

Item Number: 12

Name of Presenter: Rachel Potts

Meeting of the Governing Body

2 April 2015



Vale of York

Clinical Commissioning Group

NHS Vale of York CCG Governance Arrangements

**Purpose of Report
For Decision**

1. Rationale

NHS Vale of York Clinical Commissioning Group (CCG) assumes responsibility for delegated authority for Primary Care Co-Commissioning for the Vale of York from 1 April 2015. In preparation for this the Governing Body and Council of Representatives received proposed changes in December 2014 to the Constitution and the Quality and Finance Committee to incorporate these responsibilities. This was based on the information available at that time.

These draft proposals have been further reviewed as additional information has been provided regarding Primary Care Co-Commissioning, and in response to feedback from NHS England. As a result the following governance documents have been updated:

- Constitution, including the scheme of reservation and delegation
- Terms of Reference for the Quality and Finance Committee
- Detailed scheme of delegation
- Detailed Financial Policies.

Any changes to the Constitution must follow a specific process, including consultation with and approval from the Local Medical Committee, the Governing Body and the Council of Representatives. Following formal approval it will be submitted to NHS England at the next available submission point, which will be in June 2015.

These have been updated to provide a comprehensive governance framework for the CCG in managing the delegated functions around primary care [medical] co-commissioning. The changes are listed in the Appendices attached.

2. Strategic Initiative

- | | |
|--|---|
| <input type="checkbox"/> Integration of care | <input type="checkbox"/> Planned care |
| <input type="checkbox"/> Person centred care | <input type="checkbox"/> Transforming MH and LD services |
| <input type="checkbox"/> Primary care reform | <input type="checkbox"/> Children and maternity |
| <input type="checkbox"/> Urgent care reform | <input type="checkbox"/> Cancer, palliative care and end of life care |
| | <input type="checkbox"/> System resilience |

3. Actions / Recommendations

The Governing Body is asked to

- a) consider the proposed changes to the Constitution, as outlined in Appendix A
- b) approve the constitutional changes to progress to the Council of Representatives as part of the consultation process, subject to any revisions agreed by Governing Body

- c) consider and approve the Terms of Reference for the Quality and Finance Committee
- d) Consider and approve the amendments to the detailed scheme of delegation
- e) Consider and approve the amendments to the detailed financial policies

4. Engagement with groups or committees

The proposals for changes to the Constitution have been developed following advice from NHS England and in conjunction with legal support from Commissioning Support.

The Terms of Reference for the Quality and Finance Committee have been developed following discussion with the Chair of the Quality and Finance Committee and Chief Operating Officer. These have also been circulated to the Senior Management Team.

The proposed changes to the detailed scheme of delegation and the detailed financial policies have been discussed with the Chief Finance Officer and Deputy Chief Finance Officer. These have also been circulated to the Senior Management Team.

5. Significant issues for consideration

The majority of the changes are designed to provide additional clarity for managing the delegated functions for primary care [medical] co-commissioning within our existing governance arrangements. This is designed to reduce risks in relation to effective governance arrangements for the CCG.

Significant changes include the removal of the term 'co-opted' members from the Governing Body and replaced with 'Standing Attendee' in line with NHS England advice, inclusion of the tenure of Governing Body Members and the inclusion of Quality and Finance Committee in the overarching scheme of reservation and delegation.

It is proposed that until further detail of the delegated financial arrangements for primary care [medical] co-commissioning has been finalised, that the CCG apply the NHS England detailed financial policies to delegated commissioning functions. The exception to this will be in respect of Audit and Internal Responsibilities, which will continue for all functions, as detailed in the current detailed financial policies. The impact of this should be minimal as the CCG's detailed financial policies were originally based on the NHS England detailed financial policies.

6. Implementation

Following discussion at Governing Body, the Constitution will be finalised and sent for formal consultation with the Local Medical Committee and Council of Representatives. If approval is granted from the Council of Representatives, a revised Constitution will be submitted to NHS England in the June submission window.

Subject to any amends and approval the Quality and Finance Terms of Reference, detailed scheme of delegation and detailed financial policies will be implemented with immediate effect.

7. Monitoring

The Head of Integrated Governance will lead on the submission of the Constitution and the monitoring the implementation of changes through the Governance Team work plan.

