

NHS North Cumbria CCG Governing Body	Agenda Item
5 April 2017	05

NHS North Cumbria Clinical Commissioning Group Constitution

Purpose of the Report								
This report provides an update to the Governing Body on the NHS North Cumbria Constitution, including the terms of reference for new committees of the Governing Body.								
Outcome Required:	Approve	X	Ratify		For Discussion		For Information	
Assurance Framework Reference:								

Recommendation(s):
<p>The Governing Body is asked to:</p> <p>Recommendation 1: Agree to recommend the approval of the attached Constitution to the Full Council of Member Practices (Appendix 1)</p> <p>Recommendation 2: Agree the terms of reference of the Primary Care Commissioning Committee (Appendix 2) and Executive Committee (Appendix 3).</p> <p>Recommendation 3: Agree that other continuing committees of the Governing Body operate under their existing terms of reference, with the exception that they only relate to the revised boundary of NHS North Cumbria CCG, and that each committee reviews its terms of reference at its next available meeting.</p> <p>Recommendation 4: Confirm that all existing policies of the NHS Cumbria Clinical Commissioning Group continue and apply to the NHS North Cumbria Clinical Commissioning Group, with the exception that they only relate to the revised boundary of NHS North Cumbria CCG.</p>

Executive Summary:
<p>Key Issues:</p> <p>NHS North Cumbria Clinical Commissioning Group is required to amend the existing NHS Cumbria Clinical Commissioning Group Constitution to reflect the revised boundary, member Practices, and any changes to the governance of the organisation.</p> <p>A revised Constitution is attached. The final approval of the Constitution is reserved to the Full Council of members, which meets in May. The approval of Governing Body terms of reference falls within the delegation of the Governing Body.</p> <p>The outlines Constitution has already been endorsed by a meeting of North Cumbria Practices, and has been approved by NHS England.</p> <p>Key Risks:</p> <p>In the period until the approval of the Constitution the revised CCG needs to ensure that there are effective mechanisms for good governance, as proposed in recommendations 3 and 4. Adoption of those recommendations removes the risk of the CCG operating without a clear governance structure.</p> <p>The revised CCG needs to ensure that any Committees of the Governing Body operate within a clear governance structure. This is addressed by recommendation 2.</p> <p>Implications/Actions for Public and Patient Engagement:</p> <p>There are no new direct implications for Public and patient Engagement from the issues addressed by this paper.</p> <p>Financial Impact on the CCG:</p> <p>There are no direct financial implications arising from the issues addressed by this paper.</p>

Strategic Objective(s) supported by this paper:	Please select (X)
Support quality improvement within existing services including General Practice	X
Commission a range of health services appropriate to Cumbria's Needs	X
Develop our system leadership role and our effectiveness as a partner	X
Improve our organisation and support our staff to excel	X

Impact assessment: (Including Health, Equality, Diversity and Human Rights)	None applicable.
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Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed	The attached constitution and terms of reference each address the management of any conflicts of interest.
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Date Report Written	29 March 2017



North Cumbria
Clinical Commissioning Group

NHS North Cumbria CCG Constitution

Version 11 – for Approval at Governing Body 5 April 2017

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FOREWORD

To be included in agreement with the Chair.

PREAMBLE

This is the constitution for NHS North Cumbria Clinical Commissioning Group (the CCG). The CCG is a membership organisation of the 41 practices within the Allerdale, Carlisle, Copeland (with the exception of Millom) and Eden areas of Cumbria.

The Constitution sets out the arrangements made by the CCG to meet its responsibilities for commissioning care for the people for whom it is responsible. It describes the governing principles, rules and procedures that the CCG will establish to ensure probity and accountability in the day to day running of the CCG; to ensure that decisions are taken in an open and transparent way and that the interests of patients and the public remain central to the goals of the CCG.

The Constitution includes:

- the name of the CCG,
- the membership of the CCG,
- the area of the CCG,
- the arrangements for the discharge of the CCG's functions and those of its Governing Body,
- the procedure to be followed by the CCG and its Governing Body in making decisions and securing transparency in its decision making,
- arrangements for discharging the CCG's duties in relation to registers of interests and managing conflicts of interest,
- arrangements for securing the involvement of persons who are, or may be, provided with services commissioned by the CCG in certain aspects of those commissioning arrangements and the principles that underpin these.

The Constitution applies to the following, all of whom are required to adhere to it as a condition of their appointment:

- the CCG's member practices,
- the CCG's employees,
- individuals working on behalf of the CCG,
- anyone who is a member of the CCG's Governing Body, or any executive, committee or sub-committee of the CCG.

1. INTRODUCTION AND COMMENCEMENT

1.1. Name

1.1.1. The name of this CCG is NHS North Cumbria Clinical Commissioning Group.

1.2. Statutory Framework

1.2.1. CCGs are established under the Health and Social Care Act 2012 (“the 2012 Act”).ⁱ They are statutory bodies which have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2006 (“the 2006 Act”).ⁱⁱ The duties of CCGs is to commission certain health services as set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.ⁱⁱⁱ

1.2.2. The NHS Commissioning Board (NCB) is responsible for determining applications from prospective groups to be established as a CCGs^{iv} and undertakes an annual assessment of each established group.^v It has powers to intervene in a CCG where it is satisfied that it is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.^{vi}

1.2.3. CCGs are clinically led membership organisations made up of general practices. The members of the Clinical Commissioning Group are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.^{vii}

1.3. Status of this Constitution

1.3.1. This Constitution is established by the members of NHS North Cumbria CCG and has effect from 1 April 2017, when the NCB established the group.^{viii} The Constitution is published on the CCG’s website. It will also be available upon request for inspection at the CCG headquarters and upon application, either by post or e-mail (contact details are set out at the end of the Constitution).

1.4. Amendment and Variation of this Constitution

1.4.1. This Constitution can only be varied in two circumstances.^{ix}

- a) where the CCG applies to the NCB and that application is granted;
- b) where in the circumstances set out in legislation the NHS Commissioning Board varies the CCG’s Constitution other than on application by the Group.

2. AREA COVERED

2.1. The geographical area covered by NHS North Cumbria CCG is that of the Allerdale, Carlisle, Copeland (with the exception of Millom) and Eden areas of Cumbria. This is shown in the map below. The CCG serves a total practice population of c323, 000. This includes a number of patients who reside outside the CCG geographical area in Northumbria and parts of Scotland but are registered with a Cumbria practice.

2.2. There are 41 practices in NHS North Cumbria CCG, all of which are Alternative Provider of Medical Services (APMS), Provider of Medical Services (PMS) or General Medical Services (GMS) practices:

- 15 in Allerdale, with a practice population of 105,042
- 8 in Carlisle, with a practice population of 104,067
- 8 in Copeland, with a practice population of 61,775
- 10 in Eden, with a practice population of 52,125



3. MEMBERSHIP

3.1. Membership of the CCG

3.1.1. The following practices comprise the members of NHS North Cumbria CCG.

Practice Name	Practice Code	Address
Allerdale Locality		
Beechwood Group Practice	A82048	57 John Street Workington Cumbria CA14 3FT
Orchard House Surgery	A82049	Ann Burrow Thomas Health Centre South Williams Street Workington Cumbria CA14 2EW
Oxford Street Surgery	A82050	20 Oxford Street Workington Cumbria CA14 2AJ
Aspatia Medical Group	A82055	Aspatia Medical Group West Street Aspatia Cumbria CA7 3HH
Bank Street Surgery	A82063	Keswick Cumbria CA12 5JY
Solway Health Services	A82623	Workington Community Hospital Park Lane Workington Cumbria CA14 2RW
Caldbeck Surgery	A82014	Friar Row Caldbeck, Wigton Cumbria CA7 8DS
Castlegate & Derwent Surgery	A82021	Cockermouth Community Hospital & Health Centre Isel Road Cockermouth Cumbria CA13 9HT
Dalston Medical Group	A82022	Townhead Road Dalston Cumbria CA5 7PZ

