Name of meeting	Governing Body (Public)	**Date**	8 October 2019	**Paper**	**C**
Report title	**Leicester, Leicestershire and Rutland CCGs Collaborative Governance Proposal**				
Lead Director	Richard Morris, Director of Operations and Corporate Affairs				
Report Author	Jo Grizzell, Head of Corporate Affairs, Leicester City CCG Daljit K. Bains, Head of Governance and Legal Affairs, East Leicestershire and Rutland CCG Stuart Fletcher, Head of Governance, West Leicestershire CCG				
Clinical Lead	Clinical members of the Transition Steering Group have had input into the developing Clinical Reference Group				
Links to CCG strategic objectives	☒ Through better commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities; ☒ Help create the safest, highest quality health and care services; ☒ Balance the NHS budget and improve efficiency and productivity; ☒ Lead a step change in the NHS in preventing ill health and supporting people to live healthier lives; ☒ Maintain and improve performance against core standards; ☒ Improve out-of-hospital care; ☒ Support research, innovation and growth and to support the Government's implementation of EU Exit in regards to health and care.				
Purpose	**Note**		**Discuss and recommend**	**Approve**	✓
Report summary	Governing Body members will be aware that as part of the move towards greater collaborative working across Leicester, Leicestershire and Rutland (LLR), a Governance Working Group was established with defined terms of reference. Part of the group's remit was to review the existing LLR governance arrangements and to develop a proposal to move to joint committees and/or committees-in-common in line with both legislative and operational frameworks. The original proposal was presented to the Leicester City and East Leicestershire and Rutland CCGs' Governing Body members during their respective development sessions on the 27th August 2019; and presented to the West Leicestershire CCG Governing Body members (confidential session) on the 10th September 2019. Feedback from those meetings has been taken into account and the attached represents a proposal for the collaborative governance arrangements across LLR.				
Identified risks and risk management actions	A risk to the progress of present and future collaborative working across Leicester, Leicestershire and Rutland was identified given the existing challenges and differing views of the three CCGs. However, through engagement with the members of the Governing Bodies, this risk has been reduced.				
Resource and financial implications	None identified.				
Conflicts of interest	None identified.				
Engagement and/or consultation considered?	Not required.				

Clinical input assurance	Part of the proposal includes the establishment of a Clinical Reference Group. The role and responsibilities of this group are under development and will be informed by clinical CCG members of the Governing Bodies.
Due regard/equality considerations?	Not required in the context of this paper.
Report history (audit trail)	Not applicable.
Appendices	Appendix 1a – Audit Committee (Committees in common) Terms of Reference Appendix 1b – Audit Committee (Committees in common) Work Programme Appendix 2a – Remuneration Committee (Committees in common) Terms of Reference Appendix 2b – Remuneration Committee (Committees in common) Work programme Appendix 3a – Primary Care Commissioning Committee (Committees in common) Terms of Reference Appendix 3b – Primary Care Commissioning Committee (Committees in common) Work Programme Appendix 4a – Integrated Governance and Quality Committee (joint committee) Terms of Reference Appendix 4b – Integrated Governance and Quality Committee (joint committee) work Programme Appendix 5a – Performance, Finance and Activity Committee (joint committee) Terms of Reference Appendix 5b – Performance, Finance and Activity Committee (joint committee) work Programme Appendix 6a – Collaborative Commissioning Committee (joint committee)Terms of Reference Appendix 6b – Collaborative Commissioning Committee (joint committee) work programme Appendix 7 – Clinical Reference Group Terms of Reference Appendix 8 – Competition and Procurement Group Terms of Reference Appendix 9 – Outline Terms of Reference (High level) Appendix 10 – A3 Governing Body and Committee summary Appendix 11 – Implementation timetable
Recommendation	The Governing Body is asked to: • **APPROVE** the proposal outlined within this paper for the introduction of the collaborative governance architecture for Leicester, Leicestershire and Rutland CCGs, with the CCG specific recommendations detailed as set out below. **The Leicester City CCG Governing Body is requested to:** • **APPROVE** that the LC CCG Audit Committee meet in common with the Audit committees of ELR CCG and WL CCG with effect from November/December 2019, and approve the terms of reference at Appendix 1a and the initial work programme at Appendix 1b. • **APPROVE** that the LC CCG Remuneration Committee meet in common with the Remuneration Committees of ELR CCG and WL CCG with effect from November 2019, and approve the terms of reference at Appendix 2a and the initial work programme at Appendix 2b.

	• **APPROVE** that the LC CCG Primary Care Commissioning Committee meet in common with the Primary Care Commissioning Committees of ELR CCG and WL CCG with effect from December 2019 every alternate month, and approve the terms of reference at Appendix 3a and the initial work programme at Appendix 3b for meetings in common. • **APPROVE** the establishment of the Integrated Governance and Quality Committee as a joint committee of LC CCG, ELR CCG and WL CCG with effect from November 2019. To approve the terms of reference at Appendix 4a and the initial work programme at Appendix 4b • **DISESTABLISH** the LC CCG Integrated Governance Committee with effect from November 2019 once the Integrated Governance and Quality Committee is ready to hold its inaugural meeting. • **APPROVE** the establishment of the Performance, Finance and Activity Committee as a joint committee of LC CCG, ELR CCG and WL CCG with effect from December 2019. To approve the terms of reference as at Appendix 5a and the initial work programme at Appendix 5b. • **DISESTABLISH** the Provider Performance Assurance Group (PPAG) with effect from December 2019 once the Performance, Finance and Activity Committee is ready to hold its inaugural meeting. • **APPROVE** the establishment of the Collaborative Commissioning Committee as a joint committee of LC CCG, ELR CCG and WL CCG with effect from November 2019. To approve the terms of reference as at Appendix 6a and the initial work programme as at Appendix 6b. • **DISESTABLISH** the Commissioning Collaborative Board (CCB) with effect from November 2019 once the Collaborative Commissioning Committee is ready to hold its inaugural meeting. • **APPROVE** the establishment of the Clinical Reference Group as an advisory group of LC CCG, ELR CCG and WL CCG with effect from October 2019 / November 2019, and approve the terms of reference as at Appendix 7. • **APPROVE** the revised Competition and Procurement Group terms of reference as at Appendix 8. **The East Leicestershire and Rutland CCG Governing Body is requested to:** • **APPROVE** that the ELR CCG Audit Committee meet in common with the Audit committees of LC CCG and WL CCG with effect from November/December 2019, and approve the terms of reference at Appendix 1a and the initial work programme at Appendix 1b. • **APPROVE** that the ELR CCG Remuneration Committee meet in common with the Remuneration Committees of LC CCG and WL CCG with effect from November 2019, and approve the terms of reference at Appendix 2a and the initial work programme at Appendix 2b. • **APPROVE** that the ELR CCG Primary Care Commissioning Committee meet

	in common with the Primary Care Commissioning Committees of LC CCG and WL CCG with effect from December 2019 every alternate month, and approve the terms of reference at Appendix 3a and the initial work programme at Appendix 3b for meetings in common. • **APPROVE** the establishment of the Integrated Governance and Quality Committee as a joint committee of LC CCG, ELR CCG and WL CCG with effect from November 2019. To approve the terms of reference at Appendix 4a and the initial work programme at Appendix 4b. • **DISESTABLISH** the ELR CCG Integrated Governance Committee with effect from November 2019 once the Integrated Governance and Quality Committee is ready to hold its inaugural meeting. • **APPROVE** the establishment of the Performance, Finance and Activity Committee as a joint committee of LC CCG, ELR CCG and WL CCG with effect from December 2019. To approve the terms of reference as at Appendix 5a and the initial work programme at Appendix 5b. • **DISESTABLISH** the Provider Performance Assurance Group (PPAG) with effect from December 2019 once the Performance, Finance and Activity Committee is ready to hold its inaugural meeting. • **DISESTABLISH** the Financial Turnaround Committee with effect from December 2019 once the Performance, Finance and Activity Committee is ready to hold its inaugural meeting. • **APPROVE** the establishment of the Collaborative Commissioning Committee as a joint committee of LC CCG, ELR CCG and WL CCG with effect from November 2019. To approve the terms of reference as at Appendix 6a and the initial work programme as at Appendix 6b. • **DISESTABLISH** the Commissioning Collaborative Board (CCB) with effect from November 2019 once the Collaborative Commissioning Committee is ready to hold its inaugural meeting. • **APPROVE** the establishment of the Clinical Reference Group as an advisory group of LC CCG, ELR CCG and WL CCG with effect from October 2019 / November 2019, and approve the terms of reference as at Appendix 7. • **APPROVE** the revised Competition and Procurement Group terms of reference as at Appendix 8. **The West Leicestershire CCG Governing Body is requested to:** • **APPROVE** that the WL CCG Audit Committee meet in common with the Audit committees of LC CCG and ELR CCG with effect from November/December 2019, and approve the terms of reference at Appendix 1a and the initial work programme at Appendix 1b. • **APPROVE** that the WL CCG Remuneration Committee meet in common with the Remuneration Committees of LC CCG and ELR CCG with effect from November 2019, and approve the terms of reference at Appendix 2a and the initial work programme at Appendix 2b.

- **APPROVE** that the WL CCG Primary Care Commissioning Committee meet in common with the Primary Care Commissioning Committees of LC CCG and ELR CCG with effect from December 2019 every alternate month, and approve the terms of reference at Appendix 3a and the initial work programme at Appendix 3b for meetings in common.

- **APPROVE** the establishment of the Integrated Governance and Quality Committee as a joint committee of the LC CCG, ELR CCG and WL CCG with effect from November 2019. To approve the terms of reference at Appendix 4a and the initial work programme at Appendix 4b.

- **DISESTABLISH** the WL CCG Quality and Performance Committee with effect from December 2019 once the Integrated Governance and Quality Committee is ready to hold its inaugural meeting.

- **DISESTABLISH** the Procurement and Investment Committee (PIC) with effect from December 2019 once the Integrated Governance and Quality Committee is ready to hold its inaugural meeting.

- **APPROVE** the establishment of the Performance, Finance and Activity Committee as a joint committee of LC CCG, ELR CCG and WL CCG with effect from December 2019. To approve the terms of reference as at Appendix 5a and the initial work programme at Appendix 5b.

- **DISESTABLISH** the Provider Performance Assurance Group (PPAG) with effect from December 2019 2020 once the Performance, Finance and Activity Committee is ready to hold its inaugural meeting.

- **DISESTABLISH** the Financial and Planning Committee with effect from December 2019 once the Performance, Finance and Activity Committee is ready to hold its inaugural meeting.

- **APPROVE** the establishment of the Collaborative Commissioning Committee as a joint committee of LC CCG, ELR CCG and WL CCG with effect from November 2019. To approve the terms of reference as at Appendix 6a and the initial work programme as at Appendix 6b.

- **DISESTABLISH** the Commissioning Collaborative Board (CCB) with effect from November 2019 once the Collaborative Commissioning Committee is ready to hold its inaugural meeting.

- **APPROVE** the establishment of the Clinical Reference Group as an advisory group of LC CCG, ELR CCG and WL CCG with effect from October 2019 / November 2019, and approve the terms of reference as at Appendix 7.

- **APPROVE** the revised Competition and Procurement Group terms of reference as at Appendix 8.

Leicester, Leicestershire and Rutland CCGs
Collaborative Governance Proposal

Background

1. Members will recall that, in December 2018, the respective CCG Governing Bodies approved the appointment of a single Accountable Officer. This paved the way for further discussions regarding greater collaborative working across Leicester, Leicestershire and Rutland (LLR).

2. The proposal has also been developed being cognisant of the fact that once the single management team is in place, there will be reduced director capacity to service the existing Governing Bodies and committees that are currently in place across Leicester, Leicestershire and Rutland (LLR).

3. As such, a Governance Working Group (GWG) was established in February 2019 with defined terms of reference. Part of the group's remit was to review the existing LLR governance arrangements and to develop a new interim committee proposal that draws on the experience and best practices to move to joint committees and/or committees-in-common in line with both legislative and operational frameworks until a fully fledged integrated care system for LLR is developed and in place. It was agreed that the group would consider three main pieces of work:

    a. Governance infrastructure - aligning Governing Body and committee paper templates, agendas, minute formats which incorporates best practice.
    b. Governance architecture – looking at existing LLR governance arrangements with a view to developing a new proposed direction of travel to move to joint committees and/or committees-in-common (in line with both legislative and operational frameworks).
    c. Governance strategies and policies – to review and align key governance and risk management strategies and policies (e.g. risk management strategies and policies, conflicts of interest policy) to ensure consistency in approach in implementing good governance systems and processes.

4. This paper presents a proposal for Governing Bodies to consider. It represents the outputs from Governing Body Development Sessions that have taken place and which have been used to inform the development of a recommended new governance structure.

5. The draft proposal was presented to the Leicester City and East Leicestershire and Rutland CCGs Governing Bodies (development sessions) on the 27th August 2019 and to West Leicestershire CCG Governing Body (confidential session) on the10th September 2019.

6. Feedback from those meetings has been taken into account, and the attached represents a firm proposal for new collaborative governance arrangements across the LLR CCGs.

7. As part of this development process detailed discussions have taken place with officers and independent lay members about the practicalities of delegated Primary Care Commissioning Committee, operating together as meetings in common and with chairs of audit (and Conflicts of Interest Guardians) to ensure consistent application of conflicts of interest processes across the three CCGs.

8. Work on standardising the Governing Body/Committee templates has been completed and a common suite of documents is available. This has involved reviewing the front cover sheets for each CCG and bringing together a set of mandatory fields that will support the purpose of the paper. These will be included in a Governance Handbook for all staff to use, and will be circulated to the corporate affairs functions within each CCG to be implemented.

9. Work is progressing to review and align governance strategies and policies and it is anticipated that these documents will be available for comments over the course of 2019/20. Following agreement by the Governing Bodies to standardise the processes for the management of conflicts of interest across LLR, it is anticipated that an LLR wide Management of the Conflicts of Interest Policy will be presented to Governing Bodies for approval in November/December 2019.

What the NHS Act allows us to do

10. In considering the proposed new governance arrangements the Governing Bodies are asked to note that the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that each CCG has its own governing body and that the governing body of a CCG must have an audit committee and a remuneration committee. The law does not permit CCGs to have joint arrangements where a single governing body, audit committee or remuneration committee acts for more than one CCG. The legislative reform in 2014 that enabled CCGs to establish joint committees does not extend to the functions of the governing body, audit committee or remuneration committees in each CCG.

11. Furthermore, the Primary Care Commissioning Committee is not permitted to be established as a joint committee as the specific functions have been delegated to this Committee by NHS England and these functions cannot be delegated onwards to another committee (i.e. “double delegation” is not permitted). This means that the Primary Care Commission Committee can meet as committees in common, or remain as separate CCG specific committee.

12. The GWG initially focussed on the statutory committees of Governing Bodies, Audit and Remuneration. Conversations have taken place regarding the Primary Care Commissioning Committees and a proposal is outlined later in the paper.

Definitions of Joint Committees and Committees-in-common

The following sets out the options for the CCGs to enter into either joint committee arrangements in order to exercise their commissioning functions, or committees in common.

Joint committee of CCGs (JC CCG)

1. Expressly permitted by the NHS Act (amended) to allow CCGs to make joint decisions in one committee. Reduces risk as all CCGs share the same information and follow the same process in making decisions. Does permit for some disagreement but each CCG needs to understand they are delegating decision making to the JCCCG and they will be bound by that joint committee's decision. The delegation can give a JCCCG the power to create its own sub-committees.

Committees in Common (CiC)

2. A work around solution was created due to the fact that originally CCGs could not create a joint committee. In its simplest form it simply means that each CCG creates its own committee and which then meets at the same time and in the same venue as the committees of other CCGs tasked with exercising the same functions. A more complex form would involve the membership of each committee being exactly the same, so closer to being a joint committee. Committees in common reduce risk to some degree, but still means multiple decisions are being made leading to the potential for different CCGs making different decisions and creating an impasse. It does however mean each CCG retains decision-making itself. Further, whilst each committee could create a sub-committee, they would be meeting in common as well as the parent committees.

3. It is proposed that committees-in-common are established for the statutory committees (ie those for which formal committees in common cannot be formed). To use an example as to how they will work, the Audit Committee agendas are largely the same. All three CCGs use both the same internal and external auditors whose reports can be tailored to incorporate an LLR version. In addition, there will be area specific items. Therefore it is important that it maintains the same membership and quoracy as if they were meeting separately. This approach ensures that the individual CCGs, through the Audit Committee as a statutory group continue to maintain their accountability and sovereignty whilst discharging their statutory duties.

4. In essence, with committees in common, all three committees would meet together. However, each is bound by their own terms of reference and agendas at the same place and time. It is envisaged that there would be a lay member who would chair the meeting in its totality. However if a decision is required on a particular agenda item, the individual CCG chair would discuss further with their own membership to reach a decision. In terms of minute taking, the overarching chair will need to summarise any discussions from all three CCGs to ensure that there is an accurate record.

