint executive roles not on agenda for change
- determine the contractual arrangements for such staff including the annual salary awards, proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.
- The Committee will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations
- Any significant changes to the establishment of the CCG which may affect individuals employment status

3. Part One - Objectives of the Committee

The Committee will conduct its business in accordance with national guidance and the Nolan principles of public life. The committee will review its own performance, membership and terms of reference.

Any resulting changes to the terms of reference should be approved by the Governing Body.

4. Part One - Membership

The Committee shall operate as a sub - committee of the Governing Body .The membership shall comprise:

ROLE	RESPONSIBILITY	VOTING/NON-VOTING
Lay Member for Governance	Chair	Voting
Lay Member for Integrated Risk		Voting
Lay Member for Patient and Public Engagement		Voting
Clinical Board Member		Voting
Director of Operations / Exec Nurse		Non-Voting

Only members of the Committee have the right to attend committee meetings and vote. However, other individuals such as the Accountable Chief Officer (AO), CCG Clinical Chair, Chief Finance Officer, HR representative and external advisers may be invited to attend for all or part of any meeting as and when appropriate.

There must be a Lay Member voting majority.

In the absence of the Chair, s/he shall delegate this responsibility to another Lay member.

Each officer will withdraw or not be in attendance for discussions about their own remuneration and terms of service

The Committee may co-opt or seek advice from other representatives/expertise as appropriate and deemed necessary.

5. Part One - Quoracy

For each meeting to be deemed quorate attendance must include a minimum of three voting members of the Committee.

PART 2

6. Part Two - Purpose of the Committee

Under delegated authority from the Governing Body, the Committee will:

- Make recommendations on appropriate remuneration and terms of service for the:
- Clinical Chair
  (ii) all aspects of salary
- arrangements for termination of employment and other contractual terms including redundancy (if applicable), annual leave and contracted hours
- Clinical Locality Governing Body Members and Clinical Leads
  (ii) all aspects of salary
  (iii) arrangements for termination of employment and other contractual terms
- aim to ensure that individuals are fairly rewarded for their individual contribution to the CCG, having proper regard to the CCG's circumstances, performance reports to support any performance related reward and to the provisions of any national arrangements for such members of staff where appropriate;

- monitor and evaluate the performance in relation to the targets and competences set out for each role in the job descriptions of the Chair, Clinical Locality Governing Body Members and Clinical Leads
- determine the contractual arrangements for such staff including the annual salary awards, proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.
- The Committee will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations
- Review any significant changes to the establishment of the CCG which may affect individual's employment status and impact upon the CCGs running costs.

7. Part Two - Objectives of the Committee

The Committee will conduct its business in accordance with national guidance and the Nolan principles of public life. The committee will review its own performance, membership and terms of reference.

Any resulting changes to the terms of reference should be approved by the Governing Body.

8. Part Two - Membership

The Committee shall operate as a sub - committee of the Governing Body. The membership shall comprise:

ROLE	RESPONSIBILITY	VOTING/NON-VOTING
Lay Member for Governance	Chair	Voting
Lay Member for Integrated Risk		Voting
Lay Member for Patient and Public Engagement		Voting
Director of Operations / Exec Nurse		Non-Voting

Only members of the Committee have the right to attend committee meetings and vote. However, other individuals such as the Accountable Chief Officer (AO), CCG Clinical Chair, Chief Finance Officer, HR Representative and external advisers may be invited to attend for all or part of any meeting as and when appropriate.

In the absence of the Chair, s/he shall delegate this responsibility to another Lay member.

Each person will withdraw or not be in attendance for discussions about their own remuneration and terms of service.

The Committee may co-opt or seek advice from other representatives/expertise as appropriate and deemed necessary.

Deputies must be fully briefed and hold the represented members full delegated authority.

9. Part Two - Quoracy

For each meeting to be deemed quorate attendance must include a minimum of two voting members of the Committee.

The following apply equally to both the Part One and Part Two Meetings

10. Frequency of Meetings

The frequency of meetings will be determined by the Committee in order to carry out its functions. It is envisaged that the Committee will meet no less than twice a year. When the meetings are held the Secretary or nominated officer shall call a meeting of the committee by issuing notice.

Notice of any meeting must indicate:

- The proposed date and time, which must be at least 7 days after the date of the notice, except where a meeting to discuss an urgent issue is required (in which case as much notice as reasonably practicable in the circumstances should be given);
- Where it is to take place;
- There may be a requirement for additional meetings to be called by the Chair of the Committee.

11. Conflicts of Interest

An up to date register of members' interest will be retained and published in line with HMR CCG Conflicts of Interest Policy.

Members will be expected to declare any conflicts of interest at all meetings and the Chair will determine how any conflict will be managed in line with CCG guidelines.

12. Accountability

The Committee operates under delegated authority from the Governing Body.

Updates on decisions will be provided to the Governing Body under Part 2 on determinations about pay and remuneration for employees of the Clinical Commissioning Group, as described in principle duties.

The Committee has no authority in relation to the remuneration and terms of service of those officers of the CCG employed under Agenda for Change Terms and Conditions, and non-officer members of the CCG.

Any Chairs action taken between meetings must be ratified at the next meeting of the Committee.

The Committee will complete an annual self-assessment of effectiveness, which will inform the CCG's Annual Governance Statement.

13. Scheme of Delegation

The Committee will carry out the duties as detailed in these terms of reference in accordance with the scheme of delegation as set out in the NHS Heywood, Middleton and Rochdale CCG Constitution.