8. Responsible Chief Officer and Title

Rachel Potts, Chief Operating Officer

9. Report Author and Title

Lynette Smith, Head of Integrated Governance

10. Annexes

A Summary of Constitutional changes

B Draft Terms of Reference for the Quality and Finance Committee

C Detailed Scheme of Delegation and Detailed Financial Policies changes

APPENDIX A

Summary of changes to the Constitution (December 2014 submission)

Original Reference (Dec 2014 version)	Proposed Change	Reasons for Change
1.3	Removal of abbreviation: NHS England (NHSE)	NHS England do not accept abbreviations of their name in Constitutions
3.1.1.	Removal of the Practice Nominated Representative's Name	This will be maintained as a supporting governance document to reduce the need for Constitutional review each time there is a practice personnel change.
5.2.b	Remove of the phrase 'Joint Delivery Group'	This is covered through the sentence in 5.2.b around participation in Health and Well-being Boards and partnership working, and avoids the need for a revised Constitution should the integrated working structures change/ change their name.
5.6 e	Change from 'Audit and Integrated Governance Committee' to 'Audit and Quality and Finance Committee'	To reflect the current Committee arrangements.
6.9	<p>Inclusion of additional information on the roles of the Governing Body (highlighted text inserted)</p> <p>(i) Chair</p> <p>The Chair of the governing body will have specific responsibility for:</p> <ul style="list-style-type: none"> • leading the governing body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in the CCG's constitution; • building and developing the CCG's governing body and its individual members; • ensuring that the CCG has proper constitutional and governance arrangements in place; • ensuring that, through the appropriate support, information and evidence, the governing body is able to discharge its duties; • supporting the Accountable Officer in discharging the responsibilities of the organisation; • contributing to the building of a shared vision of the aims, values and culture of the organisation; and • leading and influencing clinical and organisational change to enable the CCG to deliver commissioning responsibilities. 	<p>NHS England requested additional role information with CCG Constitutions. This text is based upon the NHS England guidance on roles of the Governing Body.</p>

(ii) Lay governance

The role of this lay member will be to bring specific expertise and experience to the work of the governing body. Their focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation. Their role will be to oversee key elements of governance including audit, remuneration and managing conflicts of interest. They will need to be able to chair the audit committee.

As Chair of the Audit Committee, this lay member would be precluded from being the Chair of the governing body – although they could be the Deputy Chair. This person will have a lead role in ensuring that the governing body and the wider CCG behaves with the utmost probity at all times.

There will be a minimum number of four General Practitioners

As well as sharing responsibility with the other members for all aspects of the CCG governing body business, the individuals acting on behalf of member practices will bring the unique understanding of those member practices to the discussion and decision making of the governing body as their particular contribution.

Chief Nurse, other than excluded under Regulation 12(1)

As well as sharing responsibility with the other members for all aspects of the CCG governing body business, as a registered nurse on the governing body, this person will bring a broader view, from their perspective as a registered nurse, on health and care issues to underpin the work of the CCG especially the contribution of nursing to patient care.

The Chief Nurse will not be employed from any organisation from which the CCG secures provision nor will be a general practice employee.

Chief Clinical Officer. The Accountable Officer for the CCG.

Chief Operating Officer.

The chief operating officer is responsible for ensuring that arrangements are put in place so that the CCG successfully delivers its strategic business objectives. They ensure effective