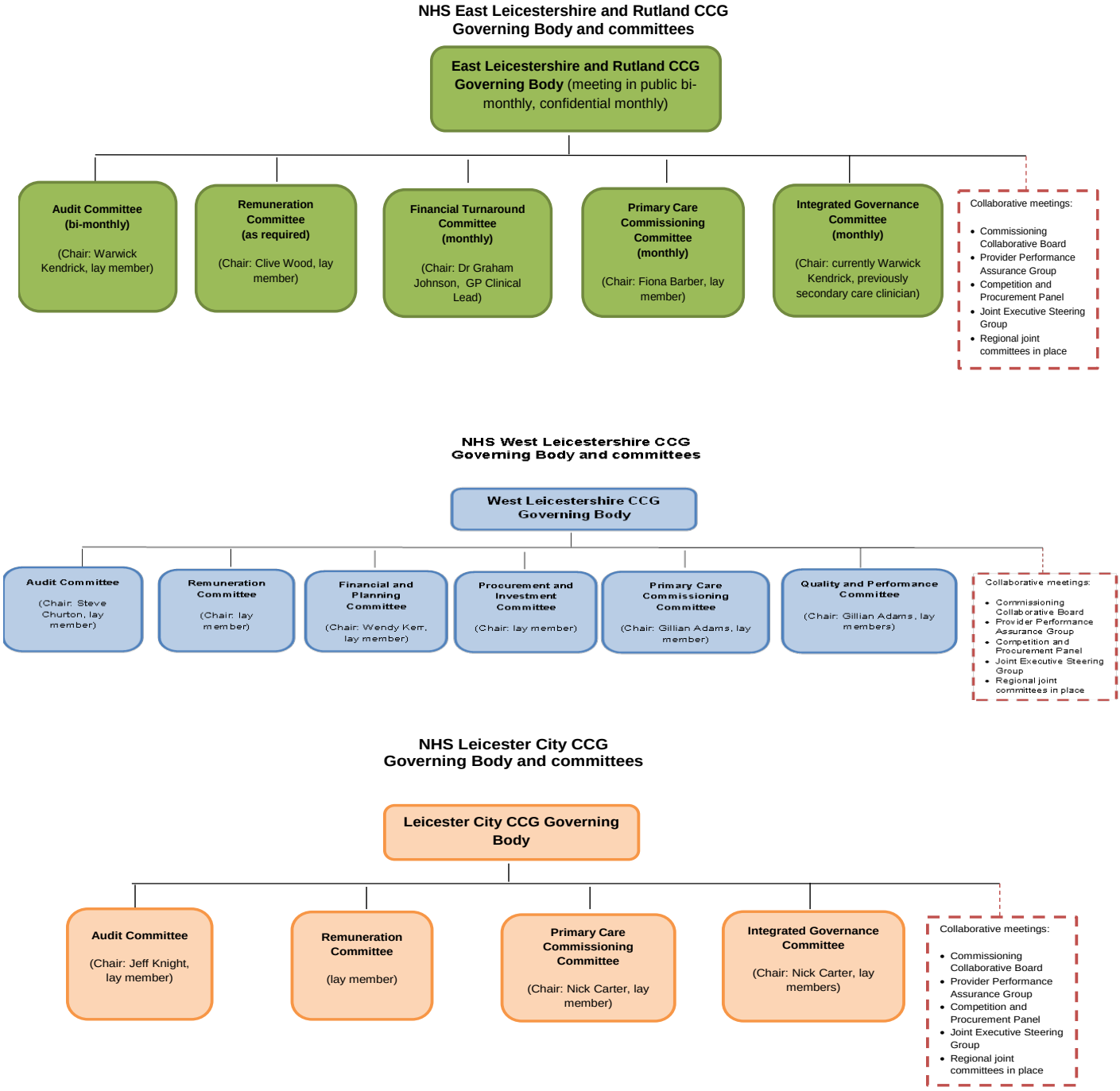
Existing LLR Governance Architecture

5. As previously advised the GWG undertook a review of the existing governance structures by conducting a mapping exercise to determine what committees each CCG has in place, the areas of authority delegated to them, the types of reports received and how assurances flowed back to their respective Governing Body. A review of all the terms of reference was also undertaken as part of this exercise.

6. It was found that that the structures for Leicester City and East Leicestershire and Rutland CCGs were relatively similar in that they both have in place an Integrated Governance Committee (covering quality, finance, performance and commissioning), in addition to the statutory Audit, Remuneration and Primary Care Commissioning Committees. The structure for West Leicester CCG's statutory committees (Audit, Remuneration and Primary Care Commissioning Committee) is the same. However, West Leicestershire CCG has in place a traditional model of a number of individual committees such as Finance and Planning, Quality and Performance and the Procurement and Investment Committee overseeing these functions.

7. See figure 1 below for the current governance arrangements across the three CCGs:

Figure 1: current governance arrangements across the three CCGs



Proposed new LLR Governance Architecture

8. It should be emphasised that the proposed governance architecture incorporates the experiences of each CCG as well as national best practice to support closer collaboration.

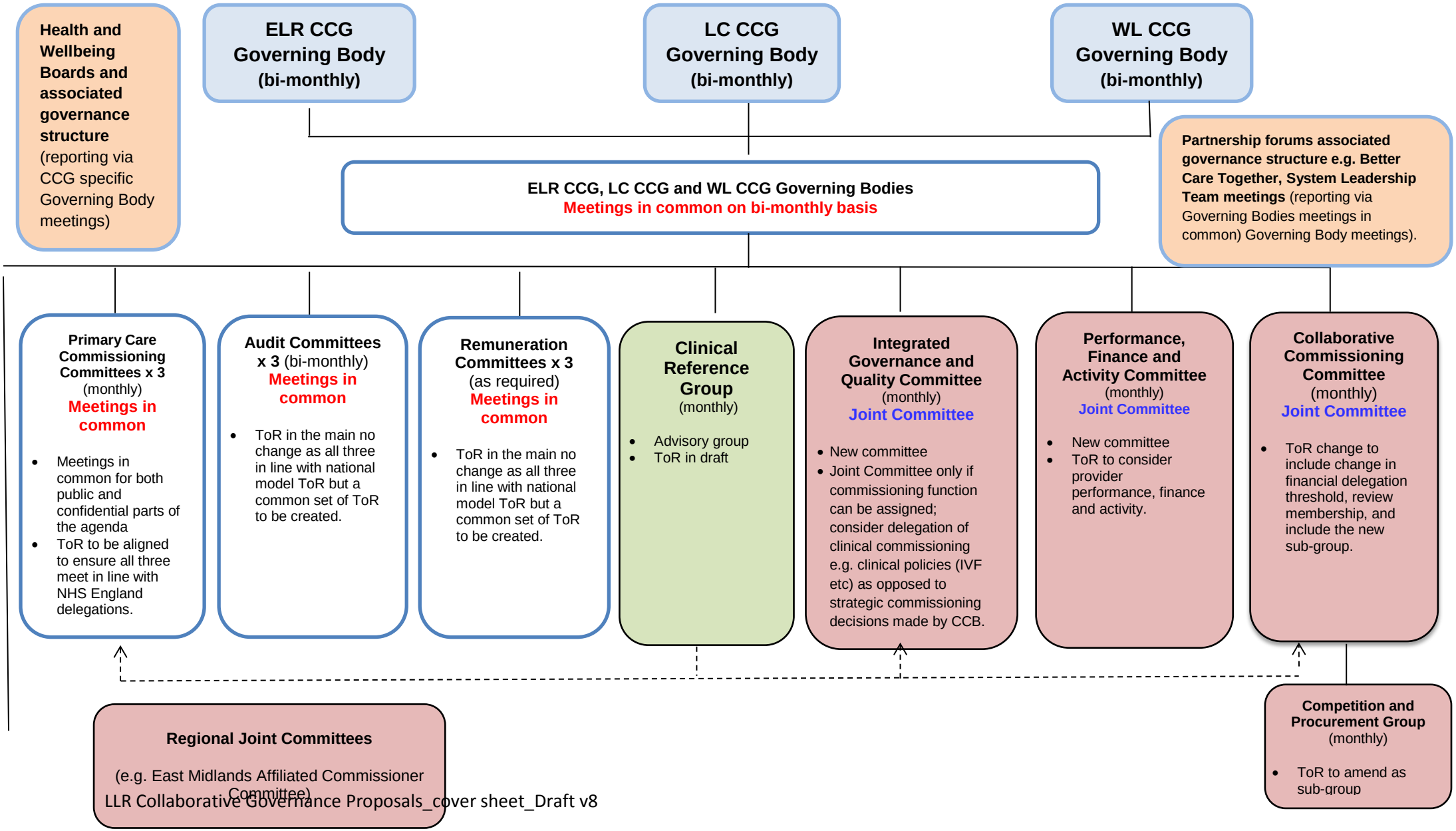
9. It should also be noted that the proposals are for the transition period until 31 March 2021 as detailed in Figure 2. A further complete review will take place during 2020/21 in preparation for an Integrated Care System from April 2021. Notwithstanding this, the proposed interim governance structure will be kept under continual review during the transition period to ensure that it is fit for purpose and continues to meet the needs of the organisations.

10. Notwithstanding this, the proposed governance structure is also built on the premise of continuing to operate strong clinical leadership through the arrangements of the Governing Bodies meeting in common on a bi-monthly basis, and individually every other month.

11. The proposal makes no judgement as to the overall effectiveness of each CCG; rather it starts from a place of creating a bottom up approach to developing evidence-based arrangements that are able to support the CCGs and their governance requirements over the short to medium term. This is particularly important in the context of the management resource available to support the arrangements as we begin the process of moving towards a consolidated management structure. The arrangements also seek to make best possible use of the available clinical and independent lay member resource.

12. The summary structure is demonstrated on the following page, along with descriptions of the remit for each group.

New Proposed Governance Arrangements



Governing Bodies and Statutory Committees

Governing Bodies (meetings-in-common)

13. It is proposed that the respective CCG Governing Bodies hold meetings in common on a bi-monthly basis to consider appropriate LLR wide business, with the first taking place in January 2020. The meetings in common approach will enable the three CCG Governing Bodies to work together collaboratively and the composition of the respective Governing Bodies will remain the same. In the intervening months each of the CCG Governing Bodies may choose to hold CCG specific Governing Body meetings on a bi-monthly or quarterly basis as it deems appropriate.

Audit Committees (committees-in-common)

14. It is proposed that moving forwards, Audit Committees are held as committees-in-common in the intervening months between the already scheduled individual CCG meetings. This ensures that items that are common to all three CCGs can be discussed collectively and a local focus is maintained, for example, ensuring that individual Head of Internal Audit Opinions are considered carefully. It is anticipated that the first committee-in-common will take place in November/December 2019. As a committee-in-common, there are minimal changes to the terms of reference which can be found at appendix 1a with a draft work programme at Appendix 1b.

Remuneration Committees (committees-in-common)

15. It is proposed that Remuneration Committees are held as committees-in-common at least annually but as is required. It is anticipated that the first committee-in-common will take place in November 2019. As a committee in common, there are minimal changes to the terms of reference which can be found at appendix 2a with the draft work programme at Appendix 2b. When the review of the individual terms of reference was undertaken, the GWG established that those of East Leicestershire and Rutland CCG have included responsibilities in relation to nominations. These have now been included and mirrored in the attached terms of reference for all three CCGs.

Committees with delegation from NHS England

Primary Care Commissioning Committees (committees-in-common)

16. The Primary Care Commissioning Committee (PCCC) of each CCG has been established by NHS England through a Delegation Agreement with each respective organisation. It is through this agreement that NHS England has delegated some of its primary care functions to be fulfilled by the respective Primary Care Commissioning Committees. This means that these committees should only be overseeing and be responsible for the areas of responsibility in line with the Delegation Agreement and that the delegated functions cannot be delegated

onwards to another committee. The remaining primary care functions and budgets remains the responsibility of each CCG's Governing Body.

17. Therefore, it is proposed that moving forward the three Primary Care Commissioning Committees meet separately on a bi-monthly basis, and on alternate months meets in common to discuss matters common across each of the PCCCs (i.e. month 1 CCG specific meetings, month 2 PCCC meetings in common, and so on). The rationale for this is that the delegated functions from NHS England are the same across all three CCGs so there are common areas of discussion and decision. By holding meetings in common on alternate months it would enable each of the CCGs to learn from the experiences and knowledge of others and ensure a more common and consistent approach where desirable, including around policy application. The CCG specific PCCC meetings will enable each organisation to continue to review the matters specific to its geographic footprint. This arrangement would be reviewed for appropriateness in March 2020.

18. As a CCG specific committee or committees in common, there are minimal changes to the terms of reference as each PCCC will still be required to make its own decisions, although the meetings will be held in a common place and time.

19. In addition, discussions have taken place regarding the role and remit of the existing LLR Primary Care Board (PCB) and how it feeds into the Primary Care Commissioning Committees. It is proposed that the PCB continues to meet in the interim until arrangements for the Primary Care Commissioning Committees to meet in common are embedded at which point the PCB will become a working group of the PCCCs in common making recommendations for approval as is appropriate.

20. Currently GP members of the Primary Care Commissioning Committee within West Leicestershire CCG have voting rights.

21. The inclusion of GPs as voting members of PCCC is not universal practice. Whilst legitimate reasons exist for this historic arrangement it is not consistent with the latest NHS England guidance (June 2017). As such this arrangement has been reviewed to ensure there is consistency across all three CCGs. It is proposed that West Leicestershire CCG reviews its Primary Care Commissioning Committee terms of reference and the role of GP members to ensure that they are non-voting, in line with the NHS England guidance.

22. The PCCC terms of reference to enable meetings in common to be held can be found at appendix 3a.

23. To provide assurance to members that that local decision-making remains important, a work programme has been produced (appendix 3b), which sets out those agenda items that would be common across LLR and highlights those that are local to a CCG. Working with the primary care leads and PCCC Chairs, the agenda would be structured in such a way to ensure that 'place' focus remains.

Other Committees

Integrated Governance and Quality Committee (joint committee)

24. The GWG also recommends that a new Integrated Governance and Quality joint committee is established, meeting on a monthly basis. The remit of this committee has been devised on the mapping of items across the LLR committees. Its key areas of focus will be to adopt an integrated approach to clinical governance, corporate governance, financial governance, information governance and research governance ensuring the CCGs are compliant with their statutory duties and obligations. It will be responsible for overseeing quality, clinical governance, ensuring quality and patient safety, and patient engagement is integral to commissioning processes and to the monitoring arrangements of commissioned services.

25. Draft terms of reference for consideration are attached at appendix a supported by a draft work plan at appendix 4b.

26. The implications of establishing a new joint Integrated Governance and Quality Committee are more familiar to Leicester City and East Leicestershire and Rutland CCGs as they have in place an integrated committee that covers similar functions. In respect of West Leicestershire CCG, the remit and responsibilities of the new committee are currently covered by several committees: Finance and Planning, Quality and Performance and the Procurement and Investment Committees. Therefore, although Leicester City CCG and East Leicestershire and Rutland CCG would be disestablishing their existing Integrated Governance Committees, West Leicestershire CCG would be disestablishing the three above-mentioned committees. Nonetheless, all CCGs will then need to approve the creation of a new joint committee which has a remit that is different to that of any of the current committees. For example, it is recognised that not all agenda items will feed automatically into the Integrated Governance and Quality Committee. There will be elements of financial and performance reporting that will fall within the remit of the proposed new Performance, Finance and Activity Committee. As highlighted previously, the proposed governance structure will be continually reviewed during the transition period to support the assurance flows between the committees.

27. Concerns have been raised regarding the feasibility of managing such a joint committee, given the potential size of the agenda and membership. Committee planners are already in place for Leicester City and East Leicestershire and Rutland CCGs which have been shared with West Leicestershire CCG. West Leicestershire CCG has undertaken an exercise to establish where current agenda items for their standalone committees could be mapped across into the proposed structure.

28. To provide assurance to members, a joint work programme has been produced which is attached at appendix 5b.

29. In terms of the size of the membership, it should be noted that with the introduction of a single management team with single management leads for portfolio areas, the numbers of attendees/members will reduce. As such membership will be reviewed in January 2020.

30. Meetings will be held monthly.

Performance, Finance and Activity Committee (joint committee)

31. A review of the terms of reference of the current Provider Performance and Assurance Group (PPAG) has been undertaken. It has been noted and observed that PPAG has served its purpose and processes are now more established to monitor provider performance with an escalation of risk through this group to the Governing Bodies. More recently some concerns have been expressed regarding the efficiency and effectiveness of the group and potentially the level of duplication between reports it received and those presented at other CCG committees, for example to the Integrated Governance Committees in East Leicestershire and Rutland and Leicester City CCGs.

32. It is therefore proposed that PPAG is disestablished and that a new committee is formed called the Performance, Finance and Activity Committee. This will have a more strategic focus on seeking assurance in respect of the mandated standards and the national framework that CCGs are required to be compliant against (e.g. NHS England and Improvement's Oversight Framework). In addition, the new committee will be responsible for ensuring delivery against the financial plans (in particular QIPP delivery) and transformational delivery plans, and where activity is not on track assurance is sought and advice offered in respect of remedial actions required.

33. Frequency of meetings will be monthly.

34. The draft terms of reference are attached for consideration at appendix 5a and the draft work programme at appendix 5b.

Collaborative Commissioning Committee (CCC) (joint committee)

35. A review of the current Commissioning Collaborative Board's (CCB) terms of reference has been undertaken. It is proposed that the current CCB is disestablished and the a new joint committee is formed taking on board some of key learning from CCB and building on this to enable a more robust new committee to be established. The new Collaborative Commissioning Committee (CCC) would be established as a joint committee and would be responsible for the development of strategic planning and collaborative commissioning across LLR and as such would have delegated authority to make decisions within the financial thresholds as detailed within its terms of reference (see Appendix 6a). The proposed financial threshold is higher than the current CCB financial threshold. CCB members have noted that there are only currently very few decisions they can make in line with the current delegated authority and most decisions with a financial threshold has had to be reverted to the respective Governing Bodies. Therefore a significantly higher financial limit is

requested for the new CCC to enable it to have appropriate decision-making powers, which recognises the importance of this committee going forwards. The Chief Financial Officers of the three CCGs have been asked for their views as to the level of financial delegation that should apply.

36. It should also be noted that some elements included within the original CCB terms of reference have been transferred to the new Integrated Governance and Quality Committee, for example, approval of clinical policies, meaning the Collaborative Commissioning Committee will have a much clearer focus on strategic planning and commissioning.

37. Discussions have taken place at the individual Governing Body meetings and a recurring concern has been raised regarding the proposed decision-making arrangements, with the preferred option being consensus (as is currently the case for CCB) rather than a voting arrangement. This would mean that, where a decision cannot be reached, it can be referred to individual Governing Bodies for further consideration and discussion. This arrangement will be reviewed once the future configuration of the three CCGs is known.

38. The revised draft terms of reference are attached for consideration at appendix 6a and the daft work programme at appendix 6b.

Competition and Procurement Group

39. Proposed changes to the current Competition and Procurement Panel are minimal. However, it is recommended that it becomes a sub-group of the Collaborative Commissioning Committee. Its title has also been slightly amended to Competition and Procurement Group to make it clear that it is a sub-group of existing joint committee. The rest of the content of the terms of reference remains the same and are included at appendix 8.

Clinical Reference Group

40. The purpose of the Clinical Reference Group (CRG) is to help improve clinical outcomes, patient experience and reduce health inequalities across the LLR CCGs by providing clinical input and advice in the development and review of commissioning plans and strategies, including service design and redesign.

41. Terms of reference for the Clinical Reference Group have been considered and a draft version is attached at appendix 7

42. A one day development session has been organised on the 29th October 2019 to further define its role and responsibilities. Updated terms of reference will be presented to the Governing Bodies after this.