14. Corporate Sustainability

As a healthcare commissioner, the CCG is committed to planning and buying health care on a sustainable basis, this committee will support the commitments of the HMR CCG Sustainable Development Management Strategy and Delivery Plan, wherever possible in;

- Commissioning for Sustainability and Adaptation
- Being a Sustainable Organisation
- Promoting sustainability with member practices
- Delivering our commitments and Assessing our Performance

Commissioning for sustainable development in the health and care system means;

- Planning services which are efficient, effective and safe
- Buying services which provide highest quality at best value, are safe and which have least impact on the environment
- Avoiding duplication, inefficiency and waste
- Focus on preventative, proactive care
- Patients public engagement and involvement in planning and design of services
- Building resilience, and protecting and developing community assets and strengths
- Making the best use of all of the resources we have
- Minimising carbon emissions

15. Review Date

These Terms of Reference will be reviewed annually.

16. Secretarial Support

Secretarial support will be provided to support the Chair in the management of the committee's business and the collation and distribution of papers.

The agenda and papers for meetings shall be distributed five working days prior to the meeting.

Secretarial support will be appointed by the CCG.

17. Conduct of Committee

The committee will review annually the terms of reference and membership and the chair will also produce an annual report of business areas.

Items for the agenda and all relevant supporting papers should be submitted to the Committee Admin lead for approval by the Committee Chair a minimum of 10 working days prior to the meeting.

As a minimum all members will be expected to attend 70% of meetings within the financial year.

Treatment Advisory Group

Currently under review

Primary Care Commissioning Committee

(Version 3.0 November 2019)

Introduction

1. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to HMR CCG. The delegation is set out in Schedule 1.

2. The CCG has established the HMR CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

3. It is a committee comprising representatives of the following organisations:
   - HMR CCG
   - NHS England
   - Public Health
   - Rochdale Borough Council
   - Healthwatch Rochdale

Statutory Framework

4. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

5. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.

6. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
   a) Management of conflicts of interest (section 14O);

   b) Duty to promote the NHS Constitution (section 14P);

   c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);

   d) Duty as to improvement in quality of services (section 14R);

   e) Duty in relation to quality of primary medical services (section 14S);

f) Duties as to reducing inequalities (section 14T);

g) Duty to promote the involvement of each patient (section 14U);

h) Duty as to patient choice (section 14V);

i) Duty as to promoting integration (section 14Z1);

j) Public involvement and consultation (section 14Z2).

7. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act

- Duty to have regard to the impact on services in certain areas
- Duty as respects variation in provision of health services

8. The Committee is established as a committee of HMR CCG Governing Body in accordance with Schedule 1A of the "NHS Act".

9. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

10. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Heywood, Middleton and Rochdale under delegated authority from NHS England.

11. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and HMR CCG, which will sit alongside the delegation and terms of reference.

12. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

13. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

14. This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);

- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");

- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);

- Decision making on whether to establish new GP practices in an area;

- Approving practice mergers; and

- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

15. The CCG will also carry out the following activities:

    a) Engagement to enhance development and improvements;

    b) To plan, including needs assessment, primary medical care services in Heywood, Middleton and Rochdale;

    c) To undertake reviews of primary medical care services in Heywood, Middleton and Rochdale;

    d) To co-ordinate a common approach to the commissioning of primary care services generally;

    e) To manage the budget for commissioning of primary medical care services in Heywood, Middleton and Rochdale.

    f) To ensure Primary Care Transformation work steams as outlined in the Rochdale Locality Plan remain in full sight of the Primary Care Commissioning Committee.

Geographical Coverage

16. The Committee's responsibilities will cover the same geographical area, as those identified within the CCG's Constitution for Heywood, Middleton and Rochdale CCG.

Membership

17. The Committee shall consist of:

    Voting:

    - Governing Body Lay Member for Integrated Risk – Chair
    - Governing Body Lay Member for Patient and Public Engagement – Vice Chair
    - Governing Body Lay Member for Governance

- CCG Accountable Chief Officer
- Chief Finance Officer
- Director of Operations / Executive Nurse
- Joint Director of Integrated Commissioning
- Corporate Affairs and Governance Manager
- Head of Primary Care
- Integrated Commissioning Directorate Representative
- Quality & Safeguarding Representative

Non-voting

- Governing Body GP Representative from Rochdale Locality (non-voting)
- Governing Body GP Representative from Heywood and Middleton Locality (non-voting)
- Governing Body Clinical Lead for Primary Care (non-voting)
- Director of Public Health or Representative (non-voting)
- Head of Medicines Optimisation (non–voting)
- Health and Wellbeing Board Chair/Representative (non-voting)
- Healthwatch Rochdale (non-voting)
- NHS England (Greater Manchester Health & Social Care Partnership) Representative (non-voting)
- Chair of Primary Care Sub Committees (non-voting)
    - Primary Care Assurance and Transformation
    - Information Management Technology

18. The Chair of the Committee shall be the Governing Body Lay Member with responsibility for integrated risk

19. The Vice Chair of the Committee shall be the Governing Body Lay Member with responsibility for Patient and Public Engagement

20. Others may be invited to the meeting as required on an adhoc basis, it should be noted these will not have voting rights.

Meetings and Voting

21. The Committee will operate in accordance with the CCG's Constitution (including the Standing Orders and Scheme of Reservation and Delegation). The CCG administration support to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 7 calendar days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as the chair shall specify.

22. Each member of the Committee (or agreed representative) with voting rights shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

23. All members will be expected to attend 70% of meetings within the financial year or send an appropriate fully briefed deputy to provide appropriate feedback and vote on their behalf where required.