	<p>management systems are in place, and direct the operation of the CCG according to the strategic commissioning priorities set by the clinical commissioning group.</p> <p>Council of Representatives Member(s). General Practitioner from the Council of Representatives, to represent the views of the membership at Governing Body.</p> <p>The Governing Body may invite such other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit. Any such person may speak and participate in debate, but may not vote.</p>																															
6.9 c	Removal of the provision 'The Governing Body may co-opt members as it sees fit from time to time and shall specify whether those cop-opted members shall have a vote.	NHS England does not recognise the option for 'co-opted' members. This is covered in section 6.9 b which allows the Governing Body to invite any such other person to attend all of its meetings or any part to speak and participate in debate but may not vote.																														
6.9	<p>Inclusion of a summary table of Governing Body Members</p> <table border="1" data-bbox="272 1088 924 2049"> <thead> <tr> <th>Role</th> <th>Vote (1 per person)</th> <th>Tenure (if applicable)</th> </tr> </thead> <tbody> <tr> <td>Chair (Lay Member)</td> <td>Yes (casting vote)</td> <td>3 years</td> </tr> <tr> <td>Lay Member(s) (a nominated Lay Member will take the role of Deputy Chair)</td> <td>Yes</td> <td>3 years</td> </tr> <tr> <td>Chief Clinical Officer</td> <td>Yes</td> <td>n/a</td> </tr> <tr> <td>Chief Financial Officer</td> <td>Yes</td> <td>n/a</td> </tr> <tr> <td>Chief Operating Officer</td> <td>Yes</td> <td>n/a</td> </tr> <tr> <td>Chief Nurse</td> <td>Yes</td> <td>n/a</td> </tr> <tr> <td>GP Member(s) Minimum of 4 GP Members</td> <td>Yes</td> <td></td> </tr> <tr> <td>Secondary Care Clinician</td> <td>Yes</td> <td>n/a</td> </tr> <tr> <td>Council of Representatives Member(s)</td> <td>Yes</td> <td>1 year</td> </tr> </tbody> </table>	Role	Vote (1 per person)	Tenure (if applicable)	Chair (Lay Member)	Yes (casting vote)	3 years	Lay Member(s) (a nominated Lay Member will take the role of Deputy Chair)	Yes	3 years	Chief Clinical Officer	Yes	n/a	Chief Financial Officer	Yes	n/a	Chief Operating Officer	Yes	n/a	Chief Nurse	Yes	n/a	GP Member(s) Minimum of 4 GP Members	Yes		Secondary Care Clinician	Yes	n/a	Council of Representatives Member(s)	Yes	1 year	For additional transparency.
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6.10.c	<p>Writing out the full name of the abbreviation 'QIPP'</p> <p>Change of wording from 'In addition to the above functions the Quality and Finance Committee, as approved by NHS England, will also carry out the following activities' to '...may also carry out..'</p>	To provide flexibility as we receive more information on delegated responsibilities.																		
6.10 d	<p>Additional wording (highlighted) 'The Governing Body may create or disestablish, from time to time, any Committees with such delegated powers that it deems necessary to fulfil its obligations in accordance with the scheme of reservation and delegation.'</p>	To align with the scheme of reservation and delegation.																		
7.4	<p>Change from 'the Council [of Representatives] will meet bi-monthly ...' to '..will meet at least 4 times a year'</p>	To provide flexibility should the Council of Representatives wish to meet more or less frequently without requiring a review of the Constitution.																		
7.15	<p>Removal of the provision for co-opted members as in 6.9.</p>	NHS England does not recognise the option for 'co-opted' members. This is covered in section 6.9 b which allows the Governing Body to invite any such other person to attend all of its meetings or any part to speak and participate in debate but may not vote.																		
8.9a)	<p>Interest Registers: change from 'the members of the Group' to members of the Council of Representatives</p>	Additional clarity on the Conflicts of Interest procedures.																		
8.14	<p>Change from 'The Chairman of the Audit Committee will ensure that the register of interest is reviewed regularly...' to ... 'reviewed quarterly...'</p>	To be consistent with revised guidance on Conflicts of Interest.																		
12.10	<p>Additional text 'shall require in all joint commissioning arrangements with other CCGs....'</p>	To clarify the type of joint commissioning arrangement referred to in section 12.10.																		
12.21	<p>Additional text 'shall require in all joint commissioning arrangements with NHS England for the exercise of CCG functions that the Accountable Officer of the CCG (or designated manager on behalf of the Accountable Officer)'</p>	To clarify the type of joint commissioning arrangement referred to in section 12.21 and the inclusion of the 'Accountable Officer of the CCG or designated manager to make																		

