

## **NEW Devon Clinical Commissioning Group**

### **Northern Locality Board Terms of Reference**

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#### **1. Purpose**

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- 1.1 The Northern Locality Board (referred to thereafter as 'Locality Board' is formally constituted to make commissioning decisions on behalf of the local population.
- 1.2 The purpose of the Locality Board is to commission high quality, effective and efficient services which meet the local needs for the population of North Devon.
- 1.3 Locality Boards comprise executive representation from GP Membership Forums relevant to each Locality, through the elected Clinical Chairs and Vice Chairs.
- 1.4 The Locality Board is responsible for fulfilling the following for the Northern Locality]:
  - a) Scheme of Delegation (as outlined in the NEW Devon CCG Constitution);
  - b) NEW Devon CCG Assurance and Performance Framework;
  - c) Achievement of NEW Devon CCG's Corporate Objectives;
  - d) Discharging its statutory duties for the commissioning of health and health care services.
- 1.5 The Locality Board will operate in accordance with the NEW Devon CCG Constitution, improving on minimum expectations as appropriate. See Appendix 1. Standards for NHS Boards which each Governing Body and Locality Board member has agreed to work to.
- 1.6 These Terms of Reference must be read in connection with the NEW Devon CCG Constitution (comprising the Scheme of Delegation), Standing Orders, Standing Financial Instructions and other relevant DH guidance or CCG financial and governance frameworks.

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#### **2. Authority, Powers and Accountability**

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- 2.1 The Locality Board is a formal committee of the NEW Devon CCG Governing Body (referred to hereinafter as 'Governing Body'). The Chair of the Locality Board is a

Clinician and a voting member of the Governing Body. The Managing Locality Director is a non-voting member of the Governing Body.

- 2.2 The Locality Board is accountable to the Governing Body for delivering its delegated responsibilities to the standards specified and will both be informed by, and report on its activities to, the Locality GP Forum(s).
- 2.3 The Locality Board is formally constituted to make commissioning decisions on behalf of the local population in accordance with the CCG Annual Operating Plan.
- 2.4 The Locality Board is responsible for involving and engaging their local clinicians and population in making commissioning decisions, development and service redesign.
- 2.5 The running of the Locality Board will be determined locally to build on existing practice and geographical requirements, however as a Committee of the Governing Body the Locality Board is bound by the NEW Devon CCG Constitution.
- 2.6 The Locality Board will operate in accordance with the NEW Devon CCG Standing Financial Instructions and Standing Orders.

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### **3. Scheme of Escalation and Reporting**

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- 3.1 Where there is significant likelihood (or actual breach) of the Locality Board not meeting the responsibilities set out in Section 1 (repeated below) this will be included in the Locality Board Report to the Governing Body.

The Locality Board is responsible for fulfilling the following for the Northern Locality:

- a) Scheme of Delegation (as outlined in the NEW Devon CCG Constitution);
  - b) NEW Devon CCG Assurance and Performance Framework;
  - c) Achievement of NEW Devon CCG's Corporate Objectives;
  - d) Discharging its statutory duties for the commissioning of health and health care services.
- 3.2 The Locality Board will escalate items to the Governing Body (and appropriate members of the Governing Body where timeliness is key to achieving results or avoiding breaches) where the Locality identifies a risk, issue, decision or action that affects more than one Locality or would benefit from being 'done once' across NEW Devon CCG and requires a pan-Locality decision that is appropriate to be taken by the Governing Body.
  - 3.3 The Locality Board will not commit or implicate another Locality or CCG Directorate through its decision making without prior discussion and written notice.

- 3.4 The Governing Body will have oversight of any changes to the Locality Board Terms of Reference. Locality Boards will include any changes as an Appendix to the Core Locality Terms of Reference so that differences are easily identified and will notify the Governing Body of these Appendices via the Head of Corporate Governance.
- 3.5 Locality risks will be reviewed by the Locality Board, centrally documented and managed in accordance with the 'CCG Risk Strategy for Securing the Delivery of our Vision'.
- 3.6 The NEW Devon CCG Governing Body remains accountable and where it is not assured that the Northern Locality Board is not discharging its delegated duties, functions and responsibilities efficiently, effectively and economically the NEW Devon CCG Governing Body reserves the right to take back to itself any or all such duties, functions and / or responsibilities, or take other action as it reasonably considers appropriate.