Practice Name	Practice Code	Address
Castlehead Medical Centre	A82028	Ambleside Road Keswick Cumbria CA12 4DB
The Croft Surgery	A82029	Kirkbride Cumbria CA7 5JH
Maryport Group Practice	A82032	Alneburgh House Ewanrigg Road Maryport Cumbria CA15 8EL
Silloth Group Medical Practice	A82037	Lawn Terrace Silloth-on-Solway Cumbria CA7 4AH
Wigton Group Medical Practice	A82045	Southend Wigton Cumbria CA7 9PZ
James Street Group Practice	A82047	James Street Workington Cumbria CA14 2DL
<u>Carlisle Locality</u>		
Brampton Medical Practice	A82012	4 Market Place Brampton Cumbria CA8 1NL
Carlisle Healthcare	A82016	Carlisle Healthcare Spencer House St Paul's Square Carlisle CA1 1DG
Longtown Medical Practice	A82646	Longtown Medical Centre Moor Road Longtown Cumbria CA6 5XA
Warwick Square Group Practice	A82654	Warwick Square Group Practice Warwick Square Carlisle Cumbria CA1 1LB
Warwick Road Surgery	A82015	65 Warwick Road Carlisle Cumbria CA1 1EB

Practice Name	Practice Code	Address
Spencer Street Surgery	A82018	10 Spencer Street Carlisle Cumbria CA1 1BP
Fusehill Medical Practice	A82019	Fusehill Medical Centre Fusehill Street Carlisle Cumbria CA1 2HE
Eden Medical Group	A82020	Port Road Carlisle Cumbria CA2 7AJ
<u>Copeland Locality</u>		
Whitehaven Medical Centre	A82060	Catherine Street Whitehaven CA28 7PA
Westcroft House	A82064	66 Main Street Egremont Cumbria CA22 2DB
Mansion House Surgery	A82075	19/20 Irish Street Whitehaven Cumbria CA28 7BU
Queen Street Medical Practice	A82058	Richard Benedict House 149 Queen Street Whitehaven Cumbria CA28 7BA
Hinnings Road Surgery	A82023	Hinnings Road Distington Cumbria CA14 5UR
Seascale Health Centre	A82024	Gosforth Road Seascale Cumbria CA20 1PN
Lowther Medical Centre	A82041	1 Castle Meadows Whitehaven Cumbria CA28 7RG
Fellview Healthcare Ltd	A82044	Cleator Moor Health Centre, Birks Road, Cleator Moor, CA25 5HP

Practice Name	Practice Code	Address
Eden Locality		
Alston Medical Practice	A82004	The Surgery Cottage Hospital Alston Cumbria CA9 3QX
Appleby Medical Practice	A82006	The Riverside Building Chapel Street Appleby Cumbria CA16 6QR
Glenridding Health Centre	A82620	Greenside Road Glenridding Cumbria CA11 0PD
Upper Eden Medical Practice	A82013	The Health Centre Silver Street Kirkby Stephen Cumbria CA17 4RB
Court Thorn Surgery	A82631	Low Hesket Carlisle Cumbria CA4 0HP
Kirkoswald Surgery	A82617	Ravenghyll Kirkoswald Cumbria CA10 1DQ
Shap Medical Practice	A82031	Shap Health Centre Peggy Nut Croft Shap Cumbria CA10 3LW
Birbeck Medical Group	A82035	Penrith Health Centre Bridge Lane Penrith Cumbria CA11 8HW
The Lakes Medical Practice	A82036	Penrith Health Centre Bridge Lane Penrith Cumbria CA11 8HW
Temple Sowerby Medical Practice	A82038	Linden Park Temple Sowerby Cumbria CA10 1RW

3.2. Eligibility

3.2.1. Providers of primary medical services to a registered list of patients under a GMS, PMS or APMS contract, will be eligible to apply for membership of this CCG^x.

3.3 Applications for membership

3.3.1. No Practice shall become a Member of the CCG unless that Practice:

- a) Is eligible to become a Member;
- b) The Practice lies within the agreed area for the CCG (see map attached in Section 2);
- d) Has been entered into the Register of Members.

3.3.2. Any practice wanting to join the CCG from outside its approved area, can only become a member if:

- a) Its geographical boundary is contiguous with the CCG;
- b) It has obtained written approval from its Health and Wellbeing Board and its current CCG; and
- c) Its application for membership has been approved by the CCG's Governing Body.

3.4. Termination of membership

3.4.1. A Member ceases to be a Member if it no longer holds a GMS, PMS, APMS or equivalent contract to provider primary medical services to a registered list of patients within the area.

3.5. Appeal process

3.5.1 On termination of membership the respective Practice shall have access to appeal to the Full Council of Members.

3.6. The LMC

3.6.1 The CCG recognises the Local Medical Committee as the statutory representative body of general practice for provider purposes in relation to local primary care contracts. There will also be full observer status for the LMC on the CCG's Governing Body and the Chair and or the Accountable Officer of the CCG will regularly attend meetings of the LMC by invitation to provide updates, briefings and respond to individual areas of concern. Other opportunities for engagement (such as Healthwatch) will be set out in the member practice engagement strategy.

4. VISION AND VALUES

4.1 Vision, Purpose and Objectives

4.1.1 The vision, purpose and objectives of NHS North Cumbria CCG is:



Our Vision

Better Health and Best Care for the people of North Cumbria, Delivered Sustainably

Our Purpose

We work to understand health and care needs; we work with local people, communities and partners to improve health, to commission appropriate services and to develop general practice; we monitor the quality of services as provided and foster their improvement; we play our part as a local NHS leader.

Our Four Objectives



4.1.2 The CCG will promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties.

4.2 Values

4.2.1 Good corporate governance arrangements are critical to achieving the CCG's objectives.

4.2.2 The values that lie at the heart of the CCG's work are:



Our values



Kindness: we always remember we are here for our community



Fairness: we are accountable, honest and inclusive



Ambition: we never stop improving



Spirit: we are energetic, resourceful and determined

4.3 Principles of Good Governance

4.3.1 In accordance with section 14L(2)(b) of the 2006 Act,^{xi} the CCG will at all times observe “such generally accepted principles of good governance” in the way it conducts its business. These include:

- a) the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;
- b) *The Good Governance Standard for Public Services*;^{xii}
- c) the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the ‘Nolan Principles’;^{xiii}
- d) the seven key principles of the *NHS Constitution*;^{xiv}
- e) the Equality Act 2010.^{xv}
- f) The Bribery Act 2010

4.4 Accountability

4.4.1 The CCG will demonstrate its accountability to its members, local people, stakeholders and the NHS Commissioning Board in a number of ways, including by:

- a) publishing its constitution;
- b) appointing independent lay members and non GP clinicians to its Governing Body;
- c) holding meetings of the Full Council of Members and the Governing Body in public (except where the CCG considers that it would not be in the public interest in relation to all or part of a meeting);
- d) publishing annually a commissioning plan;
- e) complying with local authority health overview and scrutiny requirements;
- f) meeting annually in public to present its annual report and annual accounts (which must be published);
- g) producing annual accounts in respect of each financial year which must be externally audited;
- h) having a published and clear complaints process;
- i) complying with the Freedom of Information Act 2000;
- j) complying with the Bribery Act 2010;
- k) providing information to the NHS Commissioning Board as required.

4.4.2 In addition to these statutory requirements, the CCG will demonstrate its accountability by:

- a) publishing its principal commissioning and operational policies;
- b) holding engagement events.

4.4.3 The Governing Body of the CCG will, throughout each year, have an ongoing role in reviewing the CCG's governance arrangements to ensure that the CCG continues to reflect the principles of good governance.

5. FUNCTIONS AND GENERAL DUTIES

5.1. Functions

5.1.1. The functions that the CCG is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. An outline of these appears in the Department of Health's *Functions of CCGs: a working document*. They relate to:

- a) commissioning certain health services (where the NHS Commissioning Board is not under a duty to do so) that meet the reasonable needs of:
 - i) all people registered with member GP practices, and
 - ii) people who are usually resident within the area and are not registered with a member of any CCG;
- b) commissioning emergency care for anyone present in the CCG's area;
- c) paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of the CCG's employees;
- d) determining the remuneration and travelling or other allowances of members of its Governing Body.