	...'	a written quarterly report to Governing Body.
12.32	Additional text 'shall require in all joint commissioning arrangements with NHS England to exercise NHS England functions ..'	To clarify the type of joint commissioning arrangement referred to in section 12.32.
Appendix D: Scheme of Reservation and Delegation		
88	Inclusion of new provision NHS England Delegation Function 'Decisions relating to the exercise of primary care commissioning functions as set out in the delegation agreement and in accordance with section 13z of the NHS Act 2006 (as amended)' with delegation to the Quality and Finance Committee, Part 2 Delegated Primary Care Function	To provide for the delegation within the CCG scheme of reservation and delegation in line with NHS England guidance.
89	Inclusion of the NHS England Delegated Function: Decision relating to the exercise of delegated functions: - Duty to have regard to impact of services in certain areas (section 13O) - Duty as respects variation in provision of health services (section 13P) with delegation to the Quality and Finance Committee, Part 2 Delegated Primary Care Function	To provide for the delegated functions within the CCG scheme of reservation and delegation.
Appendix H: Dispute Resolution Policy		
1.0	Additional text 'For disputes between the Council of Representatives (CoR) and the Vale of York Governing Body (GB) or Committee of the Governing Body, with the exception of decisions in relation to exercising the delegated functions of primary [medical] care services.'	To provide clarification on the use of the Dispute Resolution Policy.
Appendix M		
	Revised Terms of Reference for Quality and Finance Committee – see Appendix B	Amalgamation of Appendix M & N outlining the functions of Quality and Finance and the Primary Care Co-Commissioning functions.
Appendix N		
	Inclusion of the Partnership Commissioning Unit Management Board Terms of Reference	As agreed under the Partnership Commissioning Unit governance arrangements.

The Constitution has been formatted and updated in terms of consistent referencing throughout the document since the December 2014 submission.

APPENDIX B

Draft Terms of Reference for the Quality and Finance Committee

1. Title

The Committee shall be known as the Quality and Finance Committee of the NHS Vale of York Clinical Commissioning Group (CCG).

2. Accountable To

- 2.1 The Committee shall be accountable to the NHS Vale of York CCG Governing Body.
- 2.2 The Committee has full delegated responsibility to manage delegated functions and exercise delegated powers in relation to Primary Care Co-Commissioning.
- 2.3 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 the NHS Vale of York CCG. The delegation is set out in Schedule 1.
- 2.4 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 the functions (including those delegated to it) it must comply with the statutory duties as set out in Chapter A2 of the NHS Act 2006.

3. Reporting Arrangements

- 3.1 The Committee's Terms of Reference shall be agreed by the NHS Vale of York CCG Governing Body.
- 3.2 The minutes of the Committee shall be formally recorded and these can be presented to the Governing Body on request.
- 3.3 The Chair of the Committee will provide a Quality and Finance summary report to each Governing Body.
- 3.4 The Committee will, by exception, escalate matters it considers should be brought to the attention at the full Governing Body.
- 3.5 The composition of the Committee shall be published in the Annual Report.
- 3.6 The Quality and Finance Committee will present its minutes in respect of the Part 2 meeting to North Yorkshire and Humber Area Team of NHS England

4. Duties

4.1 Authority

- 4.1.1 The Committee is to investigate any activity within its terms of reference. It may seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- 4.1.2 The Committee is to monitor the performance of contracts, achievement of the constitutional and quality indicators for the CCG and monitor progress on the local priorities for the CCG as delegated by the Governing Body.
- 4.1.3 The Committee shall make decisions on any remedial action required as a result of contractual or quality performance issues.
- 4.1.4 The Committee shall make decisions regarding the review of commissioned services and business cases for changes to commissioning in line with the CCG detailed scheme of delegation (Chief Officer level).
- 4.1.5 The Committee will ensure that there is a detailed review of all aspects of financial performance of the CCG, including the achievement of QIPP programmes and that, where there are any variations in performance, remedial action plans are put in place.
- 4.1.6 The Committee has delegated authority from the Governing Body with regard to all performance, quality and finance issues in line with the scheme of financial delegation (Chief Officer level).
- 4.1.7 The Committee will carry out the functions of the CCG Primary Care Commissioning Committee from 1st April 2015. In order to carry out these functions the Committee will hold Part II meetings at least four times a year to enable decision making in relation to Primary Care Co-Commissioning These meetings will normally be held in public.
- 4.1.8 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and the NHS Vale of York CCG, which will sit alongside the delegation and terms of reference.

4.2 Objectives

- 4.2.1 The overall objectives of the Quality and Finance Committee are to ensure that the CCG has strong contractual and quality performance, clinically appropriate and safe services, and to ensure that this is delivered within the financial plan.

