

Northern, Eastern & Western Devon Clinical Commissioning Group  
Northern, Eastern & Western Locality Boards

Northern Locality Board Terms of Reference  
April 2017 – March 2018 (reviewed July 2017)

1. Constitutional Obligations							
1.1	The Clinical Commissioning Group's Governing Body/ Board hereby resolve to establish a Committee of the Governing Body/Board known as the <b>Northern Locality Board 'the Board'</b> . The Board is established in accordance with Northern, Eastern and Western Clinical Commissioning Group's Constitution, Standing Orders and Scheme of Delegation.						
1.2	These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Board and shall have effect as if incorporated into each CCG's constitution and standing orders.						
1.3	As per the CCG's constitution, in the interest of collaborative working, the Board will and can operate as a 'Locality Boards in common' with representatives from any locality within NEW Devon CCG, the accountability and decision making of the Board will remain as reporting to the Governing Body, and a Boards in Common report will be provided to each of the Governing Body meetings for oversight."						
2. Purpose							
2.1	Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) have established three locality boards in accordance with its constitution, standing orders, scheme of delegation and operating plan.						
2.2	The <b>Northern Locality Board</b> is formally constituted by the Governing Body to make recommendations of commissioning decisions to the Governing Body, which are safe, timely, personalised, recovery focused and sustainable, which meet the needs for and on behalf of the local population within available resource.						
2.3	The Northern locality board has mandated the Northern and Eastern Planning and Delivery Unit to act on their behalf for a number of areas, in order to fulfil the delegation from the governing body.						
2.4	The Northern Locality Board, through its Locality Chair will escalate any issues of concern to the Governing Body which may be considered to impact on the commissioning of high quality and safe care.						
2.5	These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the <b>Northern Locality Board</b> .						
2.6	The Northern Locality Board will operate in accordance with the NHS NEW Devon CCG <a href="#">Constitution</a> .						
2.7	The Northern Locality Board will act as the forum for discussion and agreement for its specific locality functions eg, locality specific commissioning intentions and as outlined in these terms of reference – where discussions are CCG wide these will be forwarded to the Strategic Leadership Committee.						
3. Locality Chair and Vice Chair							
3.1	<table border="1"> <thead> <tr> <th>Locality</th> <th>Chair</th> <th>Vice Chair</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Locality	Chair	Vice Chair			
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	<b>Northern</b>	Dr John Womersley	Dr Glen Alloway	
	In the absence of the Chair the vice chair will take the role of chair			

**4. Membership**

4.1	The membership of each locality board will comprise:		
4.2	<b>Voting Members</b>	There are a total of 5 clinical members for the northern locality board (comprising Locality Clinical Chair(s) and other elected Clinical Portfolio Holders that hold a locality board voting position). and one non-clinical member being the Chief Operating Officer. At any locality board meeting each voting member will have one vote.	
4.3	<b>Non Voting Members</b>	Deputy Director of Contracting Northern Locality Commissioning Lead Nursing & Quality representative Locality Chief Finance Officer Medicines Optimisation representative Locality Community Representatives Public Health representative	
	<b>Invitees to the Locality Board (invitees do not have voting rights)</b>	Members of the Public Members of Governing Body Local Authority representative Other key stakeholders Other professional advisors	
4.4	Locality board support will be provided through its own locality administration. Details of election process for Chair and Vice Chair are held outside of this terms of reference		

**5. Quorum**

5.1	The Northern Locality Board meeting will be quorate when at least 3 voting members are present which include:		
5.2	<ul style="list-style-type: none"> <li>• Chair or Vice-Chair</li> <li>• Chief Operating Officer. In the absence of the Chief Operating Officer the nominated Deputy will be allocated a single vote.</li> <li>• Elected Board clinicians</li> </ul> <p>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.</p>		

**6. Frequency of Meetings**

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6.1	<p>The Northern Locality Board will usually meet bi-monthly and in public - not less than 6 times each financial year.</p> <p>The Northern Locality can meet as Boards-in-Common with the Eastern Locality Clinical Board whereby the meetings occur in the same venue at the same time with the same papers, such meetings will be for cross locality support. At such meetings the localities will vote separately, with a right to dissent of outcome. Quoracy must be maintained with core voting members or appropriate deputies. The individual boards own terms of reference will apply.</p> <p>Minuted private meetings can be held, as requested, by the Locality Chair. Extraordinary meetings may be convened at the request of Member Practices or at the discretion of the Locality Chair to allow matters of urgent business to be addressed.</p>
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**7. Required Frequency of Attendance by Members**

7.1	Members are required to attend a minimum of four out of six meetings other than absence due to sickness. Nominated deputies must attend on behalf of absent members.
7.2	Dates and venues of each Northern Locality Board meeting will be published on the CCG website no less than five days before the Locality Board Meeting.

**8. Accountability and Reporting Assurance**

8.1	Where there is a significant likelihood (or actual breach) of the Locality Board not meeting their responsibilities as set out below, this will be included in each Locality Board report to the Governing Body .
8.2	The NHS NEW Devon CCG Governing Body remains accountable and where it is not assured that the Northern Locality Board is discharging its delegated duties, functions and responsibilities efficiently, effectively and economically NHS 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.
8.3	The Northern Locality Board is accountable to the Governing Body for delivering its delegated responsibilities to the standards specified and will be informed by, and report on its activities to, the Locality GP Forum(s).
8.4	Each Locality Board is formally constituted to make recommendations to the Governing Body of commissioning decisions on behalf of the local population in accordance with the CCG Annual Operating Plan.
8.5	Each Locality Board operates in accordance with the NHS NEW Devon CCG Standing Financial Instructions and Standing Orders.
8.6	Each Locality Board 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 directly to locality boards.
8.7	<p>The Northern Locality Board is responsible for fulfilling the following:</p> <ul style="list-style-type: none"> <li>a) Scheme of Delegation (as outlined in the NHS NEW Devon CCG Constitution)</li> <li>b) NHS NEW Devon CCG Assurance &amp; Performance Framework</li> <li>c) Achievement of NHS NEW Devon CCG's Corporate Objectives</li> <li>d) Discharging its statutory duties for the commissioning of health and healthcare services.</li> </ul>