Wider governance arrangements

43. Although this report focuses on the internal governance arrangements across the three CCGs, it is recognised that there are much wider governance arrangements

and forums that need to be considered. This includes CCG specific groups that may currently report into each respective CCG's committee structure or LLR CCG's specific groups (e.g. transferring care safely, individual funding request panel, high risk and complex care panel etc); partnership forums (e.g. System Leadership Team meetings, IM&T Strategy Group etc); and other partnership forums that are statutory requirements (e.g. Health and Wellbeing Boards etc). The groups and forums within the CCGs' remit will need to be reviewed in order to determine the purpose of these groups, whether the groups are still required, and if required which Committee they would report to within the proposed new committee structure.

44. Figure 2 highlights some of these other additional groups for illustrative purposes. However a further review of the wider governance landscape and aligned to the new proposed governance structure will form part of the next steps work.

Management of conflicts of interest

45. All LLR CCGs have in place robust arrangements to manage conflicts of interests. There are though some differences in the way in which each CCG has adopted and implemented national guidance. Following review a key observation is that Leicester City and East Leicestershire CCG committee terms of reference are constructed in such a way that enables quoracy to be temporarily amended for an agenda item in the event of a section or sub-section of members being conflicted.

46. The process for exclusion is managed under the leadership of the Independent Lay Chair who also ensures that appropriate clinical and/or managerial advice has been taken to allow for robust decision making.

47. In West Leicestershire CCG, where the Governing Body of the CCG or its committees are unable to make a decision due to conflicts of interest and/or where quoracy affects decision-making, the matter is delegated to the Procurement and Investment Committee (PIC).

48. Within Leicester City and East Leicestershire and Rutland CCGs Governing Body and committee papers are reviewed by the Head of Corporate Affairs/Head of Corporate Governance and Legal Affairs respectively in advance of meetings to establish whether any conflicts of interest are associated with the agenda items. These findings are then shared with the respective Chair and Board Support Officer/Committee Clerk along with directions on the handling of the conflict. The same approach is also in place for the LLR System Leadership Team, whereby the Head of Corporate Affairs from Leicester City CCG reviews the papers and shares the outputs from the review.

49. West Leicester CCG established a Conflict of Interests Screening Panel, to review the agendas for the CCG Governing Body and sub groups to identify and review any potential conflicts of interest. The panel is comprised of the Audit Chair, CFO, Vice Chair and Director of Performance & Corporate Affairs. The process is overseen and coordinated by the Head of Corporate Governance. A conflicts schedule is produced that details any potential/actual conflicts and also recommends how best to manage the item such as a declaration only/ member to be absent for the item/delegation to PIC. Following agreement from the Panel a report is prepared for the Audit Chair who formally asks the Governing Body to approve.

50. In recognising the need to adopt an approach that is consistent across all CCGs in respect of conflicts of interest, a meeting took place on 3rd October with the Conflict of Interest Guardians to ensure an agreed approach that meets our statutory responsibilities enabling closer collaborative working. In order to provide assurance during the transition phase a more formal arrangement should be adopted that reflects good practice from across the CCGs and in line with NHS England guidance. The first stage will involve a virtual screening of the papers for all new committees ahead of circulation to members. Any actual and/or potential conflict of interest identified along with the recommendations to manage them will be documented in a separate declaration register, and a summary of matters will be prepared for the committee chair. In addition, the Audit committees in common will receive these registers along with a report outlining what action has been taken.

51. As part of the GWG's remit to align key governance policies, a review of the three Management of Conflicts of Interest policies has been undertaken. It was noted that East Leicestershire and Rutland provides additional detail with specific sections relating to the Primary Care Commissioning Committee. As a benchmark policy, it is recommended that this will inform the basis on which to develop and agree an LLR wide version. However, it will also reflect good practice from Leicester City and West Leicestershire, where appropriate.

Standardisation of Governing Body/Committee papers

52. The GWG has conducted a review of Governing Body/Committee paper templates and a full suite of documents has been developed including a standard front cover sheet, agenda, minutes and action log templates. This has involved the GWG reviewing these documents for each CCG and incorporating good practice that has been developed by each organisation.

53. It is hoped that by standardising templates, the quality of papers will improve and that authors will only need to complete a cover sheet once, reducing duplication. This will be further enhanced with the development of a Governance Handbook which will be a resource for staff to use. It will include details on the governance structure, committee terms of reference, and Governing Body/Committee templates with further instructions as to how to fully complete them. This will enable staff to determine where their paper should be presented which will take away the confusion that exists currently.

Next steps

54. Once the revised governance architecture has been agreed, the individual CCG Constitutions will be amended to reflect the changes and an application made to NHS England and Improvement. This will also incorporate a review of the existing Schemes of Reservation and Delegation.

55. Arrangements will need to be put in place to monitor the embedding period to ensure that any risks or issues can be identified at an early stage and remedied. This requirement is included in the terms of reference of the Transition Steering Group.

56. A further review of the wider governance landscape will be undertaken and alignment to the new proposed LLR CCGs governance structure will form part of this work.

57. There will be a review of the content of the Board Assurance Framework (BAF) documents across the three CCGs to enable a single format of the BAF to be adopted with a view to aligning the corporate risks across the three CCGs. It is anticipated that a common Board Assurance Framework will be in place in December 2019.

The Governing Body is asked to:

- **APPROVE** the proposal outlined within this paper for the introduction of the collaborative governance architecture for Leicester, Leicestershire and Rutland CCGs, with the CCG specific recommendations detailed as set out below.

The Leicester City CCG Governing Body is requested to:

- **APPROVE** that the LC CCG Audit Committee meet in common with the Audit committees of ELR CCG and WL CCG with effect from November/December 2019, and approve the terms of reference at Appendix 1a and the initial work programme at Appendix 1b.

- **APPROVE** that the LC CCG Remuneration Committee meet in common with the Remuneration Committees of ELR CCG and WL CCG with effect from November 2019, and approve the terms of reference at Appendix 2a and the initial work programme at Appendix 2b.

- **APPROVE** that the LC CCG Primary Care Commissioning Committee meet in common with the Primary Care Commissioning Committees of ELR CCG and WL CCG with effect from December 2019 every alternate month, and approve the terms of reference at Appendix 3a and the initial work programme at Appendix 3b for meetings in common.

- **APPROVE** the establishment of the Integrated Governance and Quality Committee as a joint committee of LC CCG, ELR CCG and WL CCG with effect from November 2019. To approve the terms of reference at Appendix 4a and the initial work programme at Appendix 4b

- **DISESTABLISH** the LC CCG Integrated Governance Committee with effect from November 2019 once the Integrated Governance and Quality Committee is ready to hold its inaugural meeting.

- **APPROVE** the establishment of the Performance, Finance and Activity Committee as a joint committee of LC CCG, ELR CCG and WL CCG with effect from December 2019. To approve the terms of reference as at Appendix 5a and the initial work programme at Appendix 5b.

- **DISESTABLISH** the Provider Performance Assurance Group (PPAG) with effect from December 2019 once the Performance, Finance and Activity Committee is ready to hold its inaugural meeting.

- **APPROVE** the establishment of the Collaborative Commissioning Committee as a joint committee of LC CCG, ELR CCG and WL CCG with effect from November 2019. To approve the terms of reference as at Appendix 6a and the initial work programme as at Appendix 6b.

- **DISESTABLISH** the Commissioning Collaborative Board (CCB) with effect from November 2019 once the Collaborative Commissioning Committee is ready to hold its inaugural meeting.

- **APPROVE** the establishment of the Clinical Reference Group as an advisory group of LC CCG, ELR CCG and WL CCG with effect from October 2019 / November 2019, and approve the terms of reference as at Appendix 7.

- **APPROVE** the revised Competition and Procurement Group terms of reference as at Appendix 8.

The East Leicestershire and Rutland CCG Governing Body is requested to:

- **APPROVE** that the ELR CCG Audit Committee meet in common with the Audit committees of LC CCG and WL CCG with effect from November/December 2019, and approve the terms of reference at Appendix 1a and the initial work programme at Appendix 1b.

- **APPROVE** that the ELR CCG Remuneration Committee meet in common with the Remuneration Committees of LC CCG and WL CCG with effect from November 2019, and approve the terms of reference at Appendix 2a and the initial work programme at Appendix 2b.

- **APPROVE** that the ELR CCG Primary Care Commissioning Committee meet in common with the Primary Care Commissioning Committees of LC CCG and WL CCG with effect from December 2019 every alternate month, and approve the terms of reference at Appendix 3a and the initial work programme at Appendix 3b for meetings in common.

- **APPROVE** the establishment of the Integrated Governance and Quality Committee as a joint committee of LC CCG, ELR CCG and WL CCG with effect from November 2019. To approve the terms of reference at Appendix 4a and the initial work programme at Appendix 4b.

- **DISESTABLISH** the ELR CCG Integrated Governance Committee with effect from November 2019 once the Integrated Governance and Quality Committee is ready to hold its inaugural meeting.

- **APPROVE** the establishment of the Performance, Finance and Activity Committee as a joint committee of LC CCG, ELR CCG and WL CCG with effect from December

2019. To approve the terms of reference as at Appendix 5a and the initial work programme at Appendix 5b.

- **DISESTABLISH** the Provider Performance Assurance Group (PPAG) with effect from December 2019 once the Performance, Finance and Activity Committee is ready to hold its inaugural meeting.

- **DISESTABLISH** the Financial Turnaround Committee with effect from December 2019 once the Performance, Finance and Activity Committee is ready to hold its inaugural meeting.

- **APPROVE** the establishment of the Collaborative Commissioning Committee as a joint committee of LC CCG, ELR CCG and WL CCG with effect from November 2019. To approve the terms of reference as at Appendix 6a and the initial work programme as at Appendix 6b.

- **DISESTABLISH** the Commissioning Collaborative Board (CCB) with effect from November 2019 once the Collaborative Commissioning Committee is ready to hold its inaugural meeting.

- **APPROVE** the establishment of the Clinical Reference Group as an advisory group of LC CCG, ELR CCG and WL CCG with effect from October 2019 / November 2019, and approve the terms of reference as at Appendix 7.

- **APPROVE** the revised Competition and Procurement Group terms of reference as at Appendix 8.

The West Leicestershire CCG Governing Body is requested to:

- **APPROVE** that the WL CCG Audit Committee meet in common with the Audit committees of LC CCG and ELR CCG with effect from November/December 2019, and approve the terms of reference at Appendix 1a and the initial work programme at Appendix 1b.

- **APPROVE** that the WL CCG Remuneration Committee meet in common with the Remuneration Committees of LC CCG and ELR CCG with effect from November 2019, and approve the terms of reference at Appendix 2a and the initial work programme at Appendix 2b.

- **APPROVE** that the WL CCG Primary Care Commissioning Committee meet in common with the Primary Care Commissioning Committees of LC CCG and ELR CCG with effect from December 2019 every alternate month, and approve the terms of reference at Appendix 3a and the initial work programme at Appendix 3b for meetings in common.

- **APPROVE** the establishment of the Integrated Governance and Quality Committee as a joint committee of the LC CCG, ELR CCG and WL CCG with effect from November 2019. To approve the terms of reference at Appendix 4a and the initial work programme at Appendix 4b.

- **DISESTABLISH** the WL CCG Quality and Performance Committee with effect from December 2019 once the Integrated Governance and Quality Committee is ready to hold its inaugural meeting.

- **DISESTABLISH** the Procurement and Investment Committee (PIC) with effect from December 2019 once the Integrated Governance and Quality Committee is ready to hold its inaugural meeting.

- **APPROVE** the establishment of the Performance, Finance and Activity Committee as a joint committee of LC CCG, ELR CCG and WL CCG with effect from December 2019. To approve the terms of reference as at Appendix 5a and the initial work programme at Appendix 5b.

- **DISESTABLISH** the Provider Performance Assurance Group (PPAG) with effect from December 2019 2020 once the Performance, Finance and Activity Committee is ready to hold its inaugural meeting.

- **DISESTABLISH** the Financial and Planning Committee with effect from December 2019 once the Performance, Finance and Activity Committee is ready to hold its inaugural meeting.

- **APPROVE** the establishment of the Collaborative Commissioning Committee as a joint committee of LC CCG, ELR CCG and WL CCG with effect from November 2019. To approve the terms of reference as at Appendix 6a and the initial work programme as at Appendix 6b.

- **DISESTABLISH** the Commissioning Collaborative Board (CCB) with effect from November 2019 once the Collaborative Commissioning Committee is ready to hold its inaugural meeting.

- **APPROVE** the establishment of the Clinical Reference Group as an advisory group of LC CCG, ELR CCG and WL CCG with effect from October 2019 / November 2019, and approve the terms of reference as at Appendix 7.

- **APPROVE** the revised Competition and Procurement Group terms of reference as at Appendix 8.

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

LEICESTER CITY, WEST LEICESTERSHIRE AND EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUPS

AUDIT COMMITTEE
(Committees-In-Common)

Terms of Reference (v4, October 2019)

Constitution

1. The Clinical Commissioning Groups Governing Bodies hereby resolve to establish Committees of the Governing Bodies known as the Audit Committee (committees-in-common). The Committees are established in accordance with Leicester City, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups' ('the CCGs') Constitutions, Standing Orders and Scheme of Reservation and 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 each respective CCG's constitutions. The Committees are a non-executive committee of the Governing Bodies and have no executive powers other than those specifically delegated in these Terms of Reference.

Purpose

2. The purpose of the Audit Committees is to assist the CCGs to deliver their responsibilities for the conduct of public business, and the stewardship of funds under its control. In particular, the Committees will seek to provide assurance to the Governing Bodies that an appropriate system of internal control is in place to ensure that:

    - Business is conducted in accordance with the law and proper standards;
    - Public money is safeguarded and properly accounted for;
    - Financial Statements are prepared in a timely fashion, and give a true and fair view of the financial position of the respective CCGs for the period in question;
    - Affairs are managed to secure economic, efficient and effective use of resources;
    - Reasonable steps are taken to prevent and detect fraud and other irregularities.

Responsibilities

3. The responsibilities of the Committees can be categorised as follows:

Governance, Internal Control and Risk Management

4. The Committees shall review the establishment and maintenance of an effective system of governance, internal control and risk management for both clinical and non-clinical activities, including partnerships that support the achievement of the organisation's objectives. The CCGs must be able to demonstrate that they are compliant with their statutory requirements and be able to show that it has sound internal control arrangements.

5. The Committees will review the adequacy and effectiveness of:

   - all risk and control related disclosure statements (in particular the respective CCG Annual Governance Statements), together with any accompanying Head of Internal Audit opinions, external audit opinions or other appropriate independent assurances, prior to endorsement by the CCG Governing Bodies;

   - the structures, assurance processes and responsibilities for identifying and managing key risks facing the organisations, indicating the degree of achievement of corporate objectives, as laid down in each of the CCG's Annual Governance Statements and Governing Body Assurance Frameworks;

   - the level of assurances provided in relation to the Governing Body Assurance Frameworks by undertaking deep-dives into any area under the remit of the committee as and when deemed appropriate;

   - the policies for ensuring that there is compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certifications;

   - the operational effectiveness of policies and procedures;

   - 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 Counter Fraud and Security Management Service;

   - conflicts of interest policy and processes. The committees will review and scrutinise the effectiveness of the policy and processes ensuring due process was followed across all decision-making committees and sub-groups, in particular relating to primary care commissioning.

6. In carrying out this work the Committees will primarily utilise the work of Internal Audit, External Audit, NHS Counter Fraud Authority and Security Management Service and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from managers as appropriate,

concentrating on the overarching systems of governance, risk management and internal control, together with indicators of their effectiveness.

7. This will be evidenced through the Committees' use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

Internal Audit

8. The Committees shall ensure that there is an effective internal audit function established by management that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Governing Bodies. This will be achieved by:

    - consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal;

    - review and approval of the internal audit plans, operational plans and more detailed programmes of work, ensuring that this is consistent with the audit needs of the organisations as identified in the Governing Body Assurance Framework;

    - considering the major findings of internal audit work (and management's responses), and ensuring coordination 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 organisation;

    - an annual review of the effectiveness of internal audit.

External Audit

9. The Committees shall 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 appointment and performance of the External Auditor, as far as the rules governing the appointment permit;

    - discussion and agreement with the External Auditors, before the audits commence, of the nature and scope of the audit as set out in the annual plan, and ensuring coordination, as appropriate, with other External Auditors in the local health economy;

    - discussion with the External Auditors of their local evaluation of audit risks and assessment of the CCGs and associated impact on the audit fee;

- review of all External Audit reports, including the reports to those charged with governance, agreement of the annual audit letter before submission to the respective Governing Bodies and any work undertaken outside the annual audit plan, together with the appropriateness of the management responses.

Financial Reporting

10. The Committees shall monitor the integrity of the financial statements of their respective CCGs and any formal announcements relating to the CCGs' financial performance.

11. The Committees should ensure that the systems for financial reporting to the CCG's Governing Bodies, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Governing Bodies.

12. The Committees shall review and approve their respective CCG Annual Reports on behalf of their respective CCG Governing Bodies and review and approve the Financial Statements, focusing particularly on:

    - the wording in the Annual Governance Statements and other disclosures relevant to the Terms of Reference of the Committee;
    - changes in, and compliance with, accounting policies and practices;
    - major judgemental areas; and significant adjustments resulting from the audit;
    - unadjusted mis-statements in the financial statements;
    - letters of representation.

Other Assurance Functions

13. The Audit Committees shall review the findings of other significant assurance functions, both internal and external to the organisation's, and consider the implications to the governance of the organisations.

14. These will include, but will not be limited to, any reviews by Department of Health and Social Care, Arm's Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Resolution, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.)

15. In addition, the Committees will ensure that equality and diversity is proactively considered and promoted as part of the committee's business and its decision making.

NHS Counter Fraud Authority

16. The Committees shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

Management

17. Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed shall be forwarded to each member of the committee, and any other person required to attend, no later than 5 working days before the date of the meeting.

18. The Committees shall request and review reports and positive assurances from managers on the overall arrangements for governance, risk management and internal control.

19. They may also request specific reports from individual functions within the organisation (e.g. clinical audit) as they may be appropriate to the overall arrangements.

Authority

20. The Committees are authorised by the CCG Governing Bodies to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committees.

21. The Committees are authorised by the CCG Governing Bodies to obtain external legal or other independent professional advice and to secure the attendance of advisers with relevant experience and expertise if it considers this necessary.