Quorum

24. The committee will be quorate when at least nine members of those identified within the membership (at bullet point 18 of these ToR) are present. This must include the Chair or Vice Chair of the committee, and either the CCG Accountable Chief Officer or the Chief Finance Officer, with a majority of lay and executive members to be in attendance with eligibility to vote.

Frequency of meetings

25. The committee will meet quarterly supported by the agreed primary care governance structure established within the CCG

26. Meetings of the Committee shall:
    a) be held in public, subject to the application of 23(b);

    b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest 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 that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

27. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

28. The Committee may delegate tasks to such individuals, sub-committee or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

29. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

30. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.

31. The Committee will present its minutes to Greater Manchester Team of NHS England and the governing body of HMR CCG following each meeting of the committee for information, including the minutes of any sub-committee to which responsibilities are delegated under paragraph 27 above.

32. The CCG will also comply with any reporting requirements set out in its constitution.

33. These Terms of Reference will be reviewed at least annually, reflecting the experience of the committee in fulfilling its functions NHS England may also issue revised model terms of reference from time to time.

Accountability of the Committee

34. Budget and resource accountability arrangements and the decision-making scope of the Committee to be included within this section as agreed

35. For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the Delegation will prevail.

36. The membership of the CCG has established a Governing Body in order to discharge its statutory functions.

37. This committee is accountable to the Governing Body of HMR CCG. Appropriate consultation with patients and the general public is conducted primarily through the CCG's Patient and Public Engagement Committee and associated engagement activity.

38. The Committee will complete an annual self-assessment of effectiveness, which will inform the CCG's Annual Governance Statement.

Conflicts of Interest

39. An up to date register of members' interest will be retained and published in line with HMR CCG Conflicts of Interest Policy.

40. Members will be expected to declare any conflicts of interest at all meetings and the Chair will determine how any conflict will be managed in line with CCG guidelines.

Procurement of Agreed Services

41. The detailed arrangements regarding procurement will be set out in the delegation agreement.

Decisions

42. The Committee will make decisions within the bounds of its remit.

43. The decisions of the Committee shall be binding on NHS England and HMR CCG.

44. The Committee will produce an executive summary report which will be presented to Greater Manchester Team of NHS England and the governing body of HMR CCG at least quarterly for information.

45. Emergency Powers and Urgent Decisions – where an emergency or urgent decision needs to be executed in the period between the scheduled meetings, in agreement with the chair (or in their absence the vice chair) the following will be circulated to the committee:
    a) The details in respect of the decision required
    b) The response required and associated timescales
    c) Communicate the outcome with the committee members
    d) Seek the chairs (or vice chairs) approval to empower the named representative from the CCG to implement the agreed action

46. Where a consensus cannot be achieved through the process the casting vote will be with the committee chair

47. All decisions will be reported to the Committee at its next meeting by the Chair (or vice chair) with a full explanation, regarding:
    a) What the decision was
    b) Why it was deemed an emergency or urgent decision (required to be made in the period between the scheduled meetings)
    c) What was the majority view of the members of the committee
    d) How the decision was implemented

48. A record of the above will form part of the minutes of the next scheduled meeting, following the emergency powers/urgent decision being made.

Corporate Sustainability

49. As a healthcare commissioner, the CCG is committed to planning and buying health care on a sustainable basis, this committee will support the commitments of the HMR CCG Sustainable Development Management Strategy and Delivery Plan, wherever possible in;
    - Commissioning for Sustainability and Adaptation

- Being a Sustainable Organisation
- Promoting sustainability with member practices
- Delivering our commitments and Assessing our Performance

50. Commissioning for sustainable development in the health and care system means;

- Planning services which are efficient, effective and safe
- Buying services which provide highest quality at best value are safe and which have least impact on the environment
- Avoiding duplication, inefficiency and waste
- Focus on preventative, proactive care
- Patients public engagement and involvement in planning and design of services
- Building resilience, and protecting and developing community assets and strengths
- Making the best use of all of the resources we have
- Minimising carbon emissions

Schedule 1 – Delegation

1. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended) ("NHS Act"), NHS England has delegated the exercise of the functions specified in this Delegation to HMR CCG to empower HMR CCG to commission primary medical services for the people of Heywood, Middleton and Rochdale.

2. NHS England and the CCG have entered into the Delegation Agreement that sets out the detailed arrangements for how the CCG will exercise its delegated authority.

3. Even though the exercise of the functions passes to the CCG the liability for the exercise of any of its functions remains with NHS England.

4. In exercising its functions (including those delegated to it) the CCG must comply with the statutory duties set out in the NHS Act and/or any directions made by NHS England or by the Secretary of State, and must enable and assist NHS England to meet its corresponding duties.

Delegated Functions

a) decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:

i) decisions in relation to Enhanced Services;

ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);

iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;

iv) decisions about 'discretionary' payments;

v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;

b) the approval of practice mergers;

c) planning primary medical care services in the Area, including carrying out needs assessments;

d) undertaking reviews of primary medical care services in the Area;

e) decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the Care Quality Commission (CQC) where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);

f) management of the Delegated Funds in the Area;

g) Premises Costs Directions functions;

h) co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and

i) such other ancillary activities as are necessary in order to exercise the Delegated Functions.

Schedule 2- Reserved Functions

NHS England will retain responsibility for -

a) management of the national performers list;

b) management of the revalidation and appraisal process;

c) administration of payments in circumstances where a performer is suspended and related performers list management activities;

d) Capital Expenditure functions;

e) section 7A functions under the NHS Act;

f) functions in relation to complaints management;

g) decisions in relation to the Prime Minister's Challenge Fund; and

h) such other ancillary activities that are necessary in order to exercise the Reserved Functions.