5.1.2. In discharging its functions the CCG will:

- a) act^{xvi}, when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and the NHS Commissioning Board of their duty to ***promote a comprehensive health service***^{xvii} and with the objectives and requirements placed on the NHS Commissioning Board through *the mandate*^{xviii} published by the Secretary of State before the start of each financial year by:
 - i) establishing a Governing Body which has functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution;
 - ii) drawing up a schedule of decisions reserved to the Governing Body, and ensuring that management arrangements are in place to enable responsibility to be clearly delegated to Governing Body committees and senior officers (a scheme of delegation);
 - iii) establishing appropriate committees of the Governing Body with which to enact the schemes of reservation and delegation;
 - iv) developing a commissioning plan before the start of each financial year in accordance with the Act (the "commissioning plan") and any guidance published by the NHS Commissioning Board. The commissioning plan must set out how the CCG proposes to exercise its functions during the relevant financial year;

- v) publish the commissioning plan and supply a copy to the NHS Commissioning Board before any date specified by the Board in a direction, and to any relevant Health and Wellbeing Board of which the CCG is a member;
 - vi) making copies of the commissioning plan, as amended from time to time, available on the CCG's website. Copies of the commissioning plan will also be available from the CCG headquarters, by postal request to the above address;
 - vii) in drafting the commissioning plan, the CCG must have regard to the Procurement Guide for Commissioners of NHS-funded Services' published on 30 July 2010 and any document which supersedes it; 'Operational Guidance to the NHS - Extending Patient Choice of Provider' published on 19 July 2011 and any document which supersedes it; and any other documentation setting out how the Any Qualified Provider model is to function;
 - viii) when commissioning services from those providers who are qualified to do so under the national list of services, the CCG must ensure that those qualified still meet the requirements, namely that they:
 - are registered with the Care Quality Commission and licensed by Monitor (from 2013) where required, or meet equivalent assurance requirements;
 - will meet the Terms and Conditions of the NHS Standard Contract which includes a requirement to have regard to the NHS Constitution, relevant guidance and law;
 - accept NHS prices;
 - can provide assurances that they are capable of delivering the agreed service requirements and comply with referral protocols;
 - reach agreement with local commissioners on supporting schedules to the standard contract including any local referral thresholds or patient protocols.
- b) ***meet the public sector equality duty^{xix}*** by:
- i) delegating responsibility to the CCG's Governing Body;
 - ii) developing and implementing a comprehensive equality strategy, that sets out how the CCG will eliminate unlawful discrimination, victimisation and other conduct prohibited by the Equality Act 2010; advance equality and of opportunity between people who share a protected characteristic and those who do not; and foster good relations between people who share a protected characteristic and those who do not;
 - iii) publishing, at least annually, sufficient information to demonstrate compliance with this general duty across all functions;
 - iv) preparing and publishing specific and measurable equality objectives, revising these at least every four years;
 - v) using the Equality Delivery System toolkit to assist the CCG in delivering these duties;
 - vi) having regard to any guidance or requirements published by the NHS Commissioning Board.
- c) work in partnership with its local authority to develop ***joint strategic needs assessments^{xx}*** and ***joint health and wellbeing strategies^{xxi}*** by:

- i) being members of the Cumbria Health and Wellbeing Board, which will act as the focus of leadership and coordination of health and wellbeing activity and the advantages and opportunities of joint working;
- ii) giving the Health and Wellbeing Board a draft of the commissioning plan or, as the case may be, a copy of the revised commissioning plan;
- iii) assessing with the Health and Wellbeing Board the extent to which the draft Commissioning Plan takes proper account of the Joint Health and Wellbeing Strategy and JSNA, published by the Health and Wellbeing Board;
- iv) ensuring the Governing Body through the Executive Committee nominate Clinical Leads to be members of the Health and Wellbeing Board.

5.2. General Duties - in discharging its functions the CCG will:

- 5.2.1. Make arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements^{xxii} by:
- a) delegating responsibility to the CCG's Governing Body;
 - b) delivering through the following statement of principles.

Statement of Principles

The CCG is committed to ensuring that individuals to whom health services are being or may be provided are involved (whether by being consulted or provided with information in other ways) –

- *in the planning of the commissioning arrangements by the CCG*
- *in the development and consideration of proposals by the CCG for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which services are delivered to the individuals or the range of service available to them, and*
- *in the decisions of the CCG affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact*

The CCG will establish a Communications and Engagement Strategy which sets out the detailed arrangements for how the CCG will comply with this statement of principles, including:

- *working in partnership with patients and the local community to secure the best care for them*
- *adapting engagement activities to meet the specific needs of the different patient CCG's and communities*
- *publishing information about health services on the CCG's website and through other media*
- *encouraging and acting on feedback*
- *to identify how the CCG will monitor and report its compliance against this statement of principles (i.e. the committee / mechanism to oversee this)*

Where in the future the CCG intends that services will change, it will engage with the Cumbria County Council Health Overview and Scrutiny Committee and, where there is a need for formal consultation on changes, this will be undertaken in accordance with the Cabinet Office's Code of Practice on Consultation.

5.2.2. **Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution^{xxiii} by:**

- a) establishing an Outcomes & Quality Assurance Committee to assist the Governing Body and delegating responsibility to the Committee for ensuring the discharge of the duty, with progress reported to the Governing Body on at least an annual basis;
- b) reflecting the principles of the national constitution within the values of the CCG;
- c) actively promoting the values and principles of the constitution through communications and engagement activity including on the CCG web site and as part of the Annual Report;
- d) having regard to any guidance or requirements published by the NHS Commissioning Board.

5.2.3. **Act effectively, efficiently and economically^{xxiv} by:**

- a) delegating responsibility to the Governing Body to oversee how it discharges this duty, including:
 - i) ensuring that the CCG operates within the corporate governance framework (i.e., its standing orders, scheme of delegation and standing financial instructions);
 - ii) establishing an Audit Committee to assist the Governing Body in delivering its responsibilities for the conduct of public business, and the stewardship of funds under its control. In particular, providing assurance to the Governing Body 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;
 - affairs are managed to secure economic, efficient and effective use of resources;
 - reasonable steps are taken to prevent and detect fraud and other irregularities.
 - III. ensuring the CCG establishes a corporate performance framework which will oversee the CCG's Financial, performance and quality, innovation, productivity and prevention (QIPP) agenda;
 - IV. holding meetings of the Full Council of Members and the Governing Body in public to ensure appropriate scrutiny and accountability;
 - V. publishing via the CCG's website and other media regular information about the aims, ambitions and performance of the CCG;
 - VI. publishing, at least annually, sufficient information to demonstrate compliance with this general duty across all functions;
 - VII. holding an annual general meeting in public;
 - VIII. having regard to any guidance or requirements published by the NHS Commissioning Board.

5.2.4. **Act with a view to *securing continuous improvement to the quality of services*^{xxv} by:**

- a) delegating responsibility to the Executive Committee and the Outcomes & Quality Assurance Committee for ensuring the discharge of the duty by:
 - i) developing and implementing a comprehensive quality strategy that sets out how the CCG will be assured that commissioned services are being delivered in a high

quality and safe manner, ensuring that quality sits at the heart of everything the CCG does;

- ii) ensuring the principles of quality assurance and governance are integral to performance monitoring arrangements for all CCG commissioned services, and are embedded within consultation, service development and redesign, evaluation of services and decommissioning of services;
- iii) leading the development and implementation the CCG quality strategy and quality assurance framework;
- iv) providing regular reports to the Governing Body at agreed intervals covering the activities of the committee and demonstrating progress;
- v) having regard to any guidance or requirements published by the NHS Commissioning Board.

5.2.5 Assist and support the NHS Commissioning Board in relation to the Board's duty to **improve the quality of primary medical services**^{xxvi} by:

- a) delegating responsibility to the Executive Committee;
- b) monitoring progress of delivery of the duty through the CCGs performance reporting mechanisms.