Membership

22. The membership of the Audit Committees of each of the CCGs will be as follows:

Members / attendees	ELR CCG	WL CCG	LC CCG
Members	2 x lay members	3 x lay members	3 x lay members
Attendees	• Internal and External Auditors • Counter Fraud Specialist • Chief Finance Officer • Chief Nurse and Quality Officer • Head of Corporate Governance and Legal Affairs	• Internal and External Auditors • Counter Fraud Specialist • Chief Finance Officer • Chief Nurse and Quality Lead • Head of Corporate Affairs	• Internal and External Auditors • Counter Fraud Specialist • Director of Finance (as required) • Director of Operations and Corporate Affairs (as required) • Head of Corporate Affairs (as required)

23. The role of Chair of the meeting will be rotated every four months between the three CCGs.

24. Only members of the committees have the right to attend committee meetings. Other individuals may be invited to attend all or part of any meeting as and when appropriate.

25. The Accountable Officer and other members of the executive team will be invited to attend when the Committees are discussing areas of risk or operation pertinent to their area(s) of responsibility. The Accountable Officer and the respective CCG Chairs to be invited to attend for the review of year end accounts and associated processes.

26. The external and internal auditors will be invited to attend meetings of the committees on a regular basis along with representatives of the NHS Counter Fraud Authority.

27. At least once a year the Committees should meet privately with the External and Internal Auditors without any executive director or senior officer present.

Quorum

28. A minimum of two Independent Lay Members from each CCG will constitute a quorum for each respective CCG's Committee meeting.

29. A decision put to a vote for each Committee shall be determined by a majority of the votes of members present for each respective CCG. In the case of an equal vote, the Chair of the respective CCG Committee shall have a second and casting vote.

Reporting arrangements

30. The minutes of meetings shall be formally recorded and submitted to the respective CCG Governing Bodies. The Chairs of the respective Committees shall draw to the attention of the Governing Bodies any issues that require disclosure, or require executive action.

31. The Committees will report to their respective CCG Governing Bodies annually on its work in support of the Annual Governance Statements, specifically commenting on the fitness for purpose of the Governing Body Assurance Frameworks, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements. This could be achieved by an annual Audit Committee effectiveness survey for the members should the Committees decide to implement this.

32. The annual reports from both the internal and external auditors will also be shared with the Governing Bodies.

Administration

33. Administration and taking minutes of the Audit Committees is the responsibility of the corporate affairs team.

Frequency

34. Meetings shall be held at least 4 times a year with a possible extra-ordinary meeting at the request of either External Audit or the Head of Internal Audit if they consider that one is necessary.

Conduct of the Committee and conflicts of interest

35. The Committees shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the Conflicts of Interest policy.

36. Members of the Committees and attendees are required to state for the record any interest relating to any matter to be considered at each meeting. These conflicts will be recorded in the minutes, and where necessary an individual may be asked to withdraw from the meeting for that part of the agenda.

37. The corporate affairs leads of each CCG will be responsible for reviewing the agendas and papers in advance of the meeting and advising on conflict matters accordingly ahead of the meeting to enable the Chair of the meetings to manage effectively any actual or perceived conflicts of interest in an open and transparent way.

38. Should the Chair of the meeting have a conflict of interest which necessitates his or her absence from the meeting, the role of Chair should be undertaken by one of the other Lay Members present.

39. A review of the Committees' membership and terms of reference will be submitted to the governing body on an annual basis.

Equality Statement

40. The CCGs are committed to promoting equality in all their responsibilities – as commissioners of services, as partners in the local economy and as employers. All committees of the Governing Bodies have a duty to ensure that they contribute to ensuring that all users and potential users of services and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender, reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation.

Review

41. These Terms of Reference will be reviewed on an annual basis or sooner if required with recommendations made to the CCG Governing Bodies for approval.

Date approved:

Review date:

East Leicestershire and Rutland CCG, Leicester City CCG, and West Leicestershire CCG

Audit Committees - meetings in common
Work Programme (v2 October 2019)
(aligned to Audit Committee Handbook 2014)

	PRESENTERS AND AUTHORS		2019/20					2020/21											
AGENDA ITEMS	**CCG Lead**	**Author**	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
1. COMMITTEE ARRANGEMENTS																			
Terms of Reference (review annually)							✓												✓
Work Programme (review annually)							✓												✓
Agree future meeting dates							✓												✓
2. GOVERNANCE																			
Review the Board Assurance Framework and risk registers			✓		✓		✓		✓		✓		✓		✓		✓		✓
Review the risk management system (e.g. Strategy, policy etc)							✓												✓
Note business of other committees and review inter-relationships			✓		✓		✓		✓		✓		✓		✓		✓		✓
Review PCCC conflicts of interest register (at least annually) (ELR CCG)					✓												✓		
Management's report on audit recommendations follow-up update			✓		✓		✓		✓		✓		✓		✓		✓		✓
Review draft annual governance statement							✓												✓
Approve annual governance statement (ELR CCG and LC CCG)									✓										
Review CCG Annual Report and Accounts							✓												✓
Approve CCG Annual Report and Accounts (ELR CCG and LC CCG)									✓										
Review other reports and policies as appropriate - for example, changes to standing orders (as required)																			
Annual Report from Chair of Audit Committee to Governing Body (committee to receive draft version)									✓										
Self-asssess the Committee's effectiveness							✓												✓
Private discussions with internal and external auditors (and counter fraud specialists)													✓						
Off-Payroll Remuneration (WL CCG)			✓		✓		✓		✓		✓		✓		✓		✓		✓
Update on transfer of clinical equipment (WL CCG)			✓		✓		✓		✓		✓		✓		✓		✓		✓
AGENDA ITEMS	**CCG Lead**	**Author**	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
3. FINANCIAL FOCUS																			
Agree final annual report and accounts timetable and plans for following year							✓												✓
Review audited annual accounts and financial statements (including the external audit opinion)									✓										
Review changes to standing orders, prime and detailed financial policies and changes to accounting policies (as required)							✓												✓
Losses and Compensation payments report			✓		✓		✓		✓		✓		✓		✓		✓		✓
Waiver of Standing Orders			✓		✓		✓		✓		✓		✓		✓		✓		✓
4. INTERNAL AUDIT																			
Consider Internal Audit Plan, KPIs and fee for the following year							✓												✓
Receive Head of Internal Audit opinion - interim							✓												✓
Receive Head of Internal Audit opinion - final									✓										
Review Internal Audit progress reports			✓		✓		✓		✓		✓		✓		✓		✓		✓

Annual review effectiveness of Internal Audit											✓								
Internal Audit Annual Report									✓										
5. EXTERNAL AUDIT																			
Consider External Audit Plan, KPIs and fee for the following year							✓												✓
Review Effectiveness of External Audit											✓								
Review External Audit Progress Reports			✓		✓		✓		✓		✓		✓		✓		✓		✓
To receive the External Auditors' annual governance report to those charged with governance (i.e. ISA260 report)									✓										
Receive / consider Annual Audit letter											✓								
6. COUNTER FRAUD																			
Review and approve Counter Fraud, Bribery and Corruption Plan / activity, KPIs and fee for the following year							✓												✓
Counter Fraud and security Progress Reports							✓						✓						✓
Receive the annual report on Counter Fraud and Security activity							✓												✓

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

LEICESTER CITY, WEST LEICESTERSHIRE AND EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUPS

REMUNERATION COMMITTEE
(Committees-In-Common)

Terms of Reference (v5, October 2019)

Constitution

1. The Clinical Commissioning Groups Governing Bodies hereby resolve to establish Committees of the Governing Bodies known as the Remuneration Committees (committees-in-common) as advisory committees to the respective Governing Bodies. The Committees are established in accordance with Leicester City, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups' Constitutions, Standing Orders and Scheme of Delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the group and recognise within them the key principles as outlined within the UK Corporate Governance Code. The terms of reference shall have effect as if incorporated into each respective CCG's constitutions. The Committees are non-executive committees of the Governing Bodies and have no executive powers other than those specifically delegated in these Terms of Reference.

Purpose

2. The purpose of Remuneration Committees is to advise on determinations about the remuneration, fees and other allowances (including pension schemes) for employees, and for other individuals who provide services to the group where the proposals go beyond or are not covered by national terms and conditions and on determinations about allowances under any pension scheme that the group may establish as an alternative to the NHS pension scheme.

Responsibilities in relation to remuneration

3. The Committees will consider remuneration policies, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCGs appropriate to the CCGs and in accordance with national guidance. These policies will be kept under review and the Committees will make recommendations to their respective Governing Bodies for approval. The objective of such policies will be to attract, retain and motivate individuals required by each of the CCGs to discharge its functions efficiently and effectively.

4. In their considerations the Committees shall at all times be mindful of the national guidance in relation to pay including, but not limited to, the "Very Senior Managers Pay Framework" and note HM Treasury guidance "Managing Public Money" and any additional guidance published by the National Commissioning

Board (e.g. *"Remuneration guidance for Chief Officers (where the senior manager also undertakes the accountable officer role) and Chief Finance Officers"*).

5. The Committees will undertake a review of the sessional rates for GP members and the remuneration of other members of their respective Governing Bodies and make a recommendation to their respective Governing Bodies for approval. The Committees are not responsible for the review of the remuneration for the independent lay members whose remuneration will be determined by the respective CCG Chairs and the Accountable Officer. Remuneration for this purpose includes salary, bonuses, performance related pay, pension arrangements and any benefits in kind, or via an alternative arrangement as approved by the respective Governing Bodies.

6. If the Governing Bodies agree to the principle of performance related pay, the Committees shall recommend to their respective Governing Bodies the targets against which performance is to be judged, consider the actual performance during the year, and recommend to their respective Governing Bodies the payments, if any, to each individual at year end.

7. The Committees will make a recommendation to their respective Governing Bodies for the financial arrangements for termination of employment (excluding ill health and normal retirement) including the terms of any compensation package, the proper calculation and scrutiny of termination payments taking account of such national guidance and any other contractual terms. The Committees will recommend that the Governing Bodies seek appropriate approvals, such as, HM Treasury approval as appropriate in accordance with the guidance 'Managing Public Money' (available on the HM Treasury.gov.uk website), particularly when considering severance payments of the accountable officer and other senior staff.

8. The Committees will apply best practice including compliance with current disclosure requirements and ensuring that decisions are based on clear and transparent criteria in line with national codes of conduct and good governance practice.

Responsibilities in relation to nominations

9. The Committees will review the structure, size and composition of the Governing Bodies (including its skills, knowledge and experience) and make recommendations thereon to respective Governing Bodies for senior members of staff.

10. The Committees will make recommendations where appropriate to the Governing Bodies in relation to the arrangements for making appointments to the Governing Bodies, except where the responsibility rests with NHS England and Improvement or the CCGs' GP Member Practices.

11. The Committees shall review succession plans produced by the Accountable Officer for Chief Officers and other senior executives reporting to the Accountable Officer.

Authority

12. The Committees are authorised by their respective CCG Governing Bodies to investigate any activity within its terms of reference. They are authorised to seek any information required from any employee and all employees are directed to cooperate with any request made by the committees.

13. The Committees are authorised by their respective CCG Governing Bodies to obtain external legal or other independent professional advice and to secure the attendance of advisers with relevant experience if it considers this necessary.

Membership

14. The membership of the Remuneration Committees of each of the CCGs will be as follows:

Members / attendees	ELR CCG	WL CCG	LC CCG
Members	3 x lay members	3 x lay members	3 x lay members
Attendees	• Head of HR and OD • Head of Corporate Governance and Legal Affairs	• Director of Performance and Corporate Affairs	• Director of Operations and Corporate Affairs (as required)

15. The role of the Chair of the meeting will be rotated every four months between the three CCGs.

16. Support from the HR function and corporate governance functions will be in attendance to support the Committees in their work but will not be a member(s) of the Committees.

17. Other representatives may be requested to attend the meetings as directed by members of the Committees

Quorum

18. A minimum of two Independent Lay Members from each CCG will constitute a quorum for each respective CCG's Committee meeting.

19. A decision put to a vote for each Committee shall be determined by a majority of the votes of members present for each respective CCG. In the case of an equal vote, the Chair of the respective CCG Committee shall have a second and casting vote.

Reporting arrangements

20. The minutes of the meeting shall be report to respective CCG Governing Bodies on the proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the confidential meeting of the Governing Bodies. The Committee shall make recommendations to the Governing Bodies on any area within its remit where action or improvement is needed.

Administration

21. Administration and taking minutes of the Remuneration Committees is the responsibility of the corporate affairs team.

Frequency

22. The Remuneration Committees will meet at least annually.

23. In the interest of expediency or when there are urgent matters to be agreed, the Committees may conduct this urgent business by email. Where a discussion is required all relevant committee members are required to respond.

Conduct of the Committees and Conflicts of Interest

24. The Committees shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the Conflicts of Interest policy.

25. It must be emphasised that no individual should be involved in determining their own remuneration. The membership of the Remuneration Committees is made up of the Governing Body Independent Lay Members. However, in the case where it is the remuneration of those members that is being determined, the decision will be considered as outlined within the terms of reference, or via alternative arrangements approved by the respective CCG Governing Bodies for their respective CCGs.

26. Members of the Committees and attendees are required to state for the record any interest relating to any matter to be considered at each meeting. These

conflicts will be recorded in the minutes, and where necessary an individual may be asked to withdraw from the meeting for that part of the agenda.

27. The corporate affairs leads of each CCG will be responsible for reviewing the agendas and papers in advance of the meeting and advising on conflict matters accordingly ahead of the meeting to enable the Chair of the meetings to manage effectively any actual or perceived conflicts of interest in an open and transparent way.

28. Should the Chair of the meeting have a conflict of interest which necessitates his or her absence from the meeting, the role of Chair should be undertaken by one of the other Lay Members present.

29. An annual report will of its performance, membership and terms of reference will be submitted to the governing body.

Equality Statement

30. The CCGs are committed to promoting equality in all their responsibilities – as commissioners of services, as partners in the local economy and as employers. All committees of the Governing Bodies have a duty to ensure that they contribute to ensuring that all users and potential users of services and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender, reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation.

Review

31. These Terms of Reference will be reviewed on an annual basis or sooner if required with recommendations made to the CCG Governing Bodies for approval.

Date approved:

Review date:

East Leicestershire and Rutland CCG,
Leicester City CCG, and West Leicestershire CCG

Remuneration Committees - meetings in common
Work Programme
(v2 October 2019)

	PRESENTERS AND AUTHORS		2019/20					2020/21											
AGENDA ITEMS	**CCG Lead**	**Author**	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
1. COMMITTEE ARRANGEMENTS																			
Terms of Reference (review annually)							✓												✓
Work Programme (review annually)							✓												✓
Annual Report from Chair of Remuneration Committee to Governing Body									✓										
Review Committee effectiveness							✓												✓
Approval of future committee dates							✓												✓
2. ACCOUNTABLE OFFICER AND EXECUTIVE TEAM																			
Review the annual appraisal and development review of the Accountable Officer and Chief Officers to include previous years objectives and current years objectives, competence assessment and PDP							✓												✓
Review the outcome of the annual discussion with GP locality leads to include observations of previous years achievements and areas to lead and programmes of work for coming year							✓												✓
Consider proposals for any remuneration review and performance bonus for the Accountable Officer to include review of local benchmarking of VSM salaries.											✓								
Consider arrangements for succession planning of the Accountable Officer and other business critical roles, EMT to provide adequate assurances to the Committee							✓												✓
AGENDA ITEMS	**CCG Lead**	**Author**	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
3. OTHER MEMBERS OF THE GOVERNING BODY (i.e. lay members and clinicians)																			
Seek assurance of the annual review process to evaluate the contribution of GPs and Lay Members on the Governing Body																			
Review GP sessional rates																			
4. HR POLICY CHANGES TO EMPLOYEE BENEFITS																			
Any amendments to Agenda for Change impacting on pay / remuneration or any other matters of interest to be raised at Remuneration Committee (as required).																			
Pension scheme: any changes to pensions to raise at next available meeting (as required).																			

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

LEICESTER CITY, WEST LEICESTERSHIRE, AND EAST LEICESTERSHIRE AND RUTLAND CLINCIAL COMMISSIONING GROUPS

PRIMARY CARE COMMISSIONING COMMITTEE (Committees-in-common)

Terms of Reference (v6, October 2019)

Constitution

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 of the Delegation Agreement to East Leicestershire and Rutland CCG. The delegation is set out in Annex 1 of these terms of reference.

2. NHS East Leicestershire and Rutland Clinical Commissioning Group, NHS Leicester City Clinical Commissioning Group and NHS West Leicestershire Clinical Commissioning Group (collectively referred to as the "LLR CCGs" or individually "CCG") have each established the Primary Care Commissioning Committee ("Committee"). All three Primary Care Commissioning Committees will meet in common (collectively referred to as the PCCCs or the Committees). The Committees will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers. These terms of reference shall effect as if incorporated into the respective CCG's Constitutions.

3. The Committees comprise representatives from the respective CCGs.

Statutory Framework

4. NHS England has delegated to each CCG authority to exercise the primary care commissioning functions set out in Schedule 2 of the Delegation Agreement (see Annex 1 to the terms of reference) 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 CCGs acknowledge 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 LLR CCGs will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

8. The Committees are established as a committee of each of the respective CCG Governing Bodies in accordance with Schedule 1A of the "NHS Act".

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

Role of the Committees

10. The Committees have 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 each of the respective CCG areas under delegated authority from NHS England.

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

12. The functions of the Committees 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 Committees 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 CCGs will also carry out the following activities:

    a) To plan, including needs assessment, primary medical care services in each of the respective CCG area;

    b) To undertake reviews of primary medical care services in each of the respective CCG area;

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

    d) To manage the budget for commissioning of primary medical care services in each of the respective CCG area.

Geographical Coverage

16. Each Committee will comprise of its respective CCG.

Membership

17. The membership of the Committees of each of the CCGs will be as follows:

Members / attendees	ELR CCG	WL CCG	LC CCG
Members	• Independent Lay Member – Chair of Committee • Independent Lay Member – Vice Chair of Committee • Chief Operating Officer • Chief Finance Officer • Chief Nurse and Quality Officer	• Independent Lay Member – Chair of Committee • Independent Lay Member – Vice Chair of Committee • Executive roles covering: primary care; finance and planning; Board Nurse; and performance and assurance (4 Executive Leads)	• Independent Lay Member – Chair of Committee • Independent Lay Member – Vice Chair of Committee • Director of Finance • Deputy Director of Nursing and Quality, • Director of Operations and Corporate Affairs • Director of Strategy and Implementation
Attendees	• 3 x GP Governing Body members and / or clinical leads as appropriate • Head of Corporate Governance • Heads of Primary Care • Heads of Primary Care Contracts (NHS England) – advisory role • A representative from Health and Wellbeing Boards (Rutland and Leicestershire) • A representative from Healthwatch (Rutland and, Leicestershire) • A representative from the Leicester, Leicestershire and Rutland Local Medical Committee • Representatives from Public Health (e.g. Public Health Consultant)	• 3 x GP Governing Body members • Heads of Primary Care • Heads of Primary Care Contracts (NHS England) – advisory role • A representative from Health and Wellbeing Boards (Leicestershire) • A representative from Healthwatch (Leicestershire) • A representative from the Leicester, Leicestershire and Rutland Local Medical Committee • Representatives from Public Health (e.g. Public Health Consultant)	• 3 x GP Governing Body members and / or clinical leads as appropriate • Head of Primary Care • Head of Primary Care Contracts (NHS England) – advisory role • A representative from Health and Wellbeing Boards (Leicester City) • A representative from Healthwatch (Leicester City) • A representative from the Leicester, Leicestershire and Rutland Local Medical Committee • Representatives from Public Health (e.g. Public Health Consultant)

18. The Chair of the Committees shall be an independent lay member, who is not the Chair of the Audit Committees of the respective CCGs, as the Audit Committees will be responsible for reviewing and scrutinising the decision-making processes of the PCCCs.