Primary Care Assurance and Transformation Sub-committee

Currently under review

Information Management and Technology Group

(Version 3.1 December 2019)

1. Introduction

The IM&T Steering Group (the group) is established in accordance with Heywood, Middleton and Rochdale Clinical Commissioning Group's (NHS HMR CCG) constitution, standing orders and scheme of delegation.

These terms of reference set out the membership, remit responsibilities and reporting arrangements of the group and shall have effect as if incorporated into the clinical commissioning group's constitution and standing orders.

2. Purpose of the Committee

The primary function of the group is to report and provide assurance to the Primary Care Commissioning Committee (PCCC) on the delivery of the CCG's IM&T strategy, and associated action plan, maintain the relationship with the Shared Service IM&T provider.

The group will provide oversight of the quality and responsiveness of the Registration Authority service to primary care providers delivered by GM Shared Service.

The group will provide oversight of the integration of Primary Care IT systems with social care to support HMR's Locality Plan and the wider GM Health and Social care strategic plan.

The group will conduct its business in accordance with national guidance and the Nolan principles of public life. The group will review its own performance, membership and terms of reference. Any resulting changes to the terms of reference should be approved by the Primary Care Commissioning Committee.

3. Objectives of the Committee

The five main duties of the group are:

- To ensure the CCG delivers its intention to be a modern commissioning organisation which utilises high quality IM&T to improve business efficiency and reduces its dependency on paper-based systems of operation.
- To support primary care service improvement and quality.
- To support healthcare system integration by utilising technology where efficient to do so, engaging with health providers and others as necessary.
- To support the transformation of health and wellbeing service delivery in HMR through ongoing integration of health, social and other care provider IT systems.
- To support delivery of the GM Digital Roadmap by holding local care providers to account for non-delivery against objectives set out in the agreed digital roadmap

4. Membership

The membership shall comprise of:

- CCG GP IT Lead (Chair)
- Head of IT & Assurance
- IT Operations Manager
- IT Operations Officer
- Chief Finance Officer
- Shared Service IM&T Senior Manager
- Practice Manager representative
- Primary care commissioning representative

In the absence of the Chair, s/he shall delegate this responsibility to the Head of IT & Assurance. The group may co-opt or seek advice from other representatives / expertise as appropriate and deemed necessary.

Deputies must be fully briefed and hold the represented members full delegated authority.

5. Quoracy

For each meeting to be deemed quorate attendance must include 4 out of 7 members, which must include one Primary Care representative, one Management Lead, one Shared Service representative and one other member.

6. Frequency of Meetings

The frequency of meetings will be monthly.

All meetings will be scheduled in advance for the full year.

The Chair may call additional meetings at discretion.

7. Conflicts of Interest

An up to date register of members' interest will be retained.

Members will be expected to declare any conflicts of interest at all meetings and the Chair will determine how any conflict will be handled in line with CCG policy.

As the group does not require formal minutes, any declarations of interest will be noted at the top of the action log and the relevant NHS England Annex E form completed detailing the name of person declaring the interest, agenda item this relates to and appropriate action taken to manage the conflict in line with the Conflicts of Interest Policy.

8. Accountability

The group is accountable to the Primary Care Commissioning Committee and operates within a defined level of delegated authority on its behalf for decision making on Shared service IM&T product delivery, in line with the IM & T strategy and action plan.

The Group will report to the Primary Care Commissioning Committee on a quarterly basis and link into the Information Governance Management Group (IGMG) in relation to any significant cyber security, information security or information governance issues that need further consideration and approval from Governing Body.

9. Scheme of Delegation

The group will carry out the duties as detailed in these terms of reference in accordance with the scheme of delegation as set out in the NHS Heywood, Middleton and Rochdale CCG Constitution.

10. Corporate Sustainability

As a healthcare commissioner, the CCG is committed to planning and buying health care on a sustainable basis, this group will support the commitments of the HMR CCG Sustainable Development Management Strategy and Delivery Plan, wherever possible in;

- Commissioning for Sustainability and Adaptation
- Being a Sustainable Organisation
- Promoting sustainability with member practices
- Delivering our commitments and Assessing our Performance

Commissioning for sustainable development in the health and care system means;

- Planning services which are efficient, effective and safe
- Buying services which provide highest quality at best value, are safe and which have least impact on the environment
- Avoiding duplication, inefficiency and waste
- Focus on preventative, proactive care
- Patients public engagement and involvement in planning and design of services
- Building resilience, and protecting and developing community assets and strengths
- Making the best use of all of the resources we have
- Minimising carbon emissions

11. Review Date

These Terms of Reference will be reviewed annually from the date of ratification.

12. Secretarial Support

The agenda and papers for meetings shall be distributed three working days prior to the meeting. A designated member of the group will provide secretarial support and update the action log.

13. Conduct of Group

The group will review annually the terms of reference and membership.

Items for the agenda and all relevant supporting papers should be submitted for approval by the group Chair a minimum of 7 working days prior to the meeting.

As a minimum, all members will be expected to attend 70% of meetings within the financial year or send an appropriate fully briefed deputy to provide appropriate feedback on their behalf where required.

Integrated Commissioning Board

September 2019

The Integrated Commissioning Board was established by NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (HMR CCG) and Rochdale Borough Council (RBC) pursuant to the NHS Bodies and Local Authorities Partnership Regulations 2000 as amended, and derives its authority and decision-making powers from these two organisations.

The Integrated Commissioning Board was established as a joint committee under the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) whereby prescribed NHS bodies and local authorities may form a joint committee to take responsibility for the management of partnership arrangements established in accordance with that Order.