5.2.6 Have regard to the need to **reduce inequalities**^{xxvii} by:

- a) delegating responsibility for ensuring the discharge of the duty to the Executive Committee which will:
 - i) develop and implement a commissioning strategy that sets out how the CCG will commission services, and provide assurance that the CCG is commissioning services in line with the needs of the local population and the strategic objectives of the CCG in order to reduce health inequalities;
 - ii) provide assurance to the Governing Body that commissioning and decommissioning of services is evidence based and is inclusive of national and local requirements;
- b) monitoring progress of delivery of the duty through the CCGs performance reporting mechanisms;
- c) having regard to any guidance or requirements published by the NHS Commissioning Board.

5.2.7 **Promote the involvement of patients, their carers and representatives in decisions about their healthcare**^{xxviii} and act with a view to **enabling patients to make choices**^{xxix} by:

- a) actively seeking the views of patients, carers and the wider community about the services they need and how they can be improved;
- b) delegating responsibility to the Outcomes & Quality Assurance Committee, which is accountable to the Governing Body, for ensuring that patients, carers and representatives are given the right to choose a GP and change to another if they are not happy; the right to choose which hospital they go to if referred to a specialist; and the right to be involved in decisions about their healthcare and to be given the information they need to do this;
- c) reporting progress to the Governing Body on at least an annual basis;
- d) having regard to any guidance or requirements published by the NHS Commissioning Board.

5.2.8 **Obtain appropriate advice^{xxx}** from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

- a) ensuring that the CCG has a properly constituted Governing Body which includes a mix of clinical and non-clinical expertise, including but not limited to GPs, secondary care clinicians, a nurse, experienced and capable officers and independent lay members with a range of skills and expertise;
- b) ensuring that local healthcare professionals and others with experience and expertise are widely consulted on the development of the CCG's commissioning plan and in the development and implementation of any other commissioning or decommissioning plans;
- c) ensuring that the views of a range of clinicians from different specialisms and areas of expertise are taken into account when considering issues relating to quality and quality improvement.

5.2.9 **Promote innovation^{xxxi} and Promote research and the use of research^{xxxii}** by:

- a) ensuring systems and processes are in place that secure continuous learning throughout the commissioning cycle;
- b) delegating responsibility to Governing Body, through its committees, to ensure that innovation in the provision of health services and research, including research on matters relevant to the health service and the use in the health service of evidence obtained by research, are core to the way in which the CCG operates;
- c) by agreeing processes to support research.

5.2.10 Have regard to the need to **promote education and training^{xxxiii}** for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty^{xxxiv} by:

- a) developing and implementing an organisational development plan, implementation of which will be monitored by the Governing Body, with regular updates on progress reported to the CCG;
- b) by delegating responsibility to the Accountable Officer/Chief Executive/Chief Operating Officer.

5.2.11 Act with a view to **promoting integration** of *both* health services with other health services *and* health services with health-related and social care services where the CCG considers that this would improve the quality of services or reduce inequalities^{xxxv} by:

- a) delegating responsibility to the Executive Committee, which is accountable to the Governing Body, for ensuring that services (health and social care) are provided in an integrated way to:
 - i) improve the quality of services, including the outcomes that are achieved from their provision;
 - ii) reduce inequalities between persons with respect to their ability to access those services or with respect to the outcomes achieved for them by the provision of those services.

- b) having regard to any guidance or requirements published by the NHS Commissioning Board.

5.3 General Financial Duties – the CCG will perform its functions so as to:

5.3.1 ***Ensure its expenditure does not exceed the aggregate of its allotments for the financial year^{xxxvi}, ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by the NHS Commissioning Board for the financial year^{xxxvii}, take account of any directions issued by the NHS Commissioning Board, in respect of specified types of resource used in a financial year to ensure the CCG does not exceed an amount specified by the NHS Commissioning Board^{xxxviii} and publish an explanation of how the CCG spent any payment in respect of quality made to it by the NHS Commissioning Board^{xxxix} by***

- a) delegating responsibility to the Chief Finance Officer in line with the role outlined in paragraph 7.8;
- b) delegating responsibility to the Audit Committee in line with the role outlined in paragraph 6.7.5. In particular, the committee will seek to provide assurance to the Governing Body on at least an annual basis that an appropriate system of internal control is in place to ensure that:
 - i) business is conducted in accordance with the law and proper standards;
 - ii) public money is safeguarded and properly accounted for;
 - iii) financial statements are prepared in a timely fashion, and give a true and fair view of the financial position of the CCG;
 - iv) affairs are managed to secure economic, efficient and effective use of resources;
 - v) reasonable steps are taken to prevent and detect fraud and other irregularities.
- c) monitoring progress of delivery of the duty through the CCGs finance and performance reporting mechanisms;
- d) having regard to any guidance or requirements published by the NHS Commissioning Board.

5.4 Other Relevant Regulations, Directions and Documents

5.4.1 The CCG will

- a) comply with all relevant regulations;
- b) comply with directions issued by the Secretary of State for Health or the NHS Commissioning Board; and
- c) take account, as appropriate, of documents issued by the NHS Commissioning Board.

5.4.2 The CCG will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary in this constitution, its scheme of reservation and delegation and other relevant CCG policies and procedures.

6 DECISION MAKING: THE GOVERNING STRUCTURE

6.1 Authority to act

6.1.1 The CCG is accountable for exercising its statutory functions. It may grant authority to act on its behalf to:

- I. any of its members;
- II. its Governing Body;
- III. employees;
- IV. a committee or sub-committee of the CCG.

6.1.2 The extent of the authority to act of the respective bodies and individuals depends on the powers delegated to them by the CCG as expressed through:

- I. the CCG's scheme delegation; and
- II. for committees or sub-committees, their terms of reference.

6.2 Scheme of Delegation^{xi}

6.2.1 The CCG's scheme of delegation sets out:

- I. those decisions that are reserved for the membership as a whole;
- II. those decisions that are the responsibility of its Governing Body (and its committees), the CCG's committees and sub-committees, individual members and employees.

6.2.2 The CCG remains accountable for all of its functions, including those that it has delegated.

6.3 General

6.3.1 In discharging functions of the CCG that have been delegated, the Governing Body (and its committees, joint committees and sub committees) and individuals must:

- I. comply with the CCG's principles of good governance,^{xli}
- II. operate in accordance with the CCG's scheme of delegation,^{xlii}
- III. comply with the CCG's standing orders,^{xliii}
- IV. comply with the CCG's arrangements for discharging its statutory duties,^{xliv}
- V. where appropriate, ensure that member practices have had the opportunity to contribute to the CCG's decision making process.

6.3.2 When discharging their delegated functions, committees, sub-committees and joint committees must also operate in accordance with their approved terms of reference.

6.3.3 Where delegated responsibilities are being discharged collaboratively, the joint (collaborative) arrangements must:

- I. identify the roles and responsibilities of those clinical commissioning CCGs who are working together;

- II. identify any pooled budgets and how these will be managed and reported in annual accounts;
- III. specify under which CCG's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;
- IV. specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;
- V. identify how disputes will be resolved and the steps required to terminate the working arrangements;
- VI. specify how decisions are communicated to the collaborative partners.

6.4 The Full Council of Members (the Council)

6.4.1 The Council of Members defines the coming-together of the 41 member practices to agree changes to the constitution and debate any significant policy or financial change which the members feel necessary.

6.4.2 The Council shall meet at least once annually to agree changes to the Constitution and to ensure publication of the Annual Report and Accounts by the Governing Body. Other meetings of the Council shall be held when:

- I. the Council shall so determine, or
- II. one third of all practices across the whole of the CCG call for a meeting, or
- III. the Governing Body calls for a meeting where there are issues which it wishes the Council to consider

6.4.3 Standing Orders also set out the facility for member practices or the Governing Body to call an extraordinary meeting of the CCG to debate and agree policy, strategy, representation, current performance or, in exceptional circumstances, call for a vote of confidence in the elected membership of the Governing Body. The detailed mechanism to call an extraordinary meeting is set out in standing orders, and provides for a quarter of practices across the whole CCG to jointly call for a meeting. The voting system is also set out in standing orders [*to be confirmed by the member practices at the first meeting of the Council*].