19. The Vice Chair of the Committees shall be an independent lay member who is not the Chair of the Audit Committees.

20. The role of the Chair of the meeting (when meetings held in common) will be rotated every four months between the three CCGs.

21. Those in attendance cannot vote at meetings, this will include representatives from the local Health and Wellbeing Boards and the local HealthWatch. Representatives from these organisations will be sent a standing invite.

22. Should members of the Committees not be able to attend, nominated deputies, with appropriate delegated authority, may take their place in agreement with the Chair of the Committee.

Meetings and Voting

23. The Committees will operate in accordance with the respective CCG's Standing Orders. The secretarial support for the Committees will be provided by the corporate affairs lead(s). The secretary to the Committees 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 days before the date of the meeting. When the Chairs of the Committees deem it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be in line with the respective CCG Standing Orders.

24. Each voting member of the Committees shall have one vote. The Committees shall reach decisions by a simple majority of members present, but with the respective Chairs having a second and deciding vote, if necessary. However, the aim of each of the Committees will be to achieve consensus decision-making wherever possible.

Quorum

25. The quorum for each of the Committees will be the following from each CCG (the titles may vary across the CCGs):

- Chair of the Committee or Vice Chair
- Chief Operating Officer / Director of Operations and Corporate Affairs or equivalent across the three CCGs (individual with executive lead for primary care) or deputy
- Chief Finance Officer / Director of Finance or respective deputies
- Chief Nurse and Quality Officer (ELR CCG) / Chief Nurse and Quality Lead 9(WL CCG) / Deputy Director of Nursing and Quality (LC CCG) / or respective deputies
- 3 x GP members from each CCG (although GP members are in attendance and cannot vote, the Committees will ensure there is representation from one of the GPs from each CCG at the meetings, unless they are conflicted, in which case the meeting will proceed). Meetings will be quorate without a GP member present.

26. Where there are specific decisions to be made on behalf of individual organisations, the quoracy for each CCG must be met.

Frequency of meetings

27. The Committees will meet in common on alternate months with a CCG specific meeting held in the intervening months in line with the Constitutions of the respective CCGs.

28. Meetings of the Committees 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.

29. Members of the Committees have a collective responsibility for the operation of the Committees. 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.

30. The Committees 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 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.

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

32. Members of the Committees shall respect confidentiality requirements as set out in the respective CCG's Constitution and information governance policies.

33. The Committees will present its minutes to Central Midlands Local Team of NHS England and the respective Governing Bodies of East Leicestershire and Rutland CCG, Leicester City CCG and West Leicestershire CCG following each meeting for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 30 above.

34. The CCG will also comply with any reporting requirements set out in its Constitution.

35. It is envisaged that these Terms of Reference will be reviewed from time to time, reflecting experience of the Committees in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Accountability of the Committees

36. Budget and resource accountability arrangements and the decision-making scope of the Committees are as delegated. In the event of any conflict between the terms of this Scheme of Delegation and Terms of Reference and the respective CCG's Standing Orders and Prime Financial Policies, the Delegation will prevail.

37. The appropriate consultation will take place with members of the respective CCG and members of the public in line with the respective CCG's Constitutions.

Procurement of Agreed Services

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

Decisions

39. The Committees will make decisions within the bounds of its remit.

40. The decisions of the Committees shall be binding on NHS England and each of the respective CCGs.

41. The Committees will produce an executive summary report which will be presented to Central Midlands Local Team of NHS England and the Governing Body of East Leicestershire and Rutland of the CCG each month for information.

Administration

42. The administration and minute taking for the Primary Care Commissioning Committees is the responsibility of the Corporate Affairs function.

Conduct of the Committee and Conflicts of Interest

43. The Committees shall conduct their business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the Management of Conflicts of Interest Policy.

44. Members are required to state for the record any interest relating to any matter to be considered at each meeting. These conflicts will be recorded in the minutes,

and where necessary an individual may be asked to withdraw from the meeting for that part of the agenda.

45. The corporate affairs leads of each CCG will be responsible for reviewing the agendas and papers in advance of the meeting and advising on conflict matters accordingly ahead of the meeting to enable the Chair of the Committee to manage effectively any actual or perceived conflicts of interest in an open and transparent way.

46. Should the Chair of the meeting have a conflict of interest which necessitates his or her absence from the meeting, the role of Chair should be undertaken by one of the other Lay Members present.

47. A review of the Committees membership and terms of reference will be submitted to the Governing Bodies on an annual basis.

Equality Statement

48. The CCGs are committed to promoting equality in all their responsibilities – as commissioner of services, as a partner in the local economy and as an employer. All committees of the Governing Bodies have a duty to ensure that it contributes to ensuring that all users and potential users of services and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation.

Review

49. These Terms of Reference will be reviewed on an annual basis or sooner if required with recommendations made to the CCG Governing Bodies for approval.

Date approved:

Review date:

Annex 1 – Delegated Functions, Schedule 2 of the Delegated Agreement

Schedule 2
Delegated Functions

Part 1: Delegated Functions: Specific Obligations

1. Introduction

1.1. This Part 1 of Schedule 2 *(Delegated Functions)* sets out further provision regarding the carrying out of each of the Delegated Functions.

2. Primary Medical Services Contract Management

2.1. The CCG must:

2.1.1. manage the Primary Medical Services Contracts on behalf of NHS England and perform all of NHS England's obligations under each of the Primary Medical Services Contracts in accordance with the terms of the Primary Medical Services Contracts as if it were named in the contract in place of NHS England;

2.1.2. actively manage the performance of the counter-party to the Primary Medical Services Contracts in order to secure the needs of people who use the services, improve the quality of services and improve efficiency in the provision of the services including by taking timely action to enforce contractual breaches and serve notice;

2.1.3. ensure that it obtains value for money under the Primary Medical Services Contracts on behalf of NHS England and avoids making any double payments under any Primary Medical Services Contracts;

2.1.4. comply with all current and future relevant national Guidance regarding PMS reviews and the management of practices receiving Minimum Practice Income Guarantee (MPIG) (including without limitation the *Framework for Personal Medical Services (PMS) Contracts Review* guidance published by NHS England in

September 2014 (http://www.england.nhs.uk/wp-content/uploads/2014/09/pms-review-guidance-sept14.pdf));

2.1.5. notify NHS England immediately (or in any event within two (2) Operational Days) of any breach by the CCG of its obligations to perform any of NHS England's obligations under the Primary Medical Services Contracts;

2.1.6. keep a record of all of the Primary Medical Services Contracts that the CCG manages on behalf of NHS England setting out the following details in relation to each Primary Medical Services Contract:

2.1.6.1. name of counter-party;

2.1.6.2. location of provision of services; and

2.1.6.3. amounts payable under the contract (if a contract sum is payable) or amount payable in respect of each patient (if there is no contract sum).

2.2. For the avoidance of doubt, all Primary Medical Services Contracts will be in the name of NHS England.

2.3. The CCG must comply with any Guidance in relation to the issuing and signing of Primary Medical Services Contracts in the name of NHS England.

2.4. Without prejudice to clause **Error! Reference source not found.** *(Financial Provisions and Liability)* or paragraph 2.1 above, the CCG must actively manage each of the relevant Primary Medical Services Contracts including by:

2.4.1. managing the relevant Primary Medical Services Contract, including in respect of quality standards, incentives and the QOF, observance of service specifications, and monitoring of activity and finance;

2.4.2. assessing quality and outcomes (including clinical effectiveness, patient experience and patient safety);

2.4.3. managing variations to the relevant Primary Medical Services Contract or services in accordance with national policy, service user needs and clinical developments;

2.4.4. agreeing information and reporting requirements and managing information breaches (which will include use of the HSCIC IG Toolkit SIRI system);

2.4.5. agreeing local prices, managing agreements or proposals for local variations and local modifications;

2.4.6. conducting review meetings and undertaking contract management including the issuing of contract queries and agreeing any remedial action plan or related contract management processes; and

2.4.7. complying with and implementing any relevant Guidance issued from time to time.

Enhanced Services

2.5. The CCG must manage the design and commissioning of Enhanced Services, including re-commissioning these services annually where appropriate.

2.6. The CCG must ensure that it complies with any Guidance in relation to the design and commissioning of Enhanced Services.

2.7. When commissioning newly designed Enhanced Services, the CCG must:

2.7.1. consider the needs of the local population in the Area;

2.7.2. support Data Controllers in providing 'fair processing' information as required by the DPA;

2.7.3. develop the necessary specifications and templates for the Enhanced Services, as required to meet the needs of the local population in the Area;

2.7.4. when developing the necessary specifications and templates for the Enhanced Services, ensure that value for money will be obtained;

2.7.5. consult with Local Medical Committees, each relevant Health and Wellbeing Board and other stakeholders in accordance with the duty of public involvement and consultation under section 14Z2 of the NHS Act;

2.7.6. obtain the appropriate read codes, to be maintained by the HSCIC;

2.7.7. liaise with system providers and representative bodies to ensure that the system in relation to the Enhanced Services will be functional and secure; and

2.7.8. support GPs in entering into data processing agreements with data processors in the terms required by the DPA.

Design of Local Incentive Schemes

2.8. The CCG may design and offer Local Incentive Schemes for GP practices, sensitive to the needs of their particular communities, in addition to or as an alternative to the national framework (including as an alternative to QOF or directed Enhanced Services), provided that such schemes are voluntary and the CCG continues to offer the national schemes.

2.9. There is no formal approvals process that the CCG must follow to develop a Local Incentive Scheme, although any proposed new Local Incentive Scheme:

2.9.1. is subject to consultation with the Local Medical Committee;

2.9.2. must be able to demonstrate improved outcomes, reduced inequalities and value for money; and

2.9.3. must reflect the changes agreed as part of the national PMS reviews.

2.10. The ongoing assurance of any new Local Incentive Schemes will form part of the CCG's assurance process under the CCG Assurance Framework.

2.11. Any new Local Incentive Scheme must be implemented without prejudice to the right of GP practices operating under a GMS Contract to obtain their entitlements which are negotiated and set nationally.

2.12. NHS England will continue to set national standing rules, to be reviewed annually, and the CCG must comply with these rules which shall for the purposes of this Agreement be Guidance.

Making Decisions on Discretionary Payments

2.13. The CCG must manage and make decisions in relation to the discretionary payments to be made to GP practices in a consistent, open and transparent way.

2.14. The CCG must exercise its discretion to determine the level of payment to GP practices of discretionary payments, in accordance with the Statement of Financial Entitlements Directions.

Making Decisions about Commissioning Urgent Care for Out of Area Registered Patients

2.15. The CCG must manage the design and commissioning of urgent care services (including home visits as required) for its patients registered out of area (including re-commissioning these services annually where appropriate).

2.16. The CCG must ensure that it complies with any Guidance in relation to the design and commissioning of these services.

3. Planning the Provider Landscape

3.1. The CCG must plan the primary medical services provider landscape in the Area, including considering and taking decisions in relation to:

3.1.1. establishing new GP practices in the Area;
3.1.2. managing GP practices providing inadequate standards of patient care;

3.1.3. the procurement of new Primary Medical Services Contracts (in accordance with any procurement protocol issued by NHS England from time to time);

3.1.4. closure of practices and branch surgeries;

3.1.5. dispersing the lists of GP practices;

3.1.6. agreeing variations to the boundaries of GP practices; and

3.1.7. coordinating and carrying out the process of list cleansing in relation to GP practices, according to any policy or Guidance issued by NHS England from time to time.

3.2. In relation to any new Primary Medical Services Contract to be entered into, the CCG must, without prejudice to any obligation in Schedule 2, Part 2, paragraph 3 *(Procurement and New Contracts)* and Schedule 2, Part 1, paragraph 2.3:

3.2.1. consider and use the form of Primary Medical Services Contract that will ensure compliance with NHS England's obligations under Law including the Public Contracts Regulations 2015/102 and the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013/500 taking into account the persons to whom such Primary Medical Services Contracts may be awarded;

3.2.2. provide to NHS England confirmation as required from time to time that it has considered and complied with its obligations under this Agreement and the Law; and

3.2.3. for the avoidance of doubt, Schedule 5 *(Financial Provisions and Decision Making Limits)* deals with the sign off requirements for Primary Medical Services Contracts.

4. Approving GP Practice Mergers and Closures

4.1. The CCG is responsible for approving GP practice mergers and GP practice closures in the Area.

4.2. The CCG must undertake all necessary consultation when taking any decision in relation to GP practice mergers or GP practice closures in the

Area, including those set out under section 14Z2 of the NHS Act (duty for public involvement and consultation). The consultation undertaken must be appropriate and proportionate in the circumstances and should include consulting with the Local Medical Committee.

4.3. Prior to making any decision in accordance with this paragraph 4 *(Approving GP Practice Mergers and Closures)*, the CCG must be able to clearly demonstrate the grounds for such a decision and must have fully considered any impact on the GP practice's registered population and that of surrounding practices. The CCG must be able to clearly demonstrate that it has considered other options and has entered into dialogue with the GP contractor as to how any closure or merger will be managed.

4.4. In making any decisions pursuant to paragraph 4 *(Approving GP Practice Mergers and Closures)*, the CCG shall also take account of its obligations as set out in Schedule 2, part 2, paragraph 3 *(Procurement and New Contracts)*, where applicable.

5. Information Sharing with NHS England in relation to the Delegated Functions

5.1. This paragraph 5 *(Information Sharing with NHS England)* is without prejudice to clause 9.4 or any other provision in this Agreement. The CCG must provide NHS England with:

5.1.1. such information relating to individual GP practices in the Area as NHS England may reasonably request, to ensure that NHS England is able to continue to gather national data regarding the performances of GP practices;

5.1.2. such data/data sets as required by NHS England to ensure population of the primary medical services dashboard;

5.1.3. any other data/data sets as required by NHS England; and

5.1.4. the CCG shall procure that providers accurately record and report information so as to allow NHS England and other agencies to discharge their functions.

5.2. The CCG must use the NHS England approved primary medical services dashboard, as updated from time to time, for the collection and dissemination of information relating to GP practices.

5.3. The CCG must (where appropriate) use the NHS England approved GP exception reporting service (as notified to the CCGs by NHS England from time to time).

5.4. The CCG must provide any other information, and in any such form, as NHS England considers necessary and relevant.

5.5. NHS England reserves the right to set national standing rules (which may be considered Guidance for the purpose of this Agreement), as needed, to be reviewed annually. NHS England will work with CCGs to agree rules for, without limitation, areas such as the collection of data for national data sets and IT intra-operability. Such national standing rules set from time to time shall be deemed to be part of this Agreement.

6. Making Decisions in relation to Management of Poorly Performing GP Practices

6.1. The CCG must make decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list).

6.2. In accordance with paragraph 6.1 above, the CCG must:

6.2.1. ensure regular and effective collaboration with the CQC to ensure that information on general practice is shared and discussed in an appropriate and timely manner;

6.2.2. ensure that any risks identified are managed and escalated where necessary;

6.2.3. respond to CQC assessments of GP practices where improvement is required;

6.2.4. where a GP practice is placed into special measures, lead a quality summit to ensure the development and monitoring of an appropriate improvement plan (including a communications plan and actions to manage primary care resilience in the locality); and

6.2.5. take appropriate contractual action in response to CQC findings.

7. Premises Costs Directions Functions

7.1. The CCG must comply with the Premises Costs Directions and will be responsible for making decisions in relation to the Premises Costs Directions Functions.

7.2. In particular, but without limiting the generality of paragraph 7.1, the CCG shall make decisions concerning:

7.2.1. applications for new payments under the Premises Costs Directions (whether such payments are to be made by way of grants or in respect of recurring premises costs); and

7.2.2. revisions to existing payments being made under the Premises Costs Directions.

7.3. The CCG must comply with any decision-making limits set out in Schedule 5 *(Financial Provisions and Decision Making Limits)* when taking decisions in relation to the Premises Costs Directions Functions.

7.4. The CCG will comply with any guidance issued by the Secretary of State or NHS England in relation to the Premises Costs Directions, including the Principles of Best Practice, and any other Guidance in relation to the Premises Costs Directions.

7.5. The CCG must work cooperatively with other CCGs to manage premises and strategic estates planning.

7.6. The CCG must liaise where appropriate with NHS Property Services Limited and Community Health Partnerships Limited in relation to the Premises Costs Directions Functions.

Schedule 2
Part 2 – Delegated Functions: General Obligations

1. Introduction

1.1. This Part 2 of Schedule 2 *(Delegated Functions)* sets out general provisions regarding the carrying out of the Delegated Functions.

2. Planning and reviews

2.1. The CCG is responsible for planning the commissioning of primary medical services.

2.2. The role of the CCG includes:

2.2.1. carrying out primary medical health needs assessments (to be developed by the CCG) to help determine the needs of the local population in the Area;

2.2.2. recommending and implementing changes to meet any unmet primary medical services needs; and

2.2.3. undertaking regular reviews of the primary medical health needs of the local population in the Area.

3. Procurement and New Contracts

3.1. The CCG will make procurement decisions relevant to the exercise of the Delegated Functions and in accordance with the detailed arrangements regarding procurement set out in the procurement protocol issued and updated by NHS England from time to time.

3.2. In discharging its responsibilities set out in clause **Error! Reference source not found.** *(Performance of the Delegated Functions)* of this Agreement and paragraph 1 of this Schedule 2 *(Delegated Functions)*, the CCG must comply at all times with Law including its obligations set out in the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013/500 and any other relevant statutory provisions. The CCG must have regard to any relevant

guidance, particularly Monitor's guidance *Substantive guidance on the Procurement, Patient Choice and Competition Regulations* (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283505/SubstantiveGuidanceDec2013_0.pdf).