The Local Authorities (Executive and Alternative Arrangements) (Modification of Enactments and Other Provisions) (England) Order 2001 provide that where a local authority operates executive arrangements, the terms “executive” and “executive arrangements” have the same meaning as in Part II of the Local Government Act 2000.”

Purpose

1. To commission high quality all age health, social care and related services for the people of the Borough of Rochdale in order to meet assessed population, community and individual need, within the financial resources over which the Board has control.

2. To agree the Health, Social care and Well-being commissioning strategies and commissioning outcomes for Rochdale Borough Council (RBC) and NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (HMRCCG) in accordance with the agreed delegations from RBC and HMRCCG.

3. To manage all the pooled budgets established under section 75 of the National Health Service Act 2006.

4. To agree the allocation of resources for the delivery of the integrated commissioning strategies through the use of pooled or aligned budgets from HMRCCG and RBC. This will ensure that the wellbeing, social care and health related functions of RBC and the prescribed functions of HMR CCG in commissioning health-related services are undertaken.

5. To approve the associated strategic plans and work programmes prepared by the integrated commissioning programme leads

6. To approve integrated workforce development strategies and plans and associated resource allocations.

Accountable to

The Integrated Commissioning Board will update the Strategic Place Board on the achievement of outcomes for commissioned services in meeting the agreed objectives and report any concerns that cannot be resolved within the Integrated Commissioning Board to RBC and HMRCCG.

The Integrated Commissioning Board will update RBC and HMRCCG on the performance of the commissioning strategy, its implementation and on the effective use of resources by exception.

Members of the Integrated Commissioning Board who have the delegated accountability on behalf of RBC and HMRCCG to manage the functions of the Board shall be responsible for reporting to their respective bodies any concerns with regard to the functioning of the Board and the capacity of the Board in fulfilling their constitutional or statutory functions.

Executive Decisions made by the Integrated Commissioning Board shall be subject to the Council's overview and scrutiny arrangements, including the eligibility of decisions for call-in and review, and the requirement to attend overview and scrutiny meetings.

To ensure accountability and assurance the Strategic Place Board will be responsible for the creation of sub groups/committees under its remit, including their terms of reference and the Membership of sub groups/committees.

Accountable for

The Integrated Commissioning Board shall establish such operational sub-groups as it considers necessary to ensure the delivery of commissioning outcomes. Such subgroups shall be kept under review to ensure their relevance going forward.

At present these are:

- Quality and Safeguarding Group
- Finance, Performance and Risk Sub Group

Operating Principles

The Integrated Commissioning Board will have the following operating principles:

1. Assure the Strategic Place Board on the delivery of commissioning for outcomes identified in the Joint Strategic Needs Assessment (JSNA) and specifically those identified as priority outcomes.

2. Oversee the development and establishment of integrated commissioning arrangements in the Borough, ensuring that the requirements of both HMRCCG and RBC are met, that they are based on best practice, and strategic alignment to the intent of the Greater Manchester Devolution Agreement, and specifically that the Greater Manchester Health and Social Care Partnership, is maintained.
3. Govern the arrangements for all age integrated commissioning providing assurance to HMRCCG and RBC so that their statutory responsibilities are being met, their strategic objectives are being addressed and that their combined resources are being used to best effect.

4. Govern the arrangements with strong clinical assurance and democratic accountability.

5. Be accountable for the achievement of the agreed commissioning strategies and plans on behalf of HMRCCG and RBC.

6. Ensure that the integrated commissioning strategies describe how the outcomes and objectives set out in the s75 Agreements and aligned budget arrangements and the high-level strategic goals and outcomes of HMR CCG and RBC are to be achieved.

7. Be accountable for the commissioning of a Local Care Organisation (LCO) and for the assurance of the effectiveness of the LCO to meet the health, care and wellbeing outcomes/objectives for the borough of Rochdale.

8. Commit the resources within the pooled fund to achieve the objectives of the integrated commissioning strategies, within the level of delegated resources assigned to it.

9. Be responsible for developing a joint financial plan to underpin the overall commissioning strategy and providing direction in relation to investments and savings to be made by both partners.

10. Undertake an annual work-plan within the agreed budget to implement the integrated commissioning strategies. The work-plan will include the priorities for each operational commissioning programme for that year.

11. Set the standards for, and monitor and review the outcomes and performance of all age commissioned services in line with the integrated commissioning strategy and work-plan, identifying areas for improvement and areas of good practice, taking action where any outcomes and performance fall short of requirements

12. Ensure the engagement of stakeholder groups, including service users, patients, carers, providers and community organisations, in the commissioning cycle including where appropriate the co-design of commissioned services, the formulation of the integrated commissioning strategy and the annual work-plan.

13. Hold the Integrated Commissioning Directorate and the individual commissioning teams of the Partners to account for the performance and delivery of commissioning programmes as required by the agreed commissioning plan/strategy, the annual work-plan, and the s75 Agreements.

14. Identify, record, mitigate and manage all risks associated with integrated commissioning, including the maintenance of a risk register which shall be included on the corporate risk registers of both HMRCCG and RBC.
15. Review regular performance and financial monitoring reports and ensure, if required, appropriate actions are taken to ensure annual delivery of expected performance targets and approved schemes within permitted budget for the financial year.

Decision Making

The Integrated Commissioning Board is the commissioning body for the services in scope of integrated commissioning. The Integrated Commissioning Board has delegated executive responsibility and may exercise executive decision making for these services.

The Integrated Commissioning Board can, on behalf of the CCG and the Council:

•Commit resources within agreed budgets,
•Decide policy within the scope of services/achievement of strategic aims,
Commission research or reviews to inform decision making, Oversee integrated commissioning action plans.