6.4.4 For clarification, for the purpose of voting the electorate will consist of Practices Representatives who will represent the views of the practice and exercise the vote on behalf of the practice (where a vote is needed). In all other respects, when this constitution refers to membership it refers to the Practice (as set out in paragraph 3.1.1).

6.4.5 Functions of the Council – the Council has specific responsibility to:

- I. Determine the arrangements by which the members of the CCG approve those decisions that are reserved for the membership
- II. Consider and approve applications to NHS England on any matter concerning changes to the CCG's Constitution (other than minor amendments and consequential changes)
- III. Approve the arrangements for:
 - i identifying practice members to represent practice in matters concerning the work of the CCG

- ii appointing clinical leaders to represent the CCG's Membership on the Governing Body
- iii the appointment of Governing Body Members and the process for recruiting and removing non-elected members (subject to any regulatory requirements) and succession planning
- iv the arrangements for identifying the CCG's proposed Chair and Accountable Officer
- v the arrangements for member practices joining and leaving the CCG;
- vi ensure the CCG's Governing Body publishes its Annual Report and Annual Accounts.

6.5 Joint Commissioning Arrangement with other CCGs

6.5.1 The CCG may work together with other CCGs in the exercise of its commissioning functions.

6.5.2 The CCG may make arrangements with one or more CCGs in respect of:

- a) Delegating any of the CCG's commissioning functions to another CCG;
- b) Exercising any of the commissioning functions to another CCG; or
- c) Exercising jointly the commissioning functions of the CCG and another CCG

6.5.3 For the purpose of the arrangements described at paragraph 6.5.2, the CCG may:

- a) Make payments to another CCG;
- b) Receive payments from another CCG;
- c) Make the services of its employees or any other resources available to another CCG; or
- d) Receive the services of the employees or the resources available to another CCG.

6.5.4 Where the CCG makes arrangements which involve all the CCGs exercising any or commissioning functions jointly, a joint committee may be established to exercise those functions.

6.5.5 For the purposes of the arrangements described at paragraph 6.5.2 above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 6.5.2 (c) above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

6.5.6 Where the CCG makes arrangements with another CCG as described at paragraph 6.5.2 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:

- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

- 6.5.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.6.2 above.
- 6.5.8 The CCG will act in accordance with any further guidance issued by NHSE on co-commissioning.
- 6.5.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.
- 6.5.10 The Governing Body of the CCG shall require, in all joint commissioning arrangements, that the Lead Clinician and the Accountable Officer of the CCG make a written report at least quarterly to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 6.5.11 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year.

6.6 Joint Commissioning Arrangements with NHS England for the exercise of CCG functions

- 6.6.1 The CCG may wish to work together with NHSE in the exercise of its commissioning functions.
- 6.6.2 The CCG and NHSE may make arrangements to exercise any of the CCG's commissioning functions jointly.
- 6.6.3 The arrangements referred to in paragraph 6.6.2 above may include other CCGs.
- 6.6.4 Where joint commissioning arrangements pursuant to 6.6.2 above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.
- 6.6.5 Arrangements made pursuant to 6.6.2 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHSE and the CCG.
- 6.6.6 Where the CCG makes arrangements with NHSE (and another CCG if relevant) as described at paragraph 6.6.2 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
- How the parties will work together to carry out their commissioning functions;
 - The duties and responsibilities;
 - How risk will be managed and apportioned between the parties;
 - Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 6.6.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.6.2 above.

- 6.6.8 The CCG will act in accordance with any further guidance issues by NHSE on co-commissioning.
- 6.6.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.
- 6.6.10 The Governing Body of the CCG shall require, in all joint commissioning arrangements, that the Accountable Officer of the CCG make a written report at least quarterly to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 6.6.11 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next financial year after the expiration of the six months' notice period.

6.7 Joint Commissioning Arrangements with NHS England for the Exercise of NHS England's Functions

- 6.7.1 The CCG may wish to work with NHSE and, where applicable, other CCG's to exercise specified NHSE functions.
- 6.7.2 The CCG may enter into arrangements with NHSE and, where applicable, other CCGs to:
- Exercise such functions as specified by NHSE under delegated arrangements;
 - Jointly exercise such functions as specified with NHSE.
- 6.7.3 Where arrangements are made for the CCG and, where applicable, other CCGs to exercise functions jointly with NHSE a joint committee may be established to exercise the functions in question.
- 6.7.4 Arrangements made between NHSE and the CCG may be on such terms and conditions (including terms as to payment) as may be agreed between the parties.
- 6.7.5 For the purpose of the arrangements described at paragraph 6.7.2 above, NHSE and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.
- 6.7.6 Where the CCG enters into arrangements with NHSE as described at paragraph 6.7.2 above, the parties will develop and agree a framework for setting out the arrangements for joint working, including details of:
- How the parties will work together to carry out their commissioning functions;
 - The duties and responsibilities of the parties;
 - How risk will be managed and apportioned between the parties;
 - Financial arrangements, including payments towards a pooled fund and management of that fund;
 - Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

- 6.7.7 The liability of NHS England to carry out its functions will not be affected where it and the CCG enter into arrangements pursuant to paragraph 6.7.2 above.
- 6.7.8 The CCG will act in accordance with any further guidance issues by NHSE on co-commissioning.
- 6.7.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.
- 6.7.10 The Governing Body of the CCG shall require, in all joint commissioning arrangements, that the Accountable Officer of the CCG make a written report at least quarterly to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 6.7.11 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangements, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

6.8 Joint and Collaborative Commissioning Arrangements

- 6.8.1 The CCG has a formal Collaborative Commissioning Arrangement for the contract arrangements for ambulance services delivered by North West Ambulance Trust (NWS). Any further formal collaborative arrangements that are identified as being required will be established in accordance with framework for collaborative commissioning between CCGs guidance and other national guidance when published. A list of CCGs with which it collaborates will be maintained in a schedule as an appendix to Standing Orders.
- 6.8.2 The CCG has a formal joint committee with Cumbria County Council, the Joint Commissioning Group for strategic alignment of health and social care commissioning and the formal commissioning arrangements under Section 75 and 256 Agreements, including the Learning Disability Pooled Fund.
- 6.8.3 The CCG also collaborates with Cumbria County Council through its membership of statutory bodies or locally constituted groups to discharge its responsibilities in relation to health and wellbeing, Children and Vulnerable Adults Safeguarding and other matters.

6.9 The Governing Body

- 6.9.1 The Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution.^{xiv} The Governing Body may also have functions of the CCG delegated to it. Where the CCG has conferred additional functions on the Governing Body connected with its main functions, or has delegated any of the CCG's functions to its Governing Body, these are set out in paragraph 6.9.3 below.
- 6.9.2 The prime focus of the Governing Body is to ensure that the CCG stays true to its vision and values and in particular:
- I. As a membership organisation actively engages its members in decision making and delivery of its overall vision and objectives;

- II. Puts patients and communities at the heart of everything it does, assessing their needs, building on their experiences and involving them in the design of health services and delivery of better outcomes;
- III. Develops constructive and meaningful relationships with its partners and stakeholders in order to deliver high quality, continuously improving services.