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## **4. Principal Responsibilities**

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4.1 In addition to Sections 1, 2 and 3 of these Terms of Reference, principal responsibilities of the Northern Locality Board are not limited to but include:

### **4.2 Quality**

- Continuously develop and maintain arrangements for the purpose of monitoring and improving the quality of health and care.
- Take oversight of patient safety incidents and issues ensuring that learning has been embedded within the commissioning cycle.
- Champion the right of patients to be treated with dignity and respect.
- Ensure that services for the local population are commissioned in a way that delivers improved health, better clinical outcomes, excellent patient experience and productivity. Services commissioned must therefore: address the health needs of its communities and population and champion the importance of health promotion, disease prevention and reducing inequalities.
- Support the wider use of a research-based approach to the improvement of health by focussing on needs assessment and the evaluation of outcomes.

### **4.3 Improving the clinical effectiveness of services**

- Champion evidence based guidance from NICE and other advisory bodies.
- Provide clinical scrutiny of service innovation to ensure safety and quality.
- Champion improvements in patient safety.
- Oversight of clinical governance issues.

### **4.4 Monitoring and Evaluating Services**

- To exercise functions with a view to securing continuous improvements in the quality of services for patients and in outcomes, with particular regard to clinical effectiveness, safety and patient experience.

- Locality Boards to ensure contract compliance and continuous improvement in quality, health outcomes, and value for money.

#### **4.5 Involving, Engaging and Working in Partnership**

- Ensure that the voices of people and patients are heard and that is central to the development of services and improved outcomes for people.
- Promote patient and carer involvement in decisions about them (“no decision about me without me”) and enable patients to make choices with regard their health and care.
- Set out for patients the challenging environment in which the NHS is operating.
- The Locality Board is responsible for involving, engaging and being informed by their member practices through their elected members, local clinicians, formal meetings, written updates and other forms of communication in making commissioning decisions, undertaking commissioning development and service redesign.
- Work collaboratively with a range of partners to commission services that will improve health, reduce inequalities and meet the health and care needs of the local population.
- Commission in partnership with Local Authorities, social care, voluntary sector, independent and other bodies in accordance with the Terms of Reference for NEW Devon CCG Partnerships Commissioning Programme Board.
- Maintain strong links with frontline health professionals, networks and specialised commissioners
- Support joint commissioning and use of pooled budgets where appropriate.

#### **4.6 Equality**

- Ensure that the Locality supports the CCG Equality & Diversity Strategy and champion locally the right of all people to access services equally.

#### **4.7 Finance**

- The Locality will not exceed its management budget.
- The Locality will not commit spend through its decision making on behalf of another Locality or Directorate without prior written agreement.
- The Locality will operate within its allocations and commissioning budget as determined at the start of the financial year and in accordance with the approved Annual Operating Plan of NEW Devon CCG, Standing Orders and Standing Financial Instructions.
- The revenue expenditure and capital expenditure will not exceed the separate limits set for each locality.

#### **4.8 Transparency and Governance**

- The Locality will prepare and publish in the first quarter of each financial year its commissioning plan highlighting commissioning intentions and how the Locality intends to exercise its functions with a view to securing improvement in the quality of services and outcomes for patients whilst fulfilling its financial duties.

- The Locality Board will measure the successful delivery of clinical commissioning through Locality Commissioning Plans and the two Joint Health and Wellbeing Strategies.
- The Locality will make publicly available the minutes of its Locality Board, and any decision making frameworks as appropriate.
- A Register of Interests (ROI) will be maintained and updated at each meeting of the Locality Board and made publicly available. This Locality Board ROI shall record all relevant and material personal or business interests in line with the NEW Devon CCG Constitution (Section 8). It is the responsibility of each Locality Board to invite members and attendees to declare and note these interests prior to each Locality Board meeting.
- The Locality Board will review, document and action risks to achieving the commissioning outcomes identified in the Locality performance framework, the NEW Devon CCG Corporate Objectives, compliance with the NEW Devon CCG Constitution, statutory functions or any other locality business as deemed appropriate by the membership of the Locality Board.
- Localities will actively identify and manage any conflicts of interest in accordance with Section 8 of the NEW Devon CCG Constitution.
- NEW Devon CCG will co-ordinate an annual report based on contributions from each Locality within six calendar months of the end of the financial year.