The Integrated Commissioning Board will provide a quarterly update to the Strategic Place Board providing information on its work.

Code of conduct and member responsibilities

All Members of the Integrated Commissioning Board are required to comply with the requirements of the Codes and Protocols of their respective organisations.

With regard to the business being conducted at meetings of the Board, Members of Rochdale Council shall have regard to the Council's Code of Conduct for Councillors and Voting Co-opted Members at Part 5A to the RBC Constitution and shall declare such interests are required under that Code and shall, where required, withdraw from the meeting.

With regard to the business being conducted at meetings of the Board, Members of HMRCCG shall have regard to Part 8 "Standards of Business Conduct and Managing Conflicts of Interest" of the HMR CCG Constitution and shall declare such interests as are required under that Part and shall, where required, withdraw from the meeting.

In addition, all Members of the Integrated Commissioning Board will commit to the following roles, responsibilities and expectations:

- They make every effort to attend meetings. Substitutes can be sent. Failure to attend three consecutive meetings will lead to a review of their membership.
- Members endorse the collaborative model and work to ensure its achievement.
- They are prepared for the meetings, and have read papers circulated in advance.
- They will represent the views of the group, organisation, and / or partnership that they speak for and they will ensure that Strategic Partnership Board business is reported back to that group, organisation / partnership as required.
- They will be able and willing to make decisions on behalf of the body/ organisation/partnership that they speak for; this must also apply when substitutes are sent.
- They will take forward any actions that they have agreed to develop, and then report back any progress to the group in the timescales agreed.
- Members will adhere to the seven principles of public life. https://www.gov.uk/government/publications/the-7-principles-ofpublic-life

Membership and Membership operation

The voting membership of the Integrated Commissioning Board shall comprise an Independent Chair (see section 10) and membership drawn from the HMRCCG and RBC.

RBC

- Cabinet member with responsibility for Adult Services
- Cabinet member with responsibility for Children's Services
- Cabinet member with responsibility for Health and Wellbeing
- Cabinet member with responsibility for Finance

HMRCCG

- Two lay members
- Clinical Chair Clinical lead

- A Healthwatch Rochdale as a non-voting Member.

Substitutes

Substitutes from each of the partner organisations will be permitted, however, membership should be reviewed if a named Board member not attend for 3 consecutive meetings.

Attending Integrated Commissioning Board advisors

The voting membership shall be supported by the following attending Advisors –

- RBC Chief Executive/HMR CCG Accountable Officer
- The Joint Director for Integrated Commissioning

HMR CCG

- Director of Operations / Executive Nurse
- Chair of the Clinical and Professional Advisory Panel
- Chief Finance Officer – Health & Social Care
- Programme Director Strategic Commissioning

RBC

- Director of Children's Services
- Director of Public Health and Wellbeing
- Chief Finance Officer
- Director of Resources
- Assistant Director Legal, Governance and Workforce

Any further persons, including further Officers of HMRCCG and RBC, as the Board consider appropriate

Quorum

The quorum shall be any six voting members preferably with three from HMR CCG and three from Rochdale Borough Council.

Where a meeting is inquorate those Members in attendance may meet informally but any decisions shall require appropriate ratification at the next quorate meeting of the Integrated Commissioning Board in order for decisions to be legal/legally binding.

Chair

An Independent Chair of the Board will be appointed and will serve no more than 4 years without being reappointed. The process of appointment/reappointment/removal of the Chair will be co-ordinated by RBC Governance Services, via a report from the Accountable Officer to the CCG Governing Body and Council.

The Independent Chair shall comply with the Constitutional requirements of both RBC and HMRCCG and shall declare such interests as are required of either or both partner's process and shall, where required, withdraw from the meeting

The Chair will ensure:

- Meetings are conducted in a fair and transparent business-like fashion.
- Decisions are clear and organisations are accountable.

- Any actions required have a clearly identified lead person to take forward the action, and timescale.
- That a shared culture and language, common purpose and trust are endorsed through a collaborative leadership style.
- The Independent Chair shall vote only to determine a matter in the event of an equality of votes.
- If the Vice-Chair is acting in the capacity of the Chair, they may vote once as a voting Member of the Board and in the event of a split vote may use the Chairs casting vote.

If the Chair or Vice-Chair are not in attendance then a Chair will be appointed from the floor of those voting Members present.

Vice-Chair

The Vice-Chair will be appointed on an annual basis at the first meeting of the municipal year and will be elected from the Integrated Commissioning Board voting Membership.

A Vice Chair of the Board shall be appointed on a rotating annual basis between a HMRCCG member and an RBC member to Chair meetings of the Board in the absence of the Chair. The Vice-Chair, when acting as the Chair will for fill all the roles of the Chair.

Voting

Decision making will be taken were possible on a collaborative basis, but each Member of the Board will have one vote. The Chair at their discretion can chose to withhold their vote, but in the event of a split decision will have the casting vote.

Dispute Resolution

It is recognised that as the Integrated Commissioning Board desire is to reach agreement on any matter by consensus, however if a dispute arises the Chair may refer to the Strategic Place Board for advice.

Scrutiny

Executive Decisions of the Integrated Commissioning Board will be subject to formal scrutiny via the Call-in process, normally undertaken by the Health, Schools and Care Overview and Scrutiny Committee, on behalf of the Council.

Conflict of Interests

The Integrated Commissioning Board will be bound by the Standing Orders/Standing Financial instructions and Codes of Conduct of both parent bodies. Declaration of interest will need to be made annually and at each meeting of the Board in line with the agenda. Depending on the topic under discussion and the nature of the conflict of interest appropriate action will be taken and recorded in the minutes.