- 4.2.2 The Committee will promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.
- 4.2.3 Where deemed necessary, the Committee shall escalate matters of concern to the Governing Body.
- 4.2.4 The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the CCGs governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect the arrangements for the management of conflicts of interest.

4.3 Performance Management and Quality Assurance

- 4.3.1 The Committee shall review the establishment and maintenance of an effective system of quality assurance. Its work will dovetail with that of the Audit Committee.
- 4.3.2 The Committee shall pro-actively challenge and review the CCG's performance against the standards in the NHS Outcomes Framework and against the strategic priorities of the CCG, agreeing any action plans or recommendations as appropriate.
- 4.3.3 Specifically the Committee will consider a more in-depth analysis of:
- The Outcomes Framework position, challenge variances from plan, ensure action plans are put in place to rectify adverse trends and monitor performance of these action plans
 - The financial position, challenge variances from plan and ensure action plans are put in place to rectify adverse trends to monitor performance of these action plans
 - Quality and safeguarding assurance on the services commissioned by the CCG.
 - The coordination of a common approach to the commissioning of primary care services generally.
 - The planning of, including needs assessment, primary [medical] care services in the Vale of York.
- 4.3.4 In particular, the Committee will receive, assess and challenge performance management information associated with:
- Main provider contracts
 - Voluntary sector contracts
 - Community Services
 - Jointly commissioning services between the CCG and Local Authority
 - The CCG's Quality, Innovation, Productivity and Prevention Plan
 - The CCG's Commissioning for Quality and Innovation schemes
 - The CCG's strategic work-streams
 - The Quality Premium

- Adult and Children's Safeguarding
- Cost Improvement Plans (CIP) and Quality Impact Assessment (QIA)
- 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)
- Other areas of significant risk to the achievement of quality and performance standards and financial balance

- 4.3.5 The Committee will review in accordance with the timetable; all financial forecasts submitted to the CCG Governing Body and will manage the budget for commissioning of primary [medical] care services in the Vale of York.
- 4.3.6 The Committee will review the financial position of the CCG and monitor the delivery of the Commissioning Plan. This will include reviewing and recommending business cases and procurement plans in line with the CCG's scheme of financial delegation to ensure proposals take account of the quality, financial, sustainability and equality impact on the Vale of York population.
- 4.3.7 As part of its deliberations and recommendations the Committee will take into account the CCG's statutory service responsibilities and service levels.
- 4.3.8 The Committee shall initiate reviews in its own right and undertake, as directed, reviews on behalf of the Governing Body. Work shall be progressed by co-option of other key individuals. The Committee will also undertake reviews of primary [medical] services in the Vale of York.
- 4.3.9 The Committee shall determine what reports they would wish to see on a regular basis.

4.4 Risk Management

The Committee will review the risk register and update the Governing Body on key risks relating to Performance, Quality, Finance, Innovation programmes and primary [medical] commissioning.

4.5 Planning and Modelling

The Committee shall:

- 4.5.1 Oversee the development of the Strategic and Operational Plans for the CCG under the direction of the Governing Body.
- 4.5.2 Oversee the development of a rolling five-year financial plan in order to support the delivery of an optimum underlying financial position across the CCG.

- 4.5.3 Monitor the annual planning cycle and ensure that plans are in line with current local and national guidance and are appropriately consulted on.
- 4.5.4 Receive assurance and risk assess all areas of finance, performance and quality across all organisations, including information on serious incidents.
- 4.5.5 Receive assurance for the Commissioning for Quality and Innovation (CQUIN) scheme and Quality Premium.
- 4.5.6 Receive reports, reviews and assurance from relevant external agencies e.g. The Care Quality Commission.
- 4.5.7 Oversee the development of an annual financial plan for income and expenditure with an understood and accepted level of risk.
- 4.5.8 Review quality impact assessments on provider's plans.

4.6 Training and Briefing

- 4.6.1 The Committee shall promote a culture in which performance, quality, financial management and contractual awareness is valued and encouraged.
- 4.6.2 The Committee shall promote the open and honest sharing of performance, quality and financial information through-out the organisation.
- 4.6.3 The Committee shall promote regular and open dialogue with other organisations, both NHS and non-NHS regarding performance, quality and financial matters.

4.7 Functions relating to primary care

- 4.7.1 The Committee shall carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act. This includes:
 - 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).