6.9.3 The Governing Body has responsibility for:

- I. ensuring that the CCG has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the CCG's *principles of good governance*^{xlvi} (its main function);
- II. Approving the vision and values of the CCG, as recommended to it by the Executive Committee ;
- III. Approving commissioning plans, as recommended by the Executive Committee ;
- IV. Providing assurance (through the Outcomes & Quality Assurance Committee) that quality and outcomes are improving and that health inequalities are reducing;
- V. Approving the Financial strategy and annual budget;
- VI. Providing assurance that safeguarding arrangements are effective;
- VII. Creating and maintaining a culture of openness and transparency, values and behaviours which support continuous improvements in clinical effectiveness, safety and experience of the services which are commissioned;
- VIII. Assuring the wider CCG, patients and communities that performance is in line with plans and local needs, and that a recovery action is in place where necessary;
- IX. Ensuring that a register of interests is maintained and reviewed regularly (by the Audit Committee) and updated as necessary;
- X. Providing assurance that strategic risk is being effectively managed by the Leadership Team and the Executive Committee;
- XI. Developing the culture, capacity and capability of the Governing Body to be effective and operate within the prime focus set out in 6.9.2;
- XII. Ensuring that the CCG works within the NHS Agenda for Change policy to determine the remuneration, fees and other allowances payable to employees
- XIII. Determining the recommendations of the Remuneration Committee on the terms and conditions of employment for all posts above the top threshold of the National Agenda for Change (AFC) pay-scale, including off-payroll appointments; Approving any functions of the CCG that are specified in regulations.^{xlvii}

6.9.4 **Composition of the Governing Body**

The Governing Body must not have less than six members and shall consist of:

- I. The Chair of the CCG (Clinical or Lay Chair)
- II. Non-officer members:
 - Three Lay Members
 - One of which will lead on finance, governance, audit, remuneration and is the Conflicts of Interest Guardian (Lay Member for Finance & Governance)

- One of which will lead on patient engagement (Lay Member for Public Engagement)
 - A Registered Nurse
 - Secondary Care Doctor
- III. Officer members:
 - The Accountable Officer
 - The Chief Executive or Chief Operating Officer
 - The Chief Finance Officer
 - The Medical Director
 - A minimum of two and a maximum of four GP Leads (separate from a GP fulfilling the role of Accountable Officer or Chair)

(The above membership is in line with NHS England Guidance ‘Clinical Commissioning Group Governing Body Members: Role outlines, attributes and skills’)

There will also be full observer status for the LMC and Healthwatch Cumbria on the Governing Body.

6.9.5 **Committees of/Accountable to the Governing Body** - the Governing Body has appointed the following committees:

- I. **The Outcomes & Quality Assurance Committee** - this Committee will focus on innovation and integration and ensure that the CCG is achieving its core aim of improving health and reducing health inequalities, that quality is improving and health inequalities are reducing.
- II. **Audit Committee** – the Audit Committee provides the Governing Body with an independent and objective view of the CCG’s financial systems, financial information and compliance with laws, regulations and directions governing the CCG in relation to finance. The committee will be chaired by the Lay Member for Finance & Governance.^{xlviii}
- III. **Remuneration Committee** – the Remuneration Committee makes recommendations to the Governing Body on determinations on the terms and conditions of employment for all posts above the top threshold of the National Agenda for Change (AFC) pay-scale, including off-payroll appointments;. The committee will be chaired by a Lay Member of the Governing Body.^{xlix}
- IV. **Finance & Performance Committee** – the Finance & Performance Committee will provide leadership in making recommendations to the Governing Body for the deployment of resources and budgets. It will provide assurance to the Governing Body that the organisation is fulfilling its responsibilities in improving the performance of the health care system against standards, and in managing its contract activity.^l
- V. **Executive Committee**

This Committee will ensure that there is continuous engagement with the CCG’s membership and that members’ views influence and inform the development of the CCG’s commissioning priorities, plans and arrangements for their implementation. It will ensure

effective engagement in determining clinical policies. It is responsible for compliance with statutory and regulatory duties, operational delivery of all CCG functions and performance management of the objectives of the organisation. It is also specifically responsible for the functions of health, safety and risk, governance and health economy resilience. It may delegate some of its functions to the Leadership Team.

VI. Primary Care Commissioning Committee

This Committee will oversee commissioning activities associated with the commissioning of Primary Care. These commissioning activities include GMS, PMS, and APMS contracts (including design of PMS and AMPS 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 decision on ‘discretionary’ payment (e.g. returner/retainer schemes).

The Governing Body will approve and keep under review the Terms of Reference (which includes the membership) for all its committees, sub-committees.

7 ROLES AND RESPONSIBILITIES

7.1 Member Practices

7.1.1 The CCG vision, set out in the Strategic Commissioning Plan, includes **“commitments to each other – the member practices who constitute the CCG”** where it states:

“Commitments to each other – the member practices who constitute the CCG”

- We are a member organisation that will thrive if together we deliver on the promises we make to our patients and communities.
- We will use local clinicians’ knowledge and experience to tackle the major health challenges that face us in our local communities and tackle the infrastructure barriers (such as poor IT and information sharing) that will allow us to provide a higher quality of care.
- Together we will:
 - Develop local healthcare services by pursuing innovative, high value solutions;
 - Develop relationships built on openness and honesty, with transparency in our decision making;
 - Support and develop all clinicians, managers and teams across the organisation – they represent our greatest resource;
 - Make best use of the resources entrusted to us and hold each other to account for the way we use public funds, ensuring we live within our means and commission or deliver safe and high quality services.

7.1.2 Supporting the Constitution is an “Inter-practice” agreement which sets out responsibilities for practices to each other and the CCG as a whole:

Inter-practice Agreement

- A commitment by practices to participate in the work of the CCG commissioning forums.
- Involvement in developing and ensuring awareness of the strategy, aims and objectives of the CCG and seeking to deliver these aims and objectives.
- Working with the Chair and the CCG teams to develop:
 - a) Effective commissioning
 - b) Effective contracting arrangements
 - c) Effective budget management arrangements
 - d) Effective information sharing arrangements
 - e) Effective partnership working arrangements with service providers
 - f) To implement good practice to improve service delivery and effectiveness
 - g) Effective involvement and participation in the development and implementation of service innovation and pathway redesign projects for commissioned services
 - h) Adherence to good evidence based prescribing and appropriate referral patterns in line with NICE and local guidelines.
- Understanding and managing conflicts of interest at CCG
- Adhering to the CCG's Constitution.

7.1.3 The CCG believes that together, the member practices can deliver better healthcare and better outcomes. It recognises that there is the potential in isolated cases for practices not to fulfil their responsibilities. The first resort in these circumstances is to account to peers. If this does not work, the next step would be to account to the Governing Body on behalf of the full membership. Clearly this only relates to the responsibilities in the "Inter-practice" agreement: there is a proper and formal process in relation to practice and individual clinician performance issues, which is the responsibility of the NCB and/or GMC as appropriate.

7.1.4 Arrangements for engaging with practices will be set out in a clear statement as part of the CCG engagement strategy. This will include a commitment to communicate commissioning decisions and developments to all GPs (e.g. through newsletters, executive minutes and the web site) in a timely fashion.

7.2. Practice Representatives

7.2.1. Practice representatives represent their practice's views and act on behalf of the Practice in matters relating to the CCG. The role of each Practice representative is to:

- a) To represent the Practice at the CCG Annual General Meeting and any other meeting of the Council;
- b) To exercise the right of the Practice (in conjunction with other practices) to call an extraordinary meeting of the full CCG and to table motions or amendments and vote as appropriate;
- c) To be a focal point for interaction between the Governing Body, the Executive Committee and the Practice;
- d) To act as a champion in the Practice in relation to developing and ensuring awareness of the strategy, aims and objectives of the CCG and delivery of these aims and objectives; and to feedback views on commissioning intentions and opportunities for improving services and patient experience for our registered populations and communities.

For clarification, this section sets out specific roles for individuals, particularly regarding voting at the Council of Members, as practice representatives who will represent the views of the practice. In all other respects, when this constitution refers to membership it refers to the Practice (as set out in paragraph 3.1.1).

7.3. All Members of the CCG's Governing Body

7.3.1. Guidance on the roles of members of the CCG's Governing Body is set out in a separate document^{li}. In summary, each member of the Governing Body should share responsibility as part of a team to ensure that the CCG exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.

7.4. The Chair of the Governing Body (CCG's Chair)

7.4.1. The Chair will be responsible for leading the organisation, ensuring leadership at all levels of the CCG and that outcomes are improving. The Chair will work closely with the Accountable Officer, Chief Executive and/or the Chief Operating Officer (in the circumstance of the Accountable officer role being fulfilled by a Chief Clinical Officer) and the Chief Finance Officer in discharging the responsibilities of the CCG and ensuring effective governance arrangements are in place.