Meetings of the Integrated Commissioning Board

Formal meetings of the Integrated Commissioning Board will be held in public and shall be held on a monthly basis. If the business to be considered involves confidential or exempt business, the Integrated Commissioning Board can resolve to exclude the public during consideration of that business. Meetings were possible will be held on Tuesdays of the relevant month at 3:30pm.

Once a quarter the Committee will hold a development session instead of a Board meeting, with the Chair reserving the right to hold a short Committee meeting prior to a development session if it is required.

Meeting Procedure Rules

Formal meetings shall be convened and conducted in accordance with the provisions of the Procedure Rules at Part 4 of the RBC Constitution, particularly the Procedure Rules that provide the statutory basis for the conduct of meetings and business, and with the Standing Orders at Appendix C to the HMRCCG Constitution.

Where the statutory or procedural requirements for the conduct of meetings differ between partners, the option which addresses the statutory position of each partner, or which accords greater public access, shall apply.

The following provisions shall apply to the formal meetings of the Integrated

Commissioning Board

- Agenda and reports will be published on the appropriate websites, and made available at least five clear working days prior to the day of a meeting.
- Papers and meetings will be open to the public except in circumstances where confidential and/or exempt matters are likely to be considered.
- Confidential information means information provided by a Government Department on terms which forbid its public disclosure or information which cannot be publicly disclosed by Court Order. Exempt information means;

  (i) Information relating to any individual
  (ii) Information which is likely to reveal the identity of an individual
  (iii) Information relating to the financial or business affairs of any particular person (including the authority holding that information)
  (iv) Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or officer-holders under, the authority
  (v) Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings
  (vi) Information which, if disclosed to the public, would reveal that the authority proposes to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or to make an order or direction under any enactment
  (vii) Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

Information is exempt if and so long, as in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information. In all cases, before the public is excluded the meeting must be satisfied that, in all circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information**.**

- 28 days public notice of when Key Decisions, as defined at Part 4B of the RBC Constitution, are to be taken shall be given. In the event of less than 28 days notice being

provided, the General Exception or Special Urgency provisions of Part 4B of the RBC Constitution shall apply**.**

- 28 days public notice of the proposed consideration of business in private shall be given. In the event of less than 28 days notice being provided provisions to permit consideration on grounds of urgency as provided for in Part 4B of the Council's constitution shall apply.
- Executive Decisions taken by the Integrated Commissioning Board shall be subject to the Council's overview and scrutiny arrangements, including the eligibility of decisions for call-in and review, and the requirement to attend overview and scrutiny meetings

Integrated Commissioning Board Agendas and work programme

There will be standing items on each agenda these are:

- Declarations of Interest
- Minutes of the Previous Meeting
- Performance – bi monthly
- Savings Programme
- Better Care Fund Quarter updates

Co-ordination and Servicing of meetings

The Integrated Commissioning Board will be co-ordinated and serviced by a Senior Member of Governance Services from Rochdale Borough Council, and will:

- Produce a schedule of meetings for the year and publish it.
- Administer, maintain and publish the Integrated Commissioning Board work plan/forward plan of the Board.
- Publish notice of Key Decision and private meetings.
- Arrange suitable venues for meetings (Normally Number one Riverside Rochdale).
- Prepare the agenda, collate reports and produce minutes of each Board meeting.
- Undertake any executive / follow up action arising from meetings.
- Offer the Chair/ Integrated Commissioning Board and Chief Officers constitutional, procedural and general governance advice as and when required.

Variation

RBC and HMRCCG may agree from time to time to modify, extend or restrict the remit of the Board. The Terms of Reference will be reviewed annually or sooner at the request of the Chair.

Confidentiality

All documents will be shared and made public unless there is a specific legal or confidential reason not to do so. In such cases Members will respect confidentiality in relation to any sensitive information shared in support of the business agenda.

Governance and Accountability

The Integrated Commissioning Board is a subcommittee of the Health and Wellbeing Board (now Strategic Place Board) and will be a constituted Committee of the Council under section 102 of the Local Government Act 1972. However the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 will apply to Integrated Commissioning Board.

The regulations relating to Health and Wellbeing Boards make provision for the disapplication and modification of certain enactments relating to local authority committees appointed under section 102 of the Local Government Act 1972, insofar as they are applicable to a Health and Wellbeing Board established under section 194 of the Health and Social Care Act 2012.

The regulations mean that Health and Wellbeing Boards are free to establish subcommittees and delegate functions to them, non-elected members of a health and wellbeing board can vote alongside nominated elected representatives and political proportionality requirements are left to local determination.

Finance Performance and Risk Sub Group

(Version 3 June 2019)

1. Introduction

The Finance, Performance & Risk Sub Group (the Sub Group) is established in accordance with Rochdale Borough Council's and Heywood, Middleton and Rochdale Clinical Commissioning Group's (NHS HMR CCG) constitution, standing orders and schemes of delegation.

These terms of reference set out the membership, remit responsibilities and reporting arrangements of the Sub Group and shall have effect as if incorporated into the constitution and standing orders.

2. Purpose of the Sub Group

Under delegated authority from the Cabinet and Governing Body, the Sub Group will report and provide assurance with reference to the pooled budgets overall financial position, activity, performance and risk. The Sub Group will support the identification of organisational risks and agreement of mitigating actions.

The Sub Group will conduct its business in accordance with national guidance and the Nolan principles of public life. The Sub Group will review its own performance, membership and terms of reference. Any resulting changes to the terms of reference should be approved and ratified by the Integrated Commissioning Board.

3. Objectives of the Sub Group

FINANCE

The Chief Finance Officer (H&SC Integration) will prepare and submit budgets for approval to the Sub Group which are in accordance with the aims and objectives of the Locality Plan.