3.3. Where the CCG wishes to develop and offer a locally designed contract, it must ensure that it has consulted with its Local Medical Committee in relation to the proposal and that it can demonstrate that the scheme will:

3.3.1. improve outcomes;
3.3.2. reduce inequalities; and
3.3.3. provide value for money.

4. Integrated working

4.1. The CCG must take an integrated approach to working and co-ordinating with stakeholders including NHS England, Local Professional Networks, local authorities, Healthwatch, acute and community providers, the Local Medical Committee, Public Health England and other stakeholders.

4.2. The CCG must work with NHS England and other CCGs to co-ordinate a common approach to the commissioning of primary medical services generally.

4.3. The CCG and NHS England will work together to coordinate the exercise of their respective performance management functions.

5. Resourcing

5.1. NHS England may, at its discretion provide support or staff to the CCG. NHS England may, when exercising such discretion, take into account, any relevant factors (including without limitation the size of the CCG, the number of Primary Medical Services Contracts held and the need for the Local NHS England Team to continue to deliver the Reserved Functions).

Approved by:

Review:

East Leicestershire and Rutland CCG, Leicester City CCG, and West Leicestersire CCG Primary Care Commissioning Committees - CCG specific and meetings in common Work Programme (v2 October 2019)	PRESENTERS AND AUTHORS		2019/20					2020/21											
AGENDA ITEMS	**CCG Lead**	**Author**	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
1. COMMITTEE ARRANGEMENTS																			
Terms of Reference (review annually)																			
Work Programme (review annually)																			
To receive Conflicts of Interest register on at least an annual basis (for onward reporting to the Audit Committee). (ELR CCG)				✓															
To approve sub-group(s) Terms of Reference annually																			
2. FINANCE																			
To receive monthly financal reports for co-commissioing primary medical care services.			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. COMMISSIONING AND STRATEGY																			
Comment on the draft Primary Care Strategy and commissioning intentions and make recommendations to the Collaborative Commissioning Committee.												✓	✓						
To plan and review primary medical care services in each CCG area including needs assessment (as required).																			
Undertake APMS procurements as required (LC CCG)																			
4. POLICY REVIEW																			
To review and approve policies and procedures to support the primary care co-commissionig function (as required).																			
5. OPERATIONAL ITEMS																			
To receive contractual updates from NHS England (as required).																			
To review and approve newly designed enhanced services (e.g. Local Enhanced Services, Directed Enhanced Services) - as required.																			
To review and approve the design of local incentive schemes as an alternatvie to the Quality and Outcomes Framework (QOF) - as required.																			
Receive and review primary care risks and risk highlight report.			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
To receive and approve Practice mergers (as required).																			
To receive and approve Practice / Branch closures (as required).																			
To receive and approve Practice boundary changes (as required).																			
To receive and approve Practice change in opening hours (e.g. Easter, Christmas and New Year) (as required).			✓			✓									✓			✓	
To receive and approve Practice new builds (as required).																			
To approve on 'discretionary' payments (e.g. returner / retainer schemes) - as required																			
Receive an update on s106 funding (six-monthly). (ELR CCG)								✓						✓					
To receive an annual update on Notional Rent Review											✓								

FDR / PMS Investment Resources (as required)																			
Estates, Technology and Transformation Fund (ETTF) updates																			
GMS Contract Negotiations update (as required)																			
GP Patient Experience Survey Results												✓							
GP workforce updates (including GP International Recruitment Scheme)									✓										
GP resilence work progress updates (as required)																			
Quality related reports e.g. CQC inspections (as required)																			
IM&T updates			✓			✓			✓			✓			✓			✓	
REPORTS FROM SUBGROUPS																			
To receive and comment on the sub-group(s) Terms of Reference annually																			
Receive reports and approved minutes from the sub-groups			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

LEICESTER CITY, WEST LEICESTERSHIRE, AND EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUPS

INTEGRATED GOVERNANCE AND QUALITY COMMITTEE (Joint Committee)

TERMS OF REFERENCE (v5, October 2019)

Constitution

1. The Integrated Governance and Quality Committee ("IGQC") has been established as a joint committee of NHS Leicester City Clinical Commissioning Group, NHS East Leicestershire and Rutland Clinical Commissioning Group, and NHS West Leicestershire Clinical Commissioning Group, collectively referred to as the Leicester, Leicestershire and Rutland Clinical Commissioning Groups ("LLR CCGs"). The IGQC will support joint decision-making on those matters delegated to it where the Governing Bodies of the CCGs have agreed to undertake collective strategic decision making. The Scheme of Reservation and Delegation sets out those areas where authority has been delegated to the IGQC by the three CCGs.

2. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall effect as if incorporated into each CCG's Constitution.

Purpose

3. The purpose of IGQC will be to:

   - Seek assurance and adopt an integrated approach to clinical governance, corporate governance, financial governance, information governance and research governance ensuring the CCGs are compliant with their statutory duties and obligations (including quality, patient and public involvement, equality and inclusion, workforce matters etc).

   - Ensure quality and patient safety, and patient engagement are integral to commissioning processes and to the monitoring arrangements of commissioned services.

   - Contribute to proposals for the decommissioning of services and disinvestments, ensuring appropriate quality and equality impact assessments have been undertaken and where appropriate patients and stakeholder involvement has been considered and undertaken.

   - Have oversight of transformational programmes (QIPP programmes) ensuring appropriate quality and equality impact assessments have been undertaken

and where appropriate patients and stakeholder involvement has been considered and undertaken.

- Ensure adherence to the CCG's Standing Orders and Prime and Detailed Financial Policies.

- Ensure interface and interdependences between committees.

- Assurance and escalation of risks to Governing Bodies.

Responsibilities

4. The Integrated Governance and Quality Committee will:

a) Seek assurance via regular assurance reports and adopt an integrated approach to clinical governance, corporate governance, financial governance, information governance and research governance ensuring the CCGs are compliant with their statutory duties and obligations (including quality, patient and public involvement, equality and inclusion, workforce matters etc).

b) Ensure quality and patient safety, and patient engagement are integral to commissioning processes and to the monitoring arrangements of commissioned services.

c) Contribute to proposals for the decommissioning of services and disinvestments, ensuring appropriate quality and equality impact assessments have been undertaken and where appropriate patients and stakeholder involvement has been considered and undertaken.

d) Have oversight of transformational programmes (QIPP programmes – not from a finance perspective) ensuring appropriate quality and equality impact assessments have been undertaken and where appropriate patients and stakeholder involvement has been considered and undertaken.

e) Ensure that quality, patient safety, patient experience, and due regard to the public sector equality duty is integral to commissioning functions by identifying themes and trends which influence commissioning decisions. Seek assurance and also advise on remedial action(s) where a negative impact has been identified through the impact assessments.

f) Ensure adherence to the CCG's Standing Orders and Prime and Detailed Financial Policies.

g) Assurance and escalation of risks to Governing Bodies.

k) Approve clinical policies on behalf of the Governing Bodies in line with the authority delegated to the Committee; and make recommendations to the

Governing Body in respect of region wide or national clinical policies (e.g. clinical policies reviewed by the East Midlands Affiliated Commissioning Committee).

h) Seek assurance that patient, public, partner and stakeholder engagement is integral to commissioning decisions.

i) Review and advise on the content of service specifications for the procurement of healthcare contract and make recommendations to the Governing Bodies and/or the Collaborative Commissioning Committee in respect of healthcare procurements in respect of the integrated governance elements under the remit of this Committee.

l) Identify opportunities for improvement and service re-design and encourage innovation including in-year and future and make recommendations to the Governing Body and / or the Collaborative Commissioning Committee, and / or seek advice from the Clinical Reference Group.

m) Seek assurance from the appropriate groups (e.g. Performance, Finance and Activity Committee, the Collaborative Commissioning Committee, and the Primary Care Commissioning Committees) (CCG committee)) in relation to the quality and performance aspects of provider care provision (including primary medical care) to ensure appropriate monitoring of and identification of risks within commissioned services.

n) Review and consider national inquiries, reviews and reports and receive assurance in relation to local implementation of recommendations and lessons learnt.

o) Receive assurance on actions in respect of quarterly reports which impact on quality and patient safety (such as complaints, serious incidents, Health Care Associated Infections (HCAIs), safeguarding and prescribing and medicines management reports); workforce reports.

p) To have oversight of and receive assurance regarding Research and Innovation.

q) Approve relevant Information Governance and information security policies where Governing Body or Committee level approval is required.

r) Monitor compliance with financial governance arrangements detailed within the respective CCG's Constitutions (i.e. the Prime Financial Policies and Detailed Financial Policies) to ensure sound system of internal control is in place.

s) Discussion and review of any issue likely to require inclusion on, or modification to, any risk register.

t) Establish a sub-group(s) where the sub-group(s) will assist the Committee in discharging its responsibilities (responsibilities as agreed by the Governing Bodies and in line with the respective CCG Constitutions). Sub-groups will include the Medicines Management related groups and safeguarding groups as determined by the Committee.

u) Ensure appropriate interface and interdependences with other committees of the Governing Bodies.

Authority

5. The Committee is authorised by the CCG Governing Bodies to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.

6. The Committee is authorised by the CCG Governing Bodies to obtain external legal or other independent professional advice and to secure the attendance of advisers with relevant experience and expertise if it considers this necessary.

Membership

7. The membership of the Committee will consist of:

- 3 x Lay members (one of the lay members shall be the Chair of the committee and a second lay member shall be the deputy chair of the committee)
- 3 x General Practitioners (or other clinicians e.g. Clinical Leads and / or secondary care clinician) appointed by the CCG with at least one appointed as a Governing Body member
- Board Nurse/Director of Nursing and Quality or deputy
- Director of Finance or deputy
- Director of Operations and Corporate Affairs or deputy
- Head of Primary Care
- Head of Communications and engagement
- Consultant in public health (representing Leicestershire County and Rutland)
- Consultant in public health (representing Leicester City)

8. Should Members not be able to attend, nominated deputies, with appropriate delegated authority, may take their place.

9. The role of the Chair of the meeting will be rotated every four months between the three CCGs.

10. A decision put to a vote at a meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

11. Chairs of the Committee's sub-groups will be in attendance as required.

12. Other representatives may be invited to attend as required. These representatives will be in attendance in an advisory capacity and shall not be considered as part of the quorum for decision-making, unless they are formally deputising for a member of the committee.

Quorum

13. The quorum for the Committee will be the following:

- Chair of the Committee or deputy Chair
- Representative from the finance function or deputy
- Representative from the nursing and quality function or deputy
- 2 x clinicians (at least one appointed as a Governing Body member)

14. Where members are conflicted and voting is required, 50% of the membership of the Committee consisting of persons entitled to vote upon the business to be transacted, shall be a quorum. The finance representative and the nursing and quality representative (or their deputies) must be present as part of the quorum.

Reporting arrangements

15. The Integrated Governance and Quality Committee will provide a written summary report of the outcomes of the meeting, actions taken and risks to be escalated to the Governing Bodies following its meeting.

16. All sub-groups will provide a summary report to the next meeting of the Committee supported by approved minutes.

Administration

17. The administration and minute taking for the Integrated Governance and Quality Committee is the responsibility of the Corporate Affairs function.

Frequency of meetings

18. The Committee will hold monthly meetings and conduct its meetings ensuring adherence to the CCG's Constitution, policies and the Nolan Principles.

Conduct of the Committee and Conflicts of Interest

19. The Committee shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the Management of Conflicts of Interest policy.

20. Members are required to state for the record any interest relating to any matter to be considered at each meeting. These conflicts will be recorded in the minutes and where necessary an individual may be asked to withdraw from the meeting for that part of the agenda.

21. The corporate affairs leads of each CCG will be responsible for reviewing the agendas and papers in advance of the meeting and advising on conflict matters accordingly ahead of the meeting to enable the Chair of the Committee to manage effectively any actual or perceived conflicts of interest in an open and transparent way.

22. Where GP members are conflicted, the committee has the ability to temporarily amend its quoracy for the duration of the agenda item.

23. Should the Chair of the meeting have a conflict of interest which necessitates their absence from the meeting, the role of Chair should be undertaken by one of the other Lay Members present.

24. An annual report of its performance, membership and terms of reference will be submitted to the Governing Bodies.

Equality Statement

25. The CCGs are committed to promoting equality in all its responsibilities – as commissioners of services, as a partner in the local economy and as a employer. All committees of the Governing Bodies have a duty to ensure that it contributes to ensuring that all users and potential users of services and employees are treated fairly, respectfully with regard to the protected characteristics of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation.

Review

26. These Terms of Reference will be reviewed annually or sooner if required and recommendations made to the Governing Bodies for approval.

Date approved:

Review date:

East Leicestershire and Rutland CCG,
Leicester City CCG, and West Leicestershire CCG

Integrated Governance and Quality Committee
Joint Committee Work Programme
(v2 October 2019)

	PRESENTERS AND AUTHORS		2019/20					2020/21											
AGENDA ITEMS	**CCG Lead**	**Author**	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
COMMITTEE ARRANGEMENTS																			
Terms of Reference (review annually)							✓												✓
Work Programme (review annually)							✓												✓
Agree future meeting dates (annually)							✓												✓
RISK MANAGEMENT AND CORPORATE GOVERNANCE																			
Review and comment on constitutional changes (as required)							✓												Y
Review appropriate corporate risks on the Board Assurance Framework ensuring actions to mitigate risks are being implemented in a timely manner (via reports to the Committee).			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Review the annual Data Security and Protection Toolkit (DSPT) assessment prior to Governing Body approval (or approve on behalf of Governing Body)							✓												✓
Receive a regular update on progress against the IM&T Strategy and Policy (updates from the IM&T Steering Group)					✓			✓			✓			✓			✓		
Corporate Policies (non-clinical e.g. finance policies, information governance and security related policies, complaints policy etc) to review and approve as appropriate; or review and make recommendations to the Governing Body (as required)			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Quarterly CCGs' Workforce Metrics Report				Q2			Q3				Q4			Q1		Q2			Q3
DEVELOPMENT AND DELIVERY OF COMMISSIONING PLANS																			
Make recommendations to the Collaborative Commissioning Committee in respect of commissioning plans (from quality and clinical governance perspective)													✓	✓					
HEALTHCARE COMMISSIONING, DE-COMMISSIONING AND DISINVESTMENTS																			
Reports from the local authority e.g. Public Health strategies and commissioned services (as required)																			
Make recommendations to the Collaborative Commissioning Committee in respect of quality, safety and patient experience (and other governance elements) for business cases. (as required)																			
Make recommendations to the Collaborative Commissioning Committee in respect of healthcare procurements and service specification on aspects of quality, safety and patient experience (and other governance elements). (as required)																			
Make recommendations to the Governing Bodies and the Collaborative Commissioning Committee in relation to the quality, safety and patient expereience aspects of opportunities for improvement and service re-design, innovation. (as required)																			

AGENDA ITEMS	**CCG Lead**	**Author**	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
PATIENT SAFETY AND EXPERIENCE																			
Quarterly Patient Safety Report			Q2			Q3				Q4		Q1			Q2			Q3	
Quarterly Infection, Prevention and Control Report			Q2			Q3				Q4		Q1			Q2			Q3	

Quarterly Safeguarding Report			Q2			Q3				Q4		Q1			Q2			Q3	
Quarterly Integrated Patient Experience and Engagement report (this includes complaints reports, patient experience surveys and engagement and consultation exercises)			Q2			Q3				Q4		Q1			Q2			Q3	
National Inquiries (as required)																			
Review and comment on quality, safety and patient experience aspects of CCG Corporate Performance and making recommendations to the Performance, Finance and Activity Committee (as required)																			
CLINICAL POLICIES AND PROCEDURES																			
Research and Development Governance 6-monthly assurance report				✓						✓						✓			
CCGs' specific clinical policies and guidelines (review and approve) (as required)																			
LLR-wide clinical polices (including medicines management related) (review and approve) (as required)																			
Regional clinical policies (review and comment for onward approval by the respective Governing Bodies) (as required)																			
REPORTS FROM SUBGROUPS																			
Summary report from the Medicines Quality related sub-groups (approved minutes / summary report) (this includes Leicestershire Medicines Strategy Group (LMSG) , Medicines Optimisation Committee (MOC), update from the Patient Group Directions Groups (PGD Group), and the Medicines Quality Steering Group (MQSG))			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Strategic Safeguarding Group Minutes (approved minutes)			✓	✓		✓	✓	✓	✓	✓			✓	✓	✓	✓		✓	✓

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

LEICESTER CITY, WEST LEICESTERSHIRE, AND EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUPS

PERFORMANCE, FINANCE AND ACTIVITY COMMITTEE (Joint Committee)

TERMS OF REFERENCE (v5, October 2019)

Constitution

1. The Performance, Finance and Activity Committee ("PFAC") has been established as a joint committee of NHS Leicester City Clinical Commissioning Group, NHS East Leicestershire and Rutland Clinical Commissioning Group, and NHS West Leicestershire Clinical Commissioning Group, collectively referred to as the Leicester, Leicestershire and Rutland Clinical Commissioning Groups ("LLR CCGs"). The PFAC will support joint decision making on those matters delegated to it where the Governing Bodies of the CCGs have agreed to undertake collective strategic decision making. The Scheme of Reservation and Delegation sets out those areas where authority has been delegated to the PFAC by the three CCGs.

2. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall effect as if incorporated into each CCG's Constitution.

Purpose

3. The purpose of PFAC will be to have a strategic focus on seeking assurance in respect of the mandated standards and the national framework that CCGs are required to be compliant against (e.g. NHS England and Improvement Outcomes Framework). In addition, the Committee will be responsible for ensuring delivery against the financial plans and transformational delivery plans, and where activity is not on track assurance is sought and advice offered in respect of remedial actions required.

Responsibilities

4. The duties of the Performance, Finance and Activity Committee will be to:

    - Have a strategic focus on seeking assurance in respect of the mandated standards and the national framework that CCGs are required to be compliant against (e.g. NHS England and Improvement Oversight Framework).

    - Ensure delivery against the financial plans and transformational (e.g. QIPP) delivery plans, and where activity is not on track assurance is sought and

advice offered in respect of remedial actions required. Request deep dives into specific areas to seek further assurance.

- Reviewing performance in implementing the CCG's commissioning and financial plans and providing assurance to the Governing Bodies on the delivery of the annual commissioning programme.

