

COUNCIL OF REPRESENTATIVES

Terms of Reference

1 Introduction

Every Member Practice of the Vale of York Clinical Commissioning Group will nominate one GP member representative to a Council of Representatives. [Hereafter referred to as The Council].

The Council will delegate powers to the Governing Body to set the direction, strategy, and delivery of commissioning responsibilities, in consultation with the Council. The Accountable Officer and the Governing Body will be responsible on behalf of the members for carrying out the statutory responsibilities of an NHS commissioning organisation.

Members of the public are not permitted to attend Council of Representatives meetings.

2 Purpose of the Council of Representatives

To ensure that there is close and effective communication between the member practices and the Governing Body.

To engage in the clinical commissioning process and provide local intelligence to inform commissioning decisions.

To support the Governing Body in managing, monitoring and redesigning service delivery.

To help develop new leadership capabilities within the Vale of York Clinical Commissioning Group which will support succession planning and the sustainability of the organisation?

3 Remit

- The Council has the authority to make requests to the NHS Commissioning Governing Body for amendments to the Vale of York Clinical Commissioning Group constitution.
- The Council has the authority to delegate authority to the Governing Body to carry out the duties of the organisation.
- The Council has the authority to call an Extraordinary Meeting and to apply its power of recall should the leadership of the Vale of York Clinical Commissioning Group be brought into doubt.

- The Council will review performance reports, financial reports and strategic plans.
- An Annual General Meeting will be held once a year for all GPs and the annual reports will be presented to the Council of Representatives.

4 Reporting Arrangements

The Council's Terms of Reference shall be agreed by the member practices and shall act as is incorporated into the Vale of York Clinical Commissioning Group Constitution.

The minutes of the Council meetings shall be formally recorded and made available to the Governing Body / presented to the Governing Body.

Where the Council has voted on a course of action or decision, the Council will formally notify the Governing Body of the outcome of their decision.

The membership of the Council shall be published in the Annual Report.

5 Frequency

The Council will meet at least quarterly and more frequently when required in order to carry out the business of the Council. The agenda will be circulated seven working days before the meeting date.

6 Membership

The Council will comprise of a clinical representative nominated from each practice. Each clinical representative must also provide a named deputy to attend in their absence, who must be clinically qualified in order to vote on behalf of the practice. Each practice may also have a practice manager in attendance; however the practice manager will not be a voting member of the Council.

In attendance :

- Local Medical Council Representative
- GP members of the Governing Body
- Accountable Officer
- Chief Finance Officer
- Other supporting officers as requested or nominated

The role of Chair and Deputy Chair will be appointed for a Term of Office. The Council of Representatives shall determine the tenure of the Chair and Deputy Chair.

The Council of Representatives may nominate a clinical representative outwith of member practices to act as deputy chair. Where this provision is enacted the deputy chair will not have a casting vote and a second vote will be required.

Council members will declare interests that may conflict with the business of the meeting and comply with the CCG policy on the management of conflicts of interest.

Conflicts of Interest, both actual and perceived, shall be managed in line with NHS Vale of York CCG Conflicts of Interest policy and recorded at the start of every meeting.

7 Quorum

No business shall be transacted unless there is at least 60% of the Council members are present.

Where a decision about the performance of the Governing Body, individuals or the totality of the Governing Body, is required, no member of the Governing Body may vote on behalf of the practice.

8 Attendance

Regular attendance at the Council meetings leads to improved engagement and governance. In the event that an attendee is unable to attend a meeting it is their responsibility to ensure that a nominated deputy, where appropriate and necessary, is properly briefed and empowered to act on their behalf.

Frequency of attendance by members and attendees will be reviewed by the Council at least annually.

9 Secretary

The secretary will be responsible for supporting the Chair in the management of the Council's business.

The Council will also be supported administratively by the secretary, whose duties in this respect will include :

- Agreement of agenda with Chair and attendees and collation of papers
- Taking the minutes
- Keeping a record of matters arising and issues to be carried forward
- Advising the Council on pertinent areas

10 Voting

Each Council member acting as representative of their practice will have one vote plus an extra vote for every 3000 registered patients on their practice list

Practices may apply for a proxy vote if they are unable to attend a Council meeting.

A vote can be triggered at the request of 25% of the member practices.

The usual majority for the Council is two thirds.

There is no right to veto.

11 Council Effectiveness

The Council shall undertake an annual review of its effectiveness.

12 Review of Terms of Reference

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

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