7.5. The Vice Chair or Deputy Clinical Chair of the Governing Body

7.5.1. The Vice Chair or Deputy Clinical Chair of the Governing Body deputises for the Chair of the Governing Body where he or she has a conflict of interest or is otherwise unable to act. The Vice Chair or the Deputy Clinical Chair will chair meetings of the Governing Body in the event of conflicts of interest which prevent the Chair from doing so.

7.6. Role of the Accountable Officer

7.6.1. The Accountable Officer of the CCG is a member of the Governing Body and is responsible for ensuring that the CCG fulfils its duties and exercises its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintain value for money. He/she will work closely with the Chair to assure the membership of the organisation's capability and capacity including the ongoing development and deployment of the CCG's members and staff.

7.7. Role of the Chief Executive

7.7.1 The Chief Executive will be in attendance at the Governing Body and is responsible for ensuring that the CCG fulfils its duties to exercise its functions effectively, efficiently and economically, thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money. The Chief Executive will, at all times, ensure that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Audit Commission and the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems.

7.7.2 The Chief Executive, working closely with the Chair will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the Governing Body) of the organisation's on-going capability and capacity to meet its duties and responsibilities. This will include arrangements for the on-going development of its members and staff.

7.7.3 The Chief Executive will provide assurance to the Accountable Officer.

7.8. Role of the Chief Operating Officer

7.8.1 The Chief Operating Officer is responsible for ensuring the effective functioning of the CCG as an organisation with a focus on internal/external relationships and performance within the organisation. The Chief Operating Officer will ensure that the CCG addresses all national and local targets and standards on quality, safety and resources and that it does so effectively in line with its vision and values, including shaping and developing, in conjunction with clinical leaders, the commissioning of health services to the local population.

7.8.2 The Chief Operating Officer is the responsible officer for contract and procurement of commissioning support services ensuring that there is a clear effective working relationship across both organisations.

7.8.3 The Chief Operating Officer will also undertake delegated corporate responsibilities on behalf of the Accountable Officer and/or the Chief Executive.

7.9. Role of the Chief Finance Officer

7.9.1. The Chief Finance Officer is a member of the Governing Body and is responsible for providing financial advice to the CCG. This includes supervising financial control and accounting systems and is the senior responsible officer for Counter Fraud, Risk Management and Information Governance. This will include being able to advise on the effective, efficient and economic use of the CCG's financial allocation to remain within the allocation and deliver required financial targets and duties whilst continuously improving services and outcomes to patients.

7.9. Role of the Medical Director

7.9.1 The Medical Director is a member of the Governing Body and will deliver strategic leadership on quality for the CCG and will provide leadership of the Quality team in conjunction with the Director of Nursing and Quality.

7.9.2 The Medical Director will be responsible for providing high quality clinical insight and leadership which enables the operational delivery of system leadership and primary care development and ensuring the effective supervision and approval of GP Leads for SUI's and safeguarding.

7.9.3 The Medical Director will also provide the overarching clinical insight and leadership to ensure effective planning relating to the delivery of high quality commissioned services for the population of the of the CCG

7.10. Role of the Registered Nurse

7.10.1. The Nurse member acts as an advisor to the Governing Body, bringing a broader view on health and care issues to underpin the work of the CCG. The focus will be strategic, providing an expert view of the work of the CCG that is removed from the day-to-day running of the organisation. In particular; they will bring to the Governing Body an understanding of the role of nursing and allied health professionals in patient care.

7.11. Role of the Secondary Care Doctor

7.11.1. The Secondary Care Clinician acts as an advisor to the Governing Body, bringing a broader view on health and care issues to underpin the work of the CCG. The focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation. In particular, they will bring to the Governing Body an understanding of patient care in the secondary care setting.

7.12. Role of the Independent Lay Members

7.12.1. The role of the Lay Members is to bring specific expertise and experience to the work of the Governing Body in their lead roles:

- Finance, governance, audit, remuneration and conflict of interest matters (including undertaking the role of the Conflict of Interest Guardian)
- patient engagement
- The third Lay Member role will be determined by the needs of the CCG and will be reviewed at the end of each term of office

7.12.2. Their focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation. Their role will be to oversee key elements of governance including audit, remuneration and managing conflicts of interest. They will ensure that the Governing Body and the wider CCG behaves with the utmost probity at all times. They will also ensure that, in all aspects of the CCG's business the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG and that outcomes and quality are improving.

8. STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1. Standards of Business Conduct

- 8.1.1. Employees, members, Governing Body Members, committee and sub-committee members of the CCG will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the CCG and should follow the *Seven Principles of Public Life*, set out by the Committee on Standards in Public Life (the Nolan Principles). The Nolan Principles are incorporated into this constitution at Appendix F.
- 8.1.2. They must comply with the CCG's policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the CCG's website at www.northcumbriaccg.nhs.uk. It will also be available upon request for inspection at the CCG's Penrith Office and upon application, either by post or e-mail (contact details are set out at the end of the Constitution).
- 8.1.3. Individuals contracted to work on behalf of the CCG or otherwise providing services or facilities to the CCG will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.

8.2. Conflicts of Interest

- 8.2.1. As required by section 14O of the 2006 Act, as inserted by section 25 of the 2012 Act and the subsequent revision of NHS England's Statutory Guidance for CCGs: Managing Conflicts of Interest 2016, the CCG will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without any possibility of the influence of external or private interest.
- 8.2.2. The CCG's Audit Committee Chair (Lay Member for Finance and Governance) will also undertake the role of the CCG's Conflicts of Interest Guardian, in line with the above Statutory Guidance.
- 8.2.3. Where an individual, i.e. an employee, CCG member, member of the Governing Body, or a member of a committee or a sub-committee of the CCG or its Governing Body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution.
- 8.2.4. A conflict of interest will include:
- a) a direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
 - b) an indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;

- c) a non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);
- d) a non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);
- e) where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.

8.2.5. If in doubt, the individual concerned should assume that a potential conflict of interest exists.

8.3. Declaring and Registering Interests

8.3.1. The CCG will maintain one or more registers of the interests of:

- a) the members of the CCG;
- b) the members of its Governing Body;
- c) the members of its committees or sub-committees and the committees or sub-committees of its Governing Body; and
- d) its employees.

8.3.2. The registers will be published on the CCG's website at www.northcumbriaccg.nhs.uk. It will also be available upon request for inspection at the CCG headquarters and upon application, either by post or e-mail (contact details are set out at the end of the Constitution).

8.3.3. Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the CCG, in writing to the Governing Body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.

8.3.4. Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.

8.3.5. The Integrated Governance and Risk Lead, reporting to the Chief Officer, will ensure that the register of interests is reviewed regularly, and updated as necessary.

8.4. Managing Conflicts of Interest: general

8.4.1. Individual members of the CCG, the Governing Body, committees or sub-committees, the committees or sub-committees of its Governing Body and employees will comply with the arrangements determined by the CCG for managing conflicts or potential conflicts of interest.

8.4.2. The Integrated Governance and Risk Lead will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of

interests or potential conflict of interests, to ensure the integrity of the CCG's decision making processes.

8.4.3. Arrangements for the management of conflicts of interest are to be determined by the Audit Committee and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests or potential conflicts of interests, within a week of declaration. The arrangements will confirm the following:

- a) when an individual should withdraw from a specified activity, on a temporary or permanent basis;
- b) monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.

8.4.4. Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the CCG's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from Integrated Governance and Risk Lead.

8.4.5. Where an individual member, employee or person providing services to the CCG is aware of an interest which:

- a) has not been declared, either in the register or orally, they will declare this at the start of the meeting;
- b) has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.

The chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

8.4.6. Where the chair of any meeting of the CCG, including committees, sub-committees, or the Governing Body and the Governing Body's committees and sub-committees, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the deputy chair will act as chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the deputy chair may require the chair to withdraw from the meeting or part of it. Where there is no deputy chair, the members of the meeting will select one.

8.4.7. Any declarations of interests, and arrangements agreed in any meeting of the CCG's, committees or sub-committees, or the Governing Body, the Governing Body's committees or sub-committees, will be recorded in the minutes.