The Sub Group will review the budgets submitted and make a recommendation regarding their adoption to the Integrated Commissioning Board.

The Sub Group will:-

- Be the primary group providing assurance and challenge on the operation and deliverability of the pooled fund for health and social care.
- Review and advise on the medium term financial strategy and savings plans every year to ensure this is aligned with the overall strategic objectives of the organisations.
- Review and appraise reports detailing progress against financial and operational milestones for delivery of savings schemes and the transformation programme and to ensure corrective actions are taken to manage and mitigate the impact of any delays.

- Recommend and review appropriate courses of action to address in-year areas of under or over spend.

- Receive information on statutory returns submitted to NHSE, Greater Manchester Health & Social Care Partnership and Department of Health;

- Review any budgetary and savings programme implications on safety and quality, referring any issues to the Quality and Safeguarding Committee and/or Clinical and Professional Advisory Panel.

- Receive reports, to assess any risks to the pool budget financial position.

PERFORMANCE:
The Sub Group will:

- Review the CCG and LA performance with reference to statutory performance indicators, and specific performance measures key to the delivery of transformation as set out in the Transformation Fund Investment Agreement

- Review monitoring reports in relation to the quality and performance of all commissioned providers, and advice on the instigation of performance intervention. This Sub Group will only receive reports on the performance metrics that are failing or have an adverse movement

- Identify and refer any quality issues to the Quality and Safeguarding Committee, the Clinical and Professional Advisory Panel, and/or the Patient and Public Engagement Committee with particular reference to poor quality of patient experience and /or clinical quality or safety of commissioned services

- Request reports on any adverse variance in performance from CCG and LA management, providers or sub-committee chairs

RISK:
The Sub Group will:

- Support the identification of key organisational risks across Health and Social Care by reviewing finance, quality and delivery (performance) of commissioned services, transformation and savings programme.

- Support the identification of key organisational risks in respect of delivery of CCG and LA statutory duties.

- Ensure all identified risk areas have associated robust prevention and mitigation strategies in place for oversight at the Integrated Commissioning Board.

4. Membership

The Sub Group shall operate as a sub group of the Integrated Commissioning Board. The membership shall comprise:

ROLE
Chief Finance Officer – Health & Social Care Integration - Chair
Joint Director of Integrated Commissioning – Vice Chair
CCG Lay Member for Governance
LA Portfolio holder for finance

Strategic Commissioning Programme Director
Chief Finance Officer - LA
Deputy Chief Finance Officer – H&SC Integration
CCG Accountable Officer / Chief Executive – CCG / RBC
Clinical Chair - CCG

In attendance:

The Sub Group may co-opt or seek advice from other representatives/expertise as appropriate and deemed necessary.

5. Quoracy

For each meeting to be deemed quorate attendance must include either the Chair or Vice Chair and 3 other Members.

6. Frequency of Meetings

The frequency of meetings will initially be monthly, the group to then review after six months

All meetings will be scheduled in advance for the full year.

7. Conflicts of Interest

An up to date register of members' interest will be retained and published on the HMR CCG website.

Members will be expected to declare any conflicts of interest at all meetings and the Chair will determine how any conflict will be handled in line with CCG Conflicts of Interest Policy.

8. Accountability

The Sub Group will report to the Integrated Commissioning Board, following each meeting, the minutes of the sub group shall be formally recorded, and a summary report submitted to the subsequent meeting of the Integrated Commissioning Board.

9. Scheme of Delegation

The Sub Group is an assurance and scrutiny group. The members of the group have delegated authority and budgetary responsibility for decision making within their organisations scheme of delegation. Any items requiring a decision over and above will be taken through the Integrated Commissioning Board.

10. Corporate Sustainability

As a health and social care commissioner, the organisations are committed to planning and buying health and social care on a sustainable basis, this Sub Group will support the commitments of the Sustainable Development Management Strategy and Delivery Plan, wherever possible in;

1. Commissioning for Sustainability and Adaptation
2. Being a Sustainable Organisation
3. Promoting sustainability with member practices

4. Delivering our commitments and assessing our Performance

Commissioning for sustainable development in the health and social care system means:

- Planning services which are efficient, effective and safe
- Buying services that provide highest quality at best value, are safe and which have least impact on the environment
- Avoiding duplication, inefficiency and waste
- Focus on preventative, proactive care
- Patients public engagement and involvement in planning and design of services
- Building resilience, and protecting and developing community assets and strengths
- Making the best use of all of the resources we have
- Minimising carbon emissions

11. Review Date

These Terms of Reference will be reviewed annually.

12. Secretarial Support

Secretarial support will be provided to support the Chair in the management of the Sub Groups business and the collation and distribution of papers.

The agenda and papers for meetings shall be distributed five working days prior to the meeting.

13. Conduct of Sub Group

The sub group will set an annual work programme/schedule, it will review annually the terms of reference and membership.

Items for the agenda and all relevant supporting papers should be submitted to the CCG Hub for approval by the Sub Group Chair a minimum of 10 working days prior to the meeting.

All members will be expected to attend 70% of meetings within the financial year or send an appropriate fully briefed deputy to provide appropriate feedback and vote on their behalf where required.

14. Links to other Groups

Through its membership the group will also link with the Audit Committees of the two statutory organisations.

Other useful resources

This handbook should be read in conjunction with the following policies / guidance:

Conflicts of Interest Policy

NHS England Best Practice Update Conflicts of Interest February 2019

Standards of Business Conduct

Standing Financial Instructions

Scheme of Reservation and Delegation

Standing Orders

NHS HMR CCG Constitution