- Have oversight and seek assurance in respect of provider contract management, provider performance including performance of primary care providers through assurance reports and dashboards. Seek assurance in relation to the delivery of services provided to the CCGs through the contractual performance.

- Seek assurance in relation to the 'in year' and end of year financial position and activity position of the CCGs ensuring systems and processes are in place to accurately report on and deliver the agreed control total.

- Ensure robust QIPP delivery systems and models are in place to deliver QIPP target, monitoring delivery against the QIPP delivery plans ensuring schemes are contained within the approved financial resources. Advising the Integrated Governance and Quality Committee and the Collaborative Commissioning Committee of any risks identified that fall within their specific remits.

- Receive assurance about income and expenditure against planned income and expenditure; and monitor activity against planned activity making recommendations to the CCG Governing Bodies for corrective action should excess variances in activity or expenditure occur.

- Ensure interface and interdependences between committees.

- Assurance and escalation of risks to Governing Bodies.

- Ensure the CCGs operate within its Standing Financial Instructions and statutory requirements in respect of financial and performance management.

- Monitoring the CCGs' financial standing in-year and recommend corrective action to the Governing Body should the year-end forecasts suggest that financial balance will not be achieved.

- Establish a sub-group(s) where the sub-group(s) will assist the Committee in discharging the Committee's responsibilities (responsibilities as agreed by the Governing Bodies and in line with the CCGs' Constitutions). Sub-groups will include the provider performance group which may include the review of contractual performance, finance and activity group monitoring the expenditure against financial plan, QIPP delivery related groups as determined by the Committee.

Authority

5. The Committee is authorised by the CCGs' Governing Bodies to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.

6. The Committee is authorised by the CCGs' Governing Bodies to obtain external legal or other independent professional advice and to secure the attendance of advisers with relevant experience and expertise if it considers this necessary.

Membership

7. The membership of the Committee will consist of:

    - 3 x Lay members (one of the lay members shall be the Chair of the committee and a second lay member shall be the deputy chair of the committee)
    - 3 x General Practitioners (or other clinicians e.g. Clinical Leads and / or secondary care clinician) appointed by the CCG with at least one appointed as a Governing Body member from one of the CCGs
    - Quality and nursing function
    - Finance function
    - Primary care function
    - Commissioning and performance function
    - Contracting leads

8. Should Members not be able to attend, nominated deputies, with appropriate delegated authority, may take their place.

9. The role of the Chair of the meeting will be rotated every four months between the three CCGs.

10. A decision put to a vote at a meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

11. Chairs of the Committee's sub-groups will be invited to attend as required.

12. Other representatives may be invited to attend as required. These representatives will be in attendance in an advisory capacity and shall not be considered as part of the quorum for decision-making, unless they are formally deputising for a member of the committee.

Quorum

13. The quorum for the Committee will be the following:

- Chair of the Committee or deputy Chair
- Representative from the finance function or deputy
- Representative from the nursing and quality function or deputy
- Representative from the commissioning and performance function
- 2 x clinicians (at least one appointed as a Governing Body member from one of the CCGs)

14. Where members are conflicted and voting is required, 50% of the membership of the Committee consisting of persons entitled to vote upon the business to be transacted, shall be a quorum. The finance representative, the nursing and quality representative, and commissioning and performance representatives (or their deputies) must be present as part of the quorum.

Reporting arrangements

15. The Performance, Finance and Activity Committee will provide a written summary report of the outcomes of the meeting, actions taken and risks to be escalated to the Governing Body following its meeting.

16. All sub-groups will provide a summary report to the next meeting of the Committee supported by approved minutes.

Administration

17. The administration and minute taking for the PFAC is the responsibility of the Corporate Affairs function.

Frequency of meetings

18. The Committee will hold monthly meetings and conduct its meetings ensuring adherence to the CCGs' Constitution, policies and the Nolan Principles.

Conduct of the Committee and Conflicts of Interest

19. The Committee shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the Management of Conflicts of Interest policy.

20. Members are required to state for the record any interest relating to any matter to be considered at each meeting. These conflicts will be recorded in the minutes and where necessary an individual may be asked to withdraw from the meeting for that part of the agenda.

21. The corporate affairs leads of each CCG will be responsible for reviewing the agendas and papers in advance of the meeting and advising on conflict matters accordingly ahead of the meeting to enable the Chair of the Committee to manage effectively any actual or perceived conflicts of interest in an open and transparent way.

22. Where GP members are conflicted, the committee has the ability to temporarily amend its quoracy for the duration of the agenda item.

23. Should the Chair of the meeting have a conflict of interest which necessitates their absence from the meeting, the role of Chair should be undertaken by one of the other Lay Members present.

24. An annual report of its performance, membership and terms of reference will be submitted to the Governing Bodies.

Equality Statement

25. The CCGs are committed to promoting equality in all its responsibilities – as commissioners of services, as a partner in the local economy and as a employer. All committees of the Governing Bodies have a duty to ensure that it contributes to ensuring that all users and potential users of services and employees are treated fairly, respectfully with regard to the protected characteristics of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation.

Review

26. These Terms of Reference will be reviewed annually or sooner if required and recommendations made to the Governing Bodies for approval.

Date approved:

Review date:

East Leicestershire and Rutland CCG,
Leicester City CCG, and West Leicestershire CCG

Performance, Finance and Activity Committee
Work Programme
(v1 October 2019)

	PRESENTERS AND AUTHORS		2019/20					2020/21											
AGENDA ITEMS	**CCG Lead**	**Author**	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**
1. COMMITTEE ARRANGEMENTS																			
Terms of Reference (review annually)							✔												
Work Programme (review annually)							✔												
Agree future meeting dates (annually)							✔												
Review Committee effectiveness (annually)							✔												
2. CORPORATE PERFORMANCE																			
To receive corporate performance reports showing compliance against the NHS Oversight Framework and identifiy actions as required to ensure compliance			✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
To receive and review assurance reports in relation to provider contract management and provider performance (including performance of primary care providers)			✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Advise the Integrated Governance and Quality Committee, the Collaborative Commissioning Committee, and / or the Governing Bodies of any risks relating to corporate performance and / or provider performance identified that fall within their specific remits (e.g. patient safety risks for IGQC, and for CCC risks potentially impacting commissioning decisions etc).			✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
3. FINANCE AND ACTIVITY																			
Review and comment on the CCGs' annual financial plan for following year and make recommendations to the Collaborative Commissioning Committee			✔										✔		✔				
To review CCG activity plans ensuring they align to financial plans for following year and make recommendations to the Collaborative Commissioning Committee			✔										✔		✔				
To receive assurance that CCGs' operational plans / trajectories are aligned to financial plans for following financial year			✔										✔		✔				
QIPP - plan for following financial year			✔										✔		✔				
To receive monthly finance reports detailing CCG sepcific financial positions and assurance			✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
To receive monthly assurance reports on delivery of QIPP schemes.			✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Reporting of delivery against contract activity plans/mitigating actions			✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
in year QIPP plan monitoring, including governance arrangements			✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
4. POLICIES AND PROCEDURES																			
Comment on financial policies and procedures and make recommendations to the Integrated Governance and Quality Committee for approval, if within its delegation (as required)																			
5. REPORTS FROM SUBGROUPS																			
Summary report from sub-groups and the approved minutes to be presented to the Committee			✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

LEICESTER CITY, WEST LEICESTERSHIRE, AND EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUPS

TERMS OF REFERENCE
COLLABORATIVE COMMISSIONING COMMITTEE ("CCC")
(JOINT COMMITTEE)

(v5 October 2019)

Constitution

1. The Collaborative Commissioning Committee ("CCC") has been established as a joint committee of NHS Leicester City Clinical Commissioning Group, NHS West Leicestershire Clinical Commissioning Group and NHS East Leicestershire and Rutland Clinical Commissioning Group, collectively referred to as the Leicester, Leicestershire and Rutland Clinical Commissioning Groups ("LLR CCGs"). The CCC will support joint decision making on those matters delegated to it where the Governing Bodies of the CCGs have agreed to undertake collective strategic decision making. The Scheme of Reservation and Delegation sets out those areas where authority has been delegated to the CCC by the three CCGs.

Purpose

2. There is an increased focus from regulatory bodies and policy makers on bringing together health organisations with partners in local authorities to integrate services. NHS England has provided a clear mandate to CCGs to 'integrate and work across a larger geographical footprint'

3. This collaboration builds on the work which has already been undertaken to share specific aspects of commissioning through hosted teams and shared arrangements for assurance regarding provider performance, and supports the aims of the LLR STP.

4. The purpose of the CCC will be to:
    - support CCGs to create a financially sustainable health system in LLR, working beyond organisational boundaries to make best use of the public purse;
    - provide a forum where commissioners can agree and align priorities and identify opportunities for further collaboration and consistency.

Responsibilities

5. The duties of the CCC will include the following:

Strategy and Planning

- To discuss and agree the principles for commissioning intentions each year, to inform consideration and approval by individual governing bodies.
- To consider and approve LLR wide commissioner plans, informed by deliberations by individual governing bodies and, if relevant, the System Leadership Team.
- Ensure appropriate public engagement and, where necessary, consultation is undertaken and that the views of patients and other stakeholders is appropriately considered and used to inform proposals.
- Agree strategy for key enablers, such as IM&T and estates.
- Informing LLR engagement with LLR NHS England on Specialised Commissioning.

Commissioning

- Considering options appraisals for services or pathway changes.
- To approve system level service and pathway changes.
- Where taking decision ensure these are informed by relevant equality and quality impact assessments.
- Agreement of service specifications for procurement of healthcare services to be procured collaborative across LLR.
- To approve business cases for services to be developed or delivered across LLR (for commissioning or decommissioning and/or investment or disinvestment) with a total financial value up to £5,000,000 over the period of the contract (or three years if the investment is not time limited) for an individual CCG.
- To consider business cases for services to be developed or delivered across LLR (for commissioning or decommissioning and/or investment or disinvestment) with a total financial value of £5,000,000 over the period of the contract (or three years if the investment is not time limited) or more for an individual CCG and provide comments to inform the considerations of individual governing bodies.
- To approve business cases for services to be developed or delivered across LLR commissioning or decommissioning and/or investment or disinvestment) with a financial value of £5,000,000 over the period of the contract (or three years if the investment is not time limited) or more for an individual CCG where all three CCG governing bodies agree to delegate this decision to CCC.

Procurement

- Following approval of the model or specification for each health care service (as above), consider options for the procurement process through which the provider(s) will be selected. Receive reports from the Competition and Procurement Group (CPG) as necessary. Acting in accordance with the recommendations of CPG, develop final proposals for the procurement process and approve these proposals.
- Through reports from the CPG as necessary, monitor progress of procurement processes for health care services within the remit of the CCC and provide assurance to the CCGs' Governing Bodies.
- Subject to the Scheme of Reservation and Delegation, make a recommendation to the CCGs' Governing Bodies on the outcome of the procurement evaluation or approve the award of contracts to the preferred bidder, if within the level of authority delegated to them.
- Keep under review the progress made with commissioning and procurement activity, particularly in response to information received from the Integrated Governance and Quality Committee and the Performance, Finance and Activity Committee and other activity which should inform commissioning plans. Where necessary, report to the CCGs' Governing Bodies any such information which they should be aware of, particularly where it suggests that plans should be amended.

Policies

- For each commissioning policy within the remit of the CCC, develop proposals and present them for discussion by the CCGs' Governing Bodies. Acting in accordance with the outcomes of those discussions, develop final drafts for the policies and either approve these or, where required by the Scheme of Reservation and Delegation, present them for approval by the CCGs' Governing bodies.
- Consider the work programme of the East Midlands Affiliated Commissioning Committee.

Commissioning Support

- Agreement of the service specification for Commissioning Support services to be procured by the CCGs, in line with the budget set by each CCG Governing Body.

- Oversee the procurement process for any commissioning support service and approve outcome.
- Keep under review the commissioning support arrangements provided to the CCGs, providing the CCGs' Governing Bodies with assurance in respect of the quality of the services.
- Agree any changes to services (in line with the financial envelope agreed by individual governing bodies).

Provider Contract variation

- In accordance with the Scheme of Reservation and Delegation receive recommendations and assurance on provider performance from the Performance, Finance and Activity Committee, and the Integrated Governance and Quality Committee to inform decisions .
- Where required, approve any variation to contracts for LLR wide services, including any changes funding arrangements, with a value of up to £499,999 for an individual CCG.
- Within the scheme of reservation and delegation, receive proposals and agree and variations to contracts which may be required.

6. The CCC shall discharge these duties in line with the authority delegated to it by the three CCGs, as set out in the scheme of reservation and delegation at Appendix A.

7. The CCGs will remain independent statutory bodies, and maintain their statutory responsibilities. The following matters will be reserved to the governing body of each CCG:

    - The approval of annual operational plan
    - The approval of annual report and accounts
    - Approval of s75 agreements
    - Budgets and operational plans for individual organisations
    - Local engagement and consultation arrangements
    - Primary Care Commissioning (as delegated by NHS England)
    - Statutory responsibilities for the quality and safety of services

Authority

8. The CCC is a formal joint committee of the LLR CCGs and shall have the authority to make decisions which are binding upon the CCGs in relation to those matters delegated to it as set out in the Scheme of Reservation and Delegation

set out in Appendix A to these Terms of Reference. These areas of authority shall also be reflected in the constitutions of each of the LLR CCGs.

Membership

9. The CCC shall consist of a total of 18 members, with membership being balanced across each CCG. Each CCG shall be represented by 5 core members. The following roles will be represented for each CCG:
    - Accountable Officer
    - Clinical Chair
    - Vice Clinical Chair (or assistant clinical chair, depending on local practice)
    - Independent Lay Member
    - Chief Finance Officer

10. In addition to the five roles set out above a further three members shall be appointed to the committee to act as 'functional leads'. These members represent their professional function on behalf of the three CCGs. The roles to be represented are:
    - Chief Nurse
    - Director of Strategy (or equivalent)
    - Director of Urgent Care

11. Each CCG shall provide a representative to fill one of the functions, ensuring membership remains balanced with each CCG being represented by 6 members. However, in the event of a functional representative being unable to attend, they may ask a counterpart from another CCG to deputise for them (for example the Chief Nurse of one of the other CCGs). In this instance the membership will not be balanced numerically between CCGs, though the deputy will be representing their function, rather than their organisation.

12. Where a member cannot attend, they can send a suitably and duly nominated deputy may attend in their absence and be considered within the quorum. In the circumstance where a deputy attends for a functional role, that person represents their function, rather than their organisation.

13. The Chair of the CCC shall be one of the lay members of the CCGs. Each lay member shall serve as Chair for four months; the order of rotation shall be determined by CCC.

14. Where the Chair is unable to attend the meeting, the meeting shall be chaired by one of the other lay members present.

15. Chairs of the Committee's sub-groups will be in attendance as required.

16. Other representatives may be invited to attend as required. These representatives will be in attendance in an advisory capacity and shall not be considered as part of the quorum for decision-making, unless they are formally deputising for a member of the committee.

Quorum

17. For decision making purposes, a quorum shall be 10 members. The following roles must be present from each CCG for the meeting to be quorate: Managing Director (or deputy) and Clinical Chair (or deputy) GP. In addition to these two roles the Chief Nurse representative (on behalf of the three CCGs), one Chief Finance Officer and two lay members must also be present.

18. Where members are conflicted and voting is required, 50% of the membership of the Committee consisting of persons entitled to vote upon the business to be transacted, shall be a quorum. The Accountable Officer, at least one lay member, director of finance and the Chief Nurse/Director of Nursing and Quality (or their deputies) must be present as part of the quorum.

Role of members

19. With the exception of the functional representatives, members of the CCC represent their organisations, and the views of their governing body. It is expected that, where necessary, members shall ensure that recommendations to be presented to the CCC for decision are considered by the appropriate body within their own organisation, to establish the shared view of the organisation which they represent when attending CCC.

20. Members shall also provide visibility within their own organisations of the considerations of the CCC, and ensure that issues and proposed solutions are discussed by the appropriate bodies within member organisations.

Decision making

21. When taking decisions members of the CCC will work constructively and pragmatically to reach a consensus position where all agree; voting arrangements will not apply to the decision making of the CCC.

22. Where members do not feel they are in a position to support a decision, either individually or as a professional group, they reserve the right to refer the issue

back to the governing body of their organisation for further consideration before the issue comes back to the CCC to take a decision. Members should clearly state their position, and ask that it be recorded in the minutes of the meeting. No decision shall be made by majority. If a consensus cannot be reached, no decision shall be made.

23. Decision making member organisations shall ensure that their own constitutions and schemes of reservation and delegation provide members of CCC with sufficient authority to take decisions on matters presented to the CCC on behalf of their organisations.

24. Where a decision has been made by the CCC, it shall be binding upon the CCGs. All decisions made shall be reported to the governing body of each of the CCGs.

Reporting arrangements

25. The CCC does not usurp or replace any existing statutory accountabilities of member organisations. Individual member organisations retain their statutory accountabilities to their respective regulatory and oversight bodies.

26. The CCC will be accountable to both the governing bodies of its members. The minutes of CCC shall be circulated to the governing bodies of the three CCGs.

Administration

27. The administration and minute taking for the CCC is the responsibility of the Corporate Affairs function.

Frequency

28. The Committee shall meet on a monthly basis.

Conduct of the Committee and Conflicts of Interest

29. The Committee shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the Management of Conflicts of Interest policy.

30. Where an additional meeting is required outside of the established meeting pattern it shall be for the Chair to convene the meeting, with the agreement of the Chairs and Accountable Officer.

31. Papers will be circulated one week in advance, to enable organisations to consider the implications for their own organisations in advance of the meeting. Where this is not possible, any later circulation must be agreed with the Chair in advance.

32. Meetings of the CCC shall be held in public.

33. The CCC 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.

34. Where during the discussion of a matter in public, any member feels that the discussion is addressing matters of a confidential nature he or she may request that the Chair adjourn the discussion of that item.

35. The conduct of confidential business shall warrant a closed meeting, or closed session of a meeting held in public, and the chair shall require only members of the governing body and any person(s) invited for the purpose of discussing the confidential matter(s) to be present. The reasons for undertaking a discussion in confidential session shall be documented.

36. Members are required to state for the record any interest relating to any matter to be considered at each meeting. These conflicts will be recorded in the minutes and where necessary an individual may be asked to withdraw from the meeting for that part of the agenda.

37. The corporate affairs leads of each CCG will be responsible for reviewing the agendas and papers in advance of the meeting and advising on conflict matters accordingly ahead of the meeting to enable the Chair of the Committee to manage effectively any actual or perceived conflicts of interest in an open and transparent way.