#### 4.9 Innovation and Continuous Improvement

- The Locality Board will actively seek opportunities for innovative working and to promote innovation through Commissioning Services for its local population.
- The Locality will undertake succession planning for clinical leadership and facilitate opportunities for clinicians to acquire the skills for commissioning leadership.
- Organisational memory will be maintained, developed and will actively contribute to avoiding near misses or incidents in going forward.
- Localities will champion strategic change.
- Every member of staff will commit to sharing learning across localities and organisations.

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### 5. Membership, Quoracy and Register of Interests

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5.1 The Locality Board will comprise 6 elected clinical members, is able to co-opt members to ensure appropriate competencies, and will appoint their Chair and Vice Chair from the directly elected Locality Board Members.

5.2 Each Locality has its own GP Locality Forum(s) comprising member practices. GP Locality Forum(s) have separate Terms of Reference held by each Locality and report to Locality Boards.

5.3 The Membership of the Locality Board will comprise:

#### (a) Voting Members of the Locality Board

- 6 clinical members (comprising Locality Clinical Chair(s) and Vice Chairs and other elected Clinical Portfolio Holders that hold a Locality Board voting position)

- 1 non-clinical voting member: The Locality Managing Director (or Head of Commissioning in the capacity as formal deputy for the Locality Managing Director)
- All decisions requiring a vote will be decided by a simple majority vote of those voting members present. In the case of equality of votes, the Chair will have the casting vote.
- At any Board meeting each voting member will have one vote.

#### **(b) Non-Voting Members of the Locality Board**

- **Head of Commissioning, Northern Locality**
- **Chief Finance Officer, Northern Locality**
- **Head of Medicines Optimisation, Northern and Eastern Localities**
- **Assistant Director of Public Health, Devon County Council**
- **Business and Governance Manager, Northern Locality**
- **Communications Manager**
- **Head of Locality Contracting for Northern and Eastern Devon**
- **Deputy Chief Nurse – Patient Safety and Quality Manager**
- **Lay Member**

#### **(c) Invitees to the Locality Board (invitees do not have voting rights)**

The Locality Board will invite members to attend their meetings in accordance with their annual work-plan. e.g:

- Local Authority representative
- Patient and Public Engagement Representative
- Commissioning Managers
- Other Key Stakeholders (to be determined further to February Governing Body Development Session)
- A standing invitation is open to the CCG Governing Body Membership\* to attend Locality Board meetings in a non-voting capacity including:
  - CCG Chair\*
  - Lay Member (Patients)\*
  - Lay Member (Finance and Governance)\*
  - Chief Officer\*
  - Chief Nursing Officer\*
  - Chief Finance Officer\*
  - Secondary Care Consultant\*
  - Locality Chairs and Vice Chairs\*
  - Locality Managing Directors
  - Managing Director, Partnerships
  - Managing Director, Delivery
  - Head of Corporate Governance
  - Director(s) of Public Health

\*Denotes voting members of the Governing Body

- 5.4 The Locality Board Meeting will be quorate when at least **4** voting members are present including:
- Locality Chair or Vice Chair
  - Managing Locality Director or formal deputy
- 5.5 In exceptional circumstances and where agreed with the Chair, members of the Locality Board may participate in meetings by telephone, by the use of video conferencing facilities and / or webcam where such facilities are available. Participation in a meeting using these methods shall be deemed to constitute presence in person at the meeting.
- 5.6 A Register of Interests (ROI) will be maintained and updated at each meeting of the Locality Board and made publicly available. This Locality Board ROI shall record all relevant and material personal or business interests in line with the NEW Devon CCG Constitution (Section 8). It is the responsibility of each Locality Board to invite members and attendees to declare and note these interests prior to each Locality Board meeting. Failure to disclose an interest by a member or invitee of the Locality Board may result in suspension from relevant CCG Committees. The ROI should include:

### **Register of Interests for Locality Board Members**

**Date of last update:**[12/2013]

**Statement:** All general practices in Devon are shareholders in Devon Doctors. Therefore by definition any partner or stakeholder in a GP partnership has a vested interest in Devon Doctors. However, Devon Doctors is a not for profit organisation. In the event of the organisation being wound up any residual assets are donated to charity.