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8.8	Where the locality board identifies a risk, issue, decision or action that affects more than one locality or threatens the achievement of CCG objectives, or would benefit from being 'done once' across NHS NEW Devon CCG and requires a cross-localities decision, the item will be taken to the Strategic Leadership Committee. Each 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).
	The Northern Locality Board will not commit or implicate another locality or CCG directorate through its decision making without prior discussion and written notice to each locality Chair and Chair of NHS NEW Devon CCG.
8.9	Locality risks will be reviewed by each locality board, centrally documented and managed in accordance with the 'CCG Risk Management Framework Policy'.
8.10	

**9. Register of Interests**

9.1	Each locality board will adhere to the process for reporting interests as defined in Section 8 of the NHS NEW Devon CCG Constitution, through the Head of Governance, and in accordance with the CCG Register of Interests. 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.
9.2	All members of each locality board and participants in meetings of each locality board shall comply with the Standards for members of <a href="#">NHS Boards and Clinical Commissioning Group Governing Bodies in England</a>
9.3	Members of the committee will complete a declaration of interest at each meeting attended. If a member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

**10. Reporting/Assurance Received from:**

10.1	<ul style="list-style-type: none"> <li>• Each Locality GP Forum(s) <i>Method: Chairs report</i></li> <li>• Locality risk register</li> <li>• Locality performance reports</li> </ul>
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**11. Statutory Functions and Committee Oversight**

11.1	<p>Levels of patient feedback (<i>Method: Communications and Engagement/Patient Reference Groups</i>)</p> <ul style="list-style-type: none"> <li>• Integrated Performance Reports <ul style="list-style-type: none"> <li>• Risk and Assurance</li> <li>• Maintain Register of interests</li> <li>• Act in accordance with scheme of delegation</li> </ul> </li> </ul>
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**12. KPI's (Internal Monitoring)**

12.1	<ul style="list-style-type: none"> <li>• Administrators report (Attendance and action log) eg. quoracy / frequency of meetings/review and effectiveness of meetings</li> <li>• Breakdown of locality board reports: <ul style="list-style-type: none"> <li>- Patient Safety and Quality;</li> <li>- Performance;</li> <li>- Contracting and Finance;</li> <li>- Update reports from Planning and Delivery Unit;</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>- Clinical Effectiveness and Medicines Optimisation;</li> <li>- Communications and Engagement</li> <li>- Governance including corporate risk</li> </ul>
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### 13. Risk Reporting

13.1 The Locality Board will view their locality risk register at least 4 times each year, and more frequently where they need to be collectively informed of progress against plans for specific risk areas. Each locality risk register will be informed by review and escalation of risks from decision making Boards and Committees of the Governing Body through the Strategic Leadership Committee.

13.2 Where timeliness is of the essence in managing a significant risk or issue, the Chair and / or Locality Chief Operating Officer will be informed of an issue by the quickest possible means (e.g. verbally).

### 13. Principal Responsibilities

14.1 **Principal responsibilities of each locality board as delegated by the Governing Body and outlined in the constitutions scheme of delegation include:**

- Determine the appropriate mechanism to jointly commission services with partners including, but not limited to the arrangement for pooled funds using section 75 arrangements;
- Make recommendations of commissioning, de-commissioning and service change decisions to the Governing Body which meet the needs for and on behalf of the local population and in line with the commissioning strategy and scheme of delegation;
- Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements;
- Authority to establish sub committees;
- Operate in accordance with the NEW Devon CCG Constitution, improving on minimum expectations as appropriate, and in line with the 'Standards for members of NHS Boards and Clinical Commissioning Group governing bodies in England'.

### 15. Process for Monitoring Compliance with Terms of Reference

15.1 The Management Lead to each locality board will work with its administrator to:

- Agree the agenda with the Chair;
- Collate and distribute the agenda and supporting documents;
- Take minutes and keep a record of matters arising, issues to be carried forward, register of interests and attendance log.
- 5 days prior to each meeting, the Administrator for each locality board meeting will ensure that the meeting is quorate. If the meeting is not quorate the Locality Chair and Managing Director must be contacted.

15.2 The Chair will escalate any urgent or critical issues, which may put at risk the people who use our service or the reputation of NHS NEW Devon CCG, to the Strategic Leadership Committee with immediate effect.

15.3 Recommendations or action plans will be reported to the appropriate forum; in the case of urgent, critical issues recommendations and action plans will be reported to the Strategic Leadership Committee and / or Governing Body.

15.4

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15.5	Each locality board must review its Terms of Reference at least annually and confirm to the Head of Corporate Governance that the Terms of Reference remain the same or that a change needs to be considered by the Governing Body.
15.6	<p>These Terms of Reference must be read in connection with the NHS NEW Devon CCG Constitution, (comprising the scheme of delegation), standing orders, standing financial instructions, this also takes into consideration items of note such as Annual General Meetings; Extraordinary meetings: convened at the request of Member Practices or by the locality board; Indemnity; disputes and other relevant DH guidance or CCG financial and governance frameworks.</p> <p>An annual effectiveness review will be carried out by the Head of Governance</p>
<b>16. Review</b>	
16.1	Reviewed July 2017 for approval at Governing Body in September 2017

Approved Nov 2017

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