38. Where GP members are conflicted, the committee has the ability to temporarily amend its quoracy for the duration of the agenda item.

39. Should the Chair of the meeting have a conflict of interest which necessitates their absence from the meeting, the role of Chair should be undertaken by one of the other Lay Members present.

40. An annual report of its performance, membership and terms of reference will be submitted to the Governing Bodies.

Equality Statement

41. The CCGs are committed to promoting equality in all its responsibilities – as commissioners of services, as a partner in the local economy and as a employer. All committees of the Governing Bodies have a duty to ensure that it contributes to ensuring that all users and potential users of services and employees are treated fairly, respectfully with regard to the protected characteristics of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation.

Review

42. These Terms of Reference will be reviewed annually or sooner if required and recommendations made to the Governing Bodies for approval.

Date approved:

Review date:

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

CLINICAL REFERENCE GROUP
(Joint Advisory Group)

TERMS OF REFERENCE
(v2, October 2019)

1. Constitution

The Clinical Reference Group ("CRG") has been established as a joint advisory group of NHS Leicester City Clinical Commissioning Group, NHS East Leicestershire and Rutland Clinical Commissioning Group, and NHS West Leicestershire Clinical Commissioning Group, collectively referred to as the Leicester, Leicestershire and Rutland Clinical Commissioning Groups ("LLR CCGs"). The CRG will provide support and clinical commissioning advice to the Governing Bodies of the CCGs and the committees of the CCGs. The CRG will act in an advisory capacity only and it has no delegated authority from the three CCGs.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Group and shall effect as if incorporated into each CCG's Constitution.

2. Purpose

The purpose of CRG will be to help improve clinical outcomes, patient experience and reduce health inequalities across the LLR CCGs by providing clinical input and advice in the development and review of commissioning plans and strategies, including service design and redesign.

3. Responsibilities

The duties of the Clinical Reference Group will be to:

- Aim to help improve clinical outcomes, patient experience and reducing health inequalities across LLR CCGs.
- Provide clinical input and advice on clinical programmes of work, development of commissioning strategies, policies and plans ensuring they are cost effective.
- Advise on existing, and identify opportunities for new clinical pathways design and redesign.
- Provide an opportunity for lead officers to obtain clinical engagement for the various clinical work streams via the CRG.

- Ensure appropriate clinical engagement.
- Identify areas of best practice across LLR and beyond which can inform the standardisation and improvement of care and quality.
- Facilitate and support collaboration with integrated clinical care pathways with partner organisations.
- Focus on clinical areas with particular challenge or opportunity.
- Ensure appropriate interface with committees in the LLR CCGs' governance structure.
- Assurance and escalation of risks to Governing Bodies.

4. Membership

The membership of the Group will consist of:

- Clinical Chairs from each CCG (one of the clinical chairs shall be the Chair of the Group and a second clinical chair shall be the deputy chair of the Group)
- Clinicians from each of the three CCG Governing Bodies (i.e. General Practitioners, Secondary Care Clinicians)
- Chief Nurse / Board Nurse from each CCG

Should Members not be able to attend, nominated deputies, with appropriate delegated authority, may take their place.

Although the CRG is not a decision making group, any clinical advice and proposal for onward recommendation to the Governing Bodies, Collaborative Commissioning Committee, Primary Care Commissioning Committees, and the Integrated Governance and Quality Committee shall be determined by consensus of the members present.

5. Quorum

The quorum for the Group will comprise of 50% of the membership, with the Chair of the Group or the deputy Chair being present, unless they are conflicted.

6. Conflicts of Interest

Members are required to state for the record any interest relating to any matter to be considered at each meeting. These conflicts will be recorded in the minutes,

and where necessary an individual may be asked to withdraw from the meeting for that part of the agenda.

The corporate affairs leads of each CCG will be responsible for reviewing the agendas and papers in advance of the meeting and advising on conflict matters accordingly to enable the Chair of the Group to manage effectively any actual or perceived conflicts of interest in an open and transparent way.

Where GP members are conflicted, the Group has the ability to temporarily amend its quoracy for the duration of the relevant agenda item (see section above outlining the quorum).

Should the Chair of the meeting have a conflict of interest which necessitates his or her absence from the meeting, the role of Chair should be undertaken by one of the other members present.

7. Attendance:

Other representatives may be invited to attend as required. These representatives will be in attendance in an advisory capacity and shall not be considered as part of the quorum, unless they are formally deputising for a member of the CRG.

8. Reporting arrangements

On at least a quarterly basis, the CRG will provide a written summary report of the outcomes of its meetings, and risks to be escalated to the Governing Bodies. This may be at more regular intervals if required.

9. Administration

The administration and minute taking for the CRG is the responsibility of the Corporate Affairs function.

10. Frequency of meetings

The CRG will hold monthly meetings and conduct its meetings ensuring adherence to the CCGs' Constitution, policies and the Nolan Principles.

11. Conduct of the Group

The CRG shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the Management of Conflicts of Interest Policy.

A review of the CRG's membership and terms of reference will be submitted to the Governing Bodies on an annual basis.

12. Equality Statement

LLR CCGs are committed to promoting equality in all their responsibilities – as commissioner of services, as a partner in the local economy and as an employer. All committees and groups of the Governing Bodies have a duty to ensure that it contributes to ensuring that all users and potential users of services and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender, reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation.

13. Review of Terms of Reference

These Terms of Reference will be reviewed annually or sooner if required and recommendations made to the Governing Bodies for approval.

Date approved:

Review date:

Leicester City Clinical Commissioning Group

West Leicestershire Clinical Commissioning Group
East and Rutland Leicestershire Clinical Commissioning Group

Leicester, Leicestershire & Rutland (LLR) Clinical Commissioning Groups (CCG) Competition and Procurement Group (CPG)

Terms of Reference
(v1, October 2019)

1. Constitution

1.1 Leicester City Clinical Commissioning Group (LC CCG), East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) and West Leicestershire Clinical Commissioning Group (WL CCG) hereby resolve to establish a joint advisory group known as the LLR (Leicester, Leicestershire and Rutland) Clinical Commissioning Groups' (CCGs) Competition and Procurement Group ("the Group").

2. Purpose

2.1 To assess and provide recommendations relating to competition and/or procurement law in respect of the LLR CCGs' scope of health services commissioning responsibilities. The Group will also retain links to external support both from legal experts.

2.2 To advise on compliance with The Public Contracts Regulations (PCR) 2015.

2.3 To advise on compliance with The National Health Service (Procurement, Patient Choice and Competition) Regulations, section 75, 2013.

2.4 To advise on compliance with European Union (EU) Treaty Principles;

- Equal Treatment
- Transparency
- Proportionality
- Non-discriminatory.

2.6 To ensure that appropriate governance and legal issues have been considered in relation to procurement decisions undertaken by LLR CCGs and any potential risks have been identified and mitigated appropriately.

2.7 To provide guidance around complaints relating to procurement decisions and matters that cannot be resolved by the Midlands and Lancashire Commissioning Support Unit (ML CSU) procurement team, including referral to an independently constituted dispute panel.

3. Responsibilities

3.1 To provide recommendations to the LLR CCGs' Governing Bodies and the Collaborative Commissioning Committee on adherence to competition and cooperation law and principles and ensure that appropriate issues have been considered in relation to procurement decisions.

3.2 To advise and support CCGs to ensure that procurement processes are in line with EU legislation enacted in to UK law and the EU Treaty Principles and to highlight any identified procurement risks.

3.3 To provide a local route for management of complaints relating to competition decisions, ensuring that dispute resolution policies are enacted appropriately.

3.4 To advise and support the CCGs on decisions relating to competition and/or procurement law which from time to time require external input to make decisions for determination.

3.5 MLCSU procurement to ensure procurement law education for the membership to ensure the Group is aware of up to date legislation.

3.6 To have oversight of the complaints register relating to procurement processes and ensure lessons learnt are captured and support the improvement of systems and processes.

3.7 To monitor and report to the CCGs, via the Collaborative Commissioning Committee and the CCG representatives through individual CCG governance processes, on the Group's activity log and work plan and related governance processes of the CCGs.

4. Confidentiality

4.1 The matters and papers discussed in the Group meetings must be kept strictly confidential and must not be reproduced, copied, discussed with, disclosed or distributed to any or other person and/or organisation outside of the organisations that are part of this Panel at any time.

5. Membership

5.1 The membership of the Competition and Procurement Group will be:

- 3 Governing Body Lay Representatives (one from each LLR CCG - one to be Chair and another deputy Chair)
- 3 Governing Body Director Representatives (one from each LLR CCG) or their deputies

5.2 In attendance:

- Commissioning Leads as required from the LLR CCGs
- Support Officer to administer the meeting from one of the LLR CCGs
- Midlands and Lancashire Commissioning Support Unit (ML CSU) Senior Procurement Manager or MLCSU Head of Procurement

5.3 Membership will be reviewed regularly as a result of changes in relevant guidance and/or legislation that may impact on the Group. Individuals relating to specific agenda items will be advised to attend as required.

5.4 Each member shall nominate a deputy to attend in their absence and, if applicable, voting rights shall transfer to the nominated deputy when making recommendations back to the CCGs.

6. Quorum

6.1 The meeting will be quorate when at least the following are in attendance with each CCG being represented:

- 2 of the 3 CCG Lay Representatives,
- 2 of the 3 CCG Governing Body Director Representatives or deputies

7. Decision Making

7.1 A decision put to a vote at a meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Group shall have a second and casting vote in relation to making a recommendation to the CCGs.

8. Administration

8.1 Administration and taking minutes for the Competition and Procurement Group is the responsibility of one of the CCG Corporate Affairs Teams.

8.2 The template for each item to be discussed at the Competition and Procurement Group shall be the standardised document as agreed by the Group (currently this document is entitled "Appendix A") and shall be completed and presented by the relevant member(s) of the CCG(s).

9. Frequency of meetings

9.1 The Competition and Procurement Group shall meet on a monthly basis.

10. Reporting arrangements

10.1 The Group will report to the Collaborative Commissioning Committee producing a report for the Committee as required. .

11. Review

11.1 These Terms of Reference will be reviewed annually or sooner if required and recommendations made to the CCG's for approval.

Date of approval:

Review Date:

Appendix 9 - Outline Terms of Reference

Name	Overview of proposed responsibilities
Governing Bodies	a) Ensure functions are exercised effectively, efficiently and economically and in accordance with the principles of good governance. b) Establish organisational culture and values. c) Set strategic objectives. d) Set commissioning strategies and operational plans (and other associated enabling strategies and plans) and oversee delivery. e) Oversee statutory financial requirements and approve opening budgets. f) Approve key governance documents (in line with the Scheme of Reservation and Delegation). g) Approve and oversee arrangements for discharging the CCGs key statutory duties, eg reducing inequalities, improving quality, securing public involvement, public sector equality duties etc. h) Oversee performance against key NHS Constitution Standards. i) Make commissioning decisions regarding investments, disinvestments and significant service changes (unless otherwise delegated). j) Set relevant organisational policies. k) Oversee the management of strategic risks. l) Support the delivery of the Leicester City and Leicestershire County Council Health and Wellbeing Strategies. m) Approve and oversee any Section 75 and/or delegation agreements.
Clinical Reference Group	a) To help improve clinical outcomes, patient experience and reduce health inequalities across the LLR CCGs by providing clinical input and advice in the development and review of commissioning plans and strategies, including service design and redesign.
Audit Committees	a) Provide independent and objective view of financial systems, financial information and compliance with relevant laws, regulations and directions. b) Scrutinise integrated governance, risk management and internal controls systems. This will include scrutiny of the Governing Body Assurance Framework. c) Scrutinise and approve the annual report and accounts, including the annual governance statement. d) Scrutinise non-compliance with standing orders, scheme of reservation and delegation and standing financial instructions. e) Approve and monitor compliance with the Management of Conflicts of Interest Policy.

	f) Ensure effectiveness of internal audit. This will include approval of the annual internal audit plan and review of associated findings. g) Scrutinise arrangements for countering fraud, including the work programme and review of findings. h) Ensure effectiveness of external audit. This will include approval of the external audit plan and review of associated findings. i) Act as the CCGs Auditor Panels.
Remuneration Committee	a) Make recommendations to the Governing Bodies about: • Appropriate remuneration, fees and allowances for Governing Body members and all senior managers and clinical leads on Very Senior Managers pay. • Allowances payable under pension schemes established by the CCGs. • Termination payments (including redundancy and severance payments) and any special payments. • Contractual terms and conditions for senior managers on Very Senior Managers pay.
Primary Care Commissioning Committees	a) Oversee the effective management of delegated primary care commissioning arrangements, ie the planning, commissioning and procurement and contract oversight of primary medical services. b) Oversee delivery of the General Practice Forward View. c) Make decisions in relation to: • GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices and removing a contract); • Newly designed enhanced services (local enhanced services and directed enhanced services); • Design of local incentive schemes; • Establishment of new GP practices in an area; • Approving practice mergers and/or closures; • Discretionary payments; • Premises Costs Directions Functions. d) Scrutinise the effectiveness of arrangements to manage the delegated budget for primary care medical services. e) Scrutinise arrangements for monitoring the quality of primary medical services. f) Review and approve policies specific to the Committee's remit.
Integrated Governance and Quality Committee	a) Seek assurance and adopt an integrated approach to clinical governance, corporate governance, financial governance, information governance and research governance ensuring the CCGs are compliant with their statutory duties and obligations (including quality, patient and public involvement, equality and inclusion,

	workforce matters etc).
Performance, Finance and Activity Committee	b) To have a strategic focus on seeking assurance in respect of the mandated standards and the national framework that CCGs are required to be compliant against (e.g. NHS England and Improvement Outcomes Framework). c) Responsible for ensuring delivery against the financial plans and transformational delivery plans, and where activity is not on track assurance is sought and advice offered in respect of remedial actions required.
Collaborative Commissioning Committee	a) Support CCGs to create a financially sustainable health system in LLR, working beyond organisational boundaries to make best use of the public purse. b) Provide a forum where commissioners can agree and align priorities and identify opportunities for further collaboration and consistency.

Overview of each committee in the proposed governance structure (October 2019)

ELR CCG Governing Body

No change, continues in line with existing constitutional requirements.

LC CCG Governing Body

No change, continues in line with existing constitutional requirements.

WL CCG Governing Body

No change, continues in line with existing constitutional requirements.

ELR CCG, LC CCG and WL CCG Governing Body meetings in common

No change, each meeting takes place in line with existing constitutional requirements. The only difference being that to assist coordination each of the CCG Chairs will be asked to chair the meetings in common on a rotational basis.

Primary Care Commissioning Committees x 3 (meetings in common)

Meeting frequency:

Monthly

Members:

As per each existing CCG terms of reference (with exception of WL CCG, changes required to WL CCG terms of reference as GPs should be non-voting members).

Non-voting attendees

As per existing CCG terms of reference although will need to agree LMC representation and whether this is for public only or for both public and confidential meetings).

Voting and Quoracy:

In line with each CCG's PCCC terms of reference noting GP members cannot vote in line with national guidance.

Audit Committees x 3 (meetings in common)

Meeting frequency:

Bi-Monthly

Members:

As per each existing CCG terms of reference.

Voting and Quoracy:

In line with each CCG's Audit Committees' terms of reference.

Remuneration Committees x 3 (meetings in common)

Meeting frequency:

As required

Members:

As per each existing CCG terms of reference.

Voting and Quoracy:

In line with each CCG's Audit Committees' terms of reference.

Clinical Reference Group (advisory)

Meeting frequency:

Monthly

Members:

Clinical members of the Governing Bodies.

Voting and Quoracy:

Non-decision making group.

Integrated Governance and Quality Committee (joint committee)

Meeting frequency:

monthly

Members:

- 3 x Lay members (one of the lay members shall be the Chair of the committee and a second lay member shall be the deputy chair of the committee)
- 3 x General Practitioners (or other clinicians e.g. Clinical Leads and / or secondary care clinician) appointed by the CCG with at least one appointed as a Governing Body member
- Directors of Nursing and Quality
- Directors of Finance
- Head of Operations and Corporate Affairs
- Directors of Primary Care
- Consultant in public health (representing Leicestershire County and Rutland)
- Consultant in public health (representing Leicester City)

Voting and Quoracy:

- Chair of the Committee or deputy Chair
- Representative from the finance function or deputy
- Representative from the nursing and quality function or deputy
- 2 x clinicians (at least one appointed as a Governing Body member)

Performance, Finance and Activity Committee (joint committee)

Meeting frequency:

monthly

Members:

- 3 x Lay members (one of the lay 2 x Lay members (one of the lay members shall be the Chair of the committee and a second lay member shall be the deputy chair of the committee)
- 3 x General Practitioners (or other clinicians e.g. Clinical Leads and / or secondary care clinician) appointed by the CCG with at least one appointed as a Governing Body member
- Directors of Nursing and Quality
- Directors of Finance
- Directors of Primary Care
- Director of Operations and Corporate Affairs
- Directors of Commissioning, Performance, Strategy and Implementation
- Contracting leads

Voting and Quoracy:

- Chair of the Committee or deputy Chair
- Rep from the finance function
- nursing and quality function rep
- commissioning and performance rep
- 2 x clinicians (at least one appointed as a Governing Body member)

Collaborative Commissioning Committee (joint committee)

Meeting frequency

Monthly

- 3 x Independent Lay Members (one of the lay members shall be the Chair of the committee and a second lay member the deputy chair)
- Accountable Officer
- 4 x General Practitioners (or other clinicians e.g. Clinical Leads) appointed by the CCG with at least one appointed as a Governing Body member
- Secondary Care Clinician
- Directors of Nursing and Quality
- Directors of Finance
- Director of Operations and Corporate Affairs
- Directors of Primary Care
- Directors of Commissioning, Performance, Strategy and Implementation
- Contracting leads

Voting and Quoracy:

- 10 members unless conflicted in which case 50% of the non-conflicted membership.

Implementation timetable (Appendix 11)

Action	Deadline
1. Collaborative governance proposal presented to Governing Bodies	8th October 2019
2. Clinical Reference Group development session	29th October 2019
3. Remuneration Committees meeting in common	November 2019
4. Audit Committees meeting in common	November/December 2019
5. Inaugural meeting of the joint Integrated Governance and Quality Committee	November 2019
6. Inaugural meeting of the joint Collaborative Commissioning Committee	November 2019
7. Primary Care Commissioning Committees meeting in common	December 2019
7. Inaugural meeting of the joint Performance, Finance and Activity Committee	December 2019
9. Governing Bodies meeting in common	January 2020