It is appropriate, therefore, that a GP who has through his or her practice an interest in Devon Doctors should declare this general interest but that it should not be considered as a conflict for general commissioning discussions.

GPs who work sessions for Devon Doctors and are paid for those sessions have a direct financial interest in the organisation and should declare this interest and withdraw from any discussion that involves Devon Doctors”.

**Headings of ROI:** Title; Initials; Surname; PCT Position held; Date Interest(s) registered; Description of Interests Registered; Voting member of Locality Board (y/n)\*; Voting member of Governing Body (y/n)

*\*Where the individual declaring an interest is also a member of the NEW Devon CCG Governing Body, the individual must also notify the Head of Corporate Governance prior to the next meeting of the Governing Body.*

- 5.7 Any interest relating to a Locality Board agenda item should be brought to the attention of the Chair in advance of the meeting or as soon as the interest becomes apparent and recorded in the minutes.

- 5.8 All members of the Locality Board and participants in meetings of the Locality Board shall comply with the Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England (Appendix 1 of this document).

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## **6. Frequency, minutes, reporting, accessibility and administration of Locality Board meetings**

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### **Frequency**

- 6.1 **The Locality Board will usually meet bi-monthly and not less than 6 times per year.**
- 6.2 The number of public meetings held in a year will be determined further to the February 2013 Governing Body Development Session.
- 6.3 Dates and venues of Locality Board meetings will be published on the CCG website in advance by each Locality.

### **Minutes and Reporting**

- 6.4 Formal minutes of the Locality Board will be taken, and any decision taken or significant risk as outlined in these Terms of Reference will form part of the monthly Locality Report to the NEW Devon CCG Governing Body with due regard to confidentiality and the Data Protection Act.
- 6.5 Each Locality Board will have an action log appended to the minutes to record the following (as a minimum):

Item (No.) and date; Action; Target Date; Lead; Progress on actions

### **Accessibility**

- 6.6 The minutes or a hyperlink to the Locality Board minutes will be routinely communicated and available to member practices and CCG staff members, Committees and the public.
- 6.7 Papers and Minutes of the Locality Board will be published on the NEW Devon CCG Website by the Northern Locality 3 working days in advance of the Locality Board Meeting.
- 6.8 Members of the Public are welcome to submit questions in writing prior to the Locality Board Meeting via the Business Manager, Crown Yealm House, Pathfields Business Park, South Molton, Devon, EX36 3LH. Questions from the floor will be considered by Locality Board Chairs, during public meetings, in accordance with the published agenda.
- 6.9 **Withdrawal of the Press and Public:** Where a Locality Board Meeting is held in public and under the provision of Section 1, Sub-section 2 of the Public Bodies Admission to Meetings Act 1960, the public may be excluded for such a period as the

Board is in Committee on the grounds that publicity would prove prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

### **Administration**

- 6.10 Requests for items to be included on the Locality Board agenda should be sent to the Locality Business Manager at least ten days before the meeting.
- 6.11 The agenda will be agreed with the Chair and Locality Director.
- 6.12 If an item needs to be raised on the day, this will be by agreement with the Locality Chair, subject to there being available time.
- 6.13 An agenda and attachments in the form of papers will be issued to Locality Board members at least 5 working days in advance of the meeting to enable members to have the opportunity to read information in advance. Large documents will include a short executive summary.
- 6.14 Every attempt will be made to reduce unnecessary printing and therefore members of the Locality Board will view papers electronically wherever possible. Arrangements for paper copies will be made locally, with the administrator for the Locality Board.
- 6.15 Minutes, agendas, papers and the Register of Interests will be held by the Locality.
- 6.16 Sequential numbering of items in Locality Board Minutes starting 1<sup>st</sup> April 2013.
- 6.17 The format of the agenda for Locality Boards will be agreed prior to 1<sup>st</sup> April 2013.