4.7.2 The Committee will also carry out the following activities

To plan, including needs assessment, primary [medical] care services within the NHS Vale of York CCG boundaries

To undertake reviews of primary [medical] care services within the NHS Vale of York CCG boundaries

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

To manage the budget for commissioning of primary [medical] care services within the NHS Vale of York CCG boundaries

5. Membership

5.1 The core Committee shall comprise:

Lay Member of the Governing Body (Chair)
 2 GPs from the Vale of York Membership
 Secondary Care Doctor
 Chief Clinical Officer
 Chief Operating Officer
 Deputy Chief Operating Officer
 Chief Finance Officer
 Deputy Chief Finance Officer
 Chief Nurse

5.2 The Chair of the Audit Committee may also be asked to attend as appropriate, where the roles of both committees align, for example procurement. Clinical leads and any other members of staff may be asked to attend as necessary.

5.3 For Quality and Finance Committee Part II meetings (exercise of the delegated primary [medical] care co-commissioning, a representative from NHS England will be invited as a core member and the following standing attendees (non-voting) will be invited:

Healthwatch representative
 Health and Wellbeing Board representative
 Director of Public Health

5.4 For the purposes of the Part 2 meeting the Chief Clinical Officer will be part of the clinical membership.

6. Quorum

6.1 No business shall be transacted unless there are at least five members present: of which one shall be a Lay Member; one shall be a Clinician and one shall be a Chief Officer.

- 6.2 In exceptional circumstances where all the Clinicians have a conflict of interest the decision will be made by a minimum of four of the remaining members, including a Lay Member and either the Chief Operating Officer or Chief Finance Office.

Decision Making

- 6.3 When a vote is required, each core member of the Committee has a single vote. A simple majority is necessary to confirm a decision. In the event of an equality of votes, the Chairman of the meeting shall have the second and casting vote.
- 6.4 Conflicts of Interest shall be managed in line with NHS Vale of York CCG Conflicts of Interest policy.

7. Attendance

- 7.1 Regular attendance at Committee meetings leads to improved engagement and governance. In the event that an attendee is unable to attend a meeting it is their responsibility to ensure that a nominated deputy is properly briefed and empowered to act on their behalf.
- 7.2 Frequency of attendance by members and attendees will be reviewed by the Committee Chair at least annually.

8. Frequency

- 8.1 The Committee will meet initially on a monthly basis but may adjust frequency as dictated by the quality and performance position of the CCG.
- 8.2 Primary care co-commissioning meetings, Part II meetings will be held a minimum of four times per year and held in public.

9. Links to other Committees and Groups

- 9.1 Due to the nature of integrated governance, the work of the Committee dovetails with some functions of the Audit Committee. Both Chairs will work collaboratively to ensure that where objectives align, their work will complement rather than duplicate effort, bringing their own perspectives to agenda items.
- 9.2 The Committee will have a formal link any Primary Care Strategy Group established by the CCG. This group will be required to formally report to the Committee at the primary care co-commissioning meetings, Part II meetings.
- 9.3 The Committee shall establish task and finish groups as required in order to achieve its objectives.

10. Review of Terms of Reference

The Committee shall review its Terms of Reference at least annually.

11. Review of Committee Effectiveness

11.1 The Committee shall undertake a review of its effectiveness at least annually.

11.2 The Committee shall be subject to any review of CCG committees as required.

APPENDIX C: Detailed Scheme of Delegation and Detailed Financial Policies

Detailed Scheme of Delegation

Insertion of the below text in the introduction:

This detailed scheme of delegation refers only to services or activity for the corporate offices, equipment and employees, contractors and Lay Members of NHS Vale of York Clinical Commissioning Group and not for activity, offices, equipment or employees of any member practice.

Detailed Financial Policies

Insertion of the below text

1.1.1 For the exercise of the delegate functions from NHS England in respect of primary [medical] care commissioning, the NHS Vale of York CCG will adopt NHS England Detailed Financial Policies (with the exception of the Responsibility and Delegation and Audit policies [sections 1 and 2 of this document] which are applied across all functions) and operate in accordance with any requirements detailed in the delegation agreement.

This will be reviewed following more detailed information on the arrangements for financial processing in relation to Primary Care [medical] Co-Commissioning