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## **7. Items of Note as outlined in the NEW Devon CCG Constitution**

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- 7.1 **Annual General Meetings:** The Locality Board will hold an Annual General Meeting within 6 months of the close of the financial year to present its work to member practices and the public. A period of one month's notice will be given.
- 7.2 **Extraordinary Meetings: convened at the request of Member Practices or by the Locality Board:** An extraordinary meeting may be convened by the Locality Board or in response to a written request to the Locality Board Chair from a minimum of 6 member practices. Such meetings will be chaired by the Locality Board Chair or Vice Chair and motions can be raised and debated and voted upon with the following allocation of votes: Practices with populations less than 6,000 patients = 1 vote, 6,001-12,000 patients = 2 votes, practice populations over 12,001= 3 votes and on a pro-rata basis thereafter (e.g. a practice population of 18,001 = 4 votes).
- 7.3 **Indemnity:** NEW Devon CCG shall provide an indemnity to any member of the Locality Board if any such person acts honestly and in good faith such person will not have to meet out of personal resources any personal civil liability which is incurred in the execution or purported execution of the functions of the Locality save where they have acted recklessly.

7.4 **Disputes:** In the event of a dispute between the Northern Locality Board and the NEW Devon CCG Governing Body it shall be managed in accordance with the arrangements as set out in the NEW Devon CCG Constitution.

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## **8. Review**

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8.1 These Terms of Reference will be reviewed at least annually by the Locality Board and any suggested changes notified to the NHS Devon CCG Governing Body via the Head of Corporate Governance.

**Appendix 1:** Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England



# **Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England**

**Professional Standards Authority 157-197 Buckingham Palace Road, London SW1W 9SP Telephone: 020 7389 8030 Email: [info@professionalstandards.org.uk](mailto:info@professionalstandards.org.uk)**

**Web: [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk) © Professional Standards Authority, November 2012**

To justify the trust placed in me by patients, service users, and the public, I will abide by these Standards at all times when at the service of the NHS.

I understand that care, compassion and respect for others are central to quality in healthcare; and that the purpose of the NHS is to improve the health and well-being of patients and service users, supporting them to keep mentally and physically well, to get better when they are ill and, when they cannot fully recover, to stay as well as they can to the end of their lives.

I understand that I must act in the interests of patients, service users and the community I serve, and that I must uphold the law and be fair and honest in all my dealings.

All members of NHS boards and CCG governing bodies should understand and be committed to the practice of good governance and to the legal and regulatory frameworks in which they operate. As individuals they must understand both the extent and limitations of their personal responsibilities.

1 The term 'Member' is used throughout this document to refer to members of NHS boards and CCG governing bodies in England.

2 The term 'board' is used throughout this document to refer collectively to NHS boards and CCG governing bodies in England.

**Professional Standards Authority 157-197 Buckingham Palace Road, London SW1W 9SP Telephone: 020 7389 8030 Email: [info@professionalstandards.org.uk](mailto:info@professionalstandards.org.uk)  
Web: [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk) © Professional Standards Authority, November 2012**

The Professional Standards Authority for Health and Social Care is the new name for the Council for Healthcare Regulatory Excellence.

## **Personal behaviour**

### **1. As a Member<sup>1</sup> I commit to:**

#### **The values of the NHS Constitution**

##### **Promoting equality**

##### **Promoting human rights**

**in the treatment of patients and service users, their families and carers, the community, colleagues and staff, and in the design and delivery of services for which I am responsible.**

### **2. I will apply the following values in my work and relationships with others:**

**Responsibility:** I will be fully accountable for my work and the decisions that I make, for the work and decisions of the board<sup>2</sup>, including delegated responsibilities, and for the staff and services for which I am responsible

- Honesty:** I will act with honesty in all my actions, transactions, communications, behaviours and decision-making, and will resolve any conflicts arising from personal, professional or financial interests that could influence or be thought to influence my decisions as a board member
- Openness:** I will be open about the reasoning, reasons and processes underpinning my actions, transactions, communications, behaviours and decision-making and about any conflicts of interest
- Respect:** I will treat patients and service users, their families and carers, the community, colleagues and staff with dignity and respect at all times
- Professionalism:** I will take responsibility for ensuring that I have the relevant knowledge and skills to perform as a board member and that I reflect on and identify any gaps in my knowledge and skills, and will participate constructively in appraisal of myself and others. I will adhere to any professional or other codes by which I am bound
- Leadership:** I will lead by example in upholding and promoting these Standards, and use them to create a culture in which their values can be adopted by all
- Integrity:** I will act consistently and fairly by applying these values in all my actions, transactions, communications, behaviours and decision-making, and always raise concerns if I see harmful behaviour or misconduct by others.

## **Technical competence**

### **3. As a Member, for myself, my organisation, and the NHS, I will seek:**

**Excellence in clinical care, patient safety, patient experience, and the accessibility of services**

**To make sound decisions individually and collectively**

**Long term financial stability and the best value for the benefit of patients, service users and the community.**

### **4. I will do this by:**

- Always putting the safety of patients and service users, the quality of care and patient experience first, and enabling colleagues to do the same
- Demonstrating the skills, competencies, and judgement necessary to fulfil my role, and engaging in training, learning and continuing professional development
- Having a clear understanding of the business and financial aspects of my organisation's work and of the business, financial and legal contexts in which it operates
- Making the best use of my expertise and that of my colleagues while working within the limits of my competence and knowledge
- Understanding my role and powers, the legal, regulatory, and accountability frameworks and guidance within which I operate, and the boundaries between the executive and the non-executive
- Working collaboratively and constructively with others, contributing to discussions, challenging decisions, and raising concerns effectively
- Publicly upholding all decisions taken by the board under due process for as long as I am a member of the board
- Thinking strategically and developmentally

- Seeking and using evidence as the basis for decisions and actions
- Understanding the health needs of the population I serve
- Reflecting on personal, board, and organisational performance, and on how my behaviour affects those around me; and supporting colleagues to do the same
- Looking for the impact of decisions on the services we and others provide, on the people who use them, and on staff
- Listening to patients and service users, their families and carers, the community, colleagues, and staff, and making sure people are involved in decisions that affect them
- Communicating clearly, consistently and honestly with patients and service users, their families and carers, the community, colleagues, and staff, and ensuring that messages have been understood
- Respecting patients' rights to consent, privacy and confidentiality, and access to information, as enshrined in data protection and freedom of information law and guidance.

**5. As a Member, for myself and my organisation, I will seek:**

**To ensure my organisation is fit to serve its patients and service users, and the community**

**To be fair, transparent, measured, and thorough in decision-making and in the management of public money**

**To be ready to be held publicly to account for my organisation's decisions and for its use of public money.**

**6. I will do this by:**

- Declaring any personal, professional or financial interests and ensuring that they do not interfere with my actions, transactions, communications, behaviours or decision-making, and removing myself from decision-making when they might be perceived to do so
- Taking responsibility for ensuring that any harmful behaviour, misconduct, or systems weaknesses are addressed and learnt from, and taking action to raise any such concerns that I identify
- Ensuring that effective complaints and whistleblowing procedures are in place and in use
- Condemning any practices that could inhibit or prohibit the reporting of concerns by members of the public, staff, or board members about standards of care or conduct
- Ensuring that patients and service users and their families have clear and accessible information about the choices available to them so that they can make their own decisions
- Being open about the evidence, reasoning and reasons behind decisions about budget, resource, and contract allocation
- Seeking assurance that my organisation's financial, operational, and risk management frameworks are sound, effective and properly used, and that the values in these Standards are put into action in the design and delivery of services
- Ensuring that my organisation's contractual and commercial relationships are honest, legal, regularly monitored, and compliant with best practice in the management of public money

- Working in partnership and co-operating with local and national bodies to support the delivery of safe, high quality care
- Ensuring that my organisation's dealings are made public, unless there is a justifiable and properly documented reason for not doing so.