- 8.4.8. Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed.
- 8.4.9. In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the CCG's standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult the Integrated Governance and Risk Lead on the action to be taken.
- 8.4.10. This may include:
- a) requiring another of the CCG's committees or sub-committees, the CCG's Governing Body or the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,
 - b) inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Governing Body or committee / sub-committee in question) so that the CCG can progress the item of business:
 - i) a member of the CCG who is an individual;
 - ii) an individual appointed by a member to act on its behalf in the dealings between it and the CCG;
 - iii) a member of a relevant Health and Wellbeing Board;
 - iv) a member of a Governing Body of another CCG.

These arrangements must be recorded in the minutes.

- 8.4.11. In any transaction undertaken in support of the CCG's exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the Integrated Governance and Risk Lead of the transaction.
- 8.4.12. The Integrated Governance and Risk Lead will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

8.5. Managing Conflicts of Interest: contractors and people who provide services to the CCG

- 8.5.1. Anyone seeking information in relation to a procurement, or participating in a procurement, or otherwise engaging with the CCG in relation to the potential provision of services or facilities to the CCG, will be required to make a declaration of any relevant conflict / potential conflict of interest.

8.5.2. Anyone contracted to provide services or facilities directly to the CCG will be subject to the same provisions of this constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

8.6. Transparency in Procuring Services

8.6.1. The CCG recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. The CCG will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.

8.6.2. The CCG will publish a Procurement Strategy approved by its Governing Body which will ensure that:

- a) all relevant clinicians (not just members of the CCG) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;
- b) service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

8.6.3. Copies of this Procurement Strategy will be available on the CCG's website at www.northcumbriaccg.nhs.uk. It will also be available upon request for inspection at the CCG headquarters and upon application, either by post or e-mail (contact details are set out at the end of the Constitution).

9. THE CCG AS EMPLOYER

9.1. The CCG recognises that its most valuable asset is its people. It will seek to enhance their skills and experience and is committed to their development in all ways relevant to the work of the CCG.

9.2. The CCG will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.

9.3. The CCG will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by the CCG. All staff will be made aware of this constitution, the commissioning strategy and the relevant internal management and control systems which relate to their field of work.

9.4. The CCG will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. The CCG will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters.

9.5. The CCG will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.

- 9.6. The CCG will ensure that employees' behaviour reflects the values, aims and principles set out above.
- 9.7. The CCG will ensure that it complies with all aspects of employment law.
- 9.8. The CCG will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.
- 9.9. The CCG will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have means through which their concerns can be voiced.

The CCG recognises and confirms that nothing in or referred to in this constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any employee or member of the CCG, any member of its Governing Body, committees and sub-committees, nor will it affect the rights of any worker (as defined in that Act) under that Act.

- 9.10. Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the CCG's website at www.northcumbriaccg.nhs.uk. It will also be available upon request for inspection at the CCG's Penrith Office and upon application, either by post or e-mail (contact details are set out at the end of the Constitution).

10. TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1. General

- 10.1.1. The CCG will publish annually a commissioning plan and an annual report, presenting the CCG's annual report to a public meeting.
- 10.1.2. Key communications issued by the CCG, including the notices of procurements, public consultations, Governing Body meeting dates, times, venues, and certain papers will be published on the CCG's website at www.northcumbriaccg.nhs.uk. It will also be available upon request for inspection at the CCG's Penrith Office headquarters and upon application, either by post or e-mail (contact details are set out at the end of the Constitution).
- 10.1.3. The CCG may use other means of communication, including circulating information by post, or making information available in venues or services accessible to the public.

10.2. Standing Orders

- 10.2.1. This constitution is also informed by a number of documents which provide further details on how the CCG will operate. These are available on the CCG's website at www.northcumbriaccg.nhs.uk and upon request for inspection at the CCG's Penrith Office and upon application, either by post or e-mail (contact details are set out at the end of the Constitution). They are the CCG's:

- a) ***Standing orders*** – which sets out the arrangements for meetings and the appointment processes to elect the CCG’s representatives and appoint to the CCG’s committees, including the Governing Body;
- b) ***Scheme of reservation and delegation*** – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the CCG’s Governing Body, the Governing Body’s committees and sub-committees, the CCG’s committees and sub-committees, individual members and employees;
- c) ***Prime financial policies*** – which sets out the arrangements for managing the CCG’s financial affairs.

DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)
2010	The Equality Act 2010
2010	The Bribery Act 2010
Chief Officer (Accountable Officer)	<p>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, with responsibility for ensuring the CCG:</p> <ul style="list-style-type: none"> • complies with its obligations under: <ul style="list-style-type: none"> ○ sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act), ○ sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act), ○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and ○ any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose; • exercises its functions in a way which provides good value for money.
Area	the geographical area that the CCG has responsibility for, as defined in Chapter 2 of this constitution
Chair of the Governing Body	the individual appointed by the CCG to act as chair of the Governing Body
Chief Finance Officer	the qualified accountant employed by the CCG with responsibility for financial strategy, financial management and financial governance
CCG	a body corporate established by the NHS Commissioning Board in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee	<p>a committee or sub-committee created and appointed by the Governing Body:</p> <ul style="list-style-type: none"> •
Financial year	this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a CCG is established until the following 31 March
Governing Body	<p>the body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that a clinical commissioning CCG has made appropriate arrangements for ensuring that it complies with:</p> <ul style="list-style-type: none"> • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and

	<ul style="list-style-type: none"> • such generally accepted principles of good governance as are relevant to it.
Governing Body member	any member appointed to the Governing Body of the CCG
Lay Member	<p>a Lay member of the Governing Body, appointed by the CCG. A Lay Member is an individual who is not a member of the CCG or a healthcare professional.</p> <p>(i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations</p>
Member	a provider of primary medical services to a registered patient list, who is a member of this CCG (see tables in Chapter 3 and Appendix B)
Practice representatives	an individual appointed by a practice (who is a member of the CCG) to act on its behalf in the dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)
Registers of interests	<p>a register the CCG is required to maintain and make publicly available under section 140 of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of:</p> <ul style="list-style-type: none"> • the members of the CCG; • the members of its Governing Body; • the members of its committees or sub-committees and committees or sub-committees of its Governing Body; and • its employees.

NOLAN PRINCIPLES

1. The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:
 - a) **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
 - b) **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
 - c) **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
 - d) **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
 - e) **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
 - f) **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
 - g) **Leadership** – Holders of public office should promote and support these principles by leadership and example.

Source: *The First Report of the Committee on Standards in Public Life* (1995)^{lii}

APPENDIX C

NHS CONSTITUTION

The NHS Constitution sets out seven key principles that guide the NHS in all it does:

1. **the NHS provides a comprehensive service, available to all** - irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to CCGs or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.
2. **access to NHS services is based on clinical need, not an individual's ability to pay** - NHS services are free of charge, except in limited circumstances sanctioned by Parliament.
3. **the NHS aspires to the highest standards of excellence and professionalism** - in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.
4. **NHS services must reflect the needs and preferences of patients, their families and their carers** - patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.
5. **the NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population** - the NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being.
6. **the NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources** - public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.
7. **the NHS is accountable to the public, communities and patients that it serves** - the NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)ⁱⁱⁱⁱ Notes:

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- i See section 1I of the 2006 Act, inserted by section 10 of the 2012 Act
 - ii See section 275 of the 2006 Act, as amended by paragraph 140(2)(c) of Schedule 4 of the 2012 Act
 - iii Duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act
 - iv See section 14C of the 2006 Act, inserted by section 25 of the 2012 Act
 - v See section 14Z16 of the 2006 Act, inserted by section 26 of the 2012 Act
 - vi See sections 14Z21 and 14Z22 of the 2006 Act, inserted by section 26 of the 2012 Act
 - vii See in particular sections 14L, 14M, 14N and 14O of the 2006 Act, inserted by section 25 of the 2012 Act and Part 1 of Schedule 1A to the 2006 Act, inserted by Schedule 2 to the 2012 Act and any regulations issued
 - viii See section 14D of the 2006 Act, inserted by section 25 of the 2012 Act
 - ix See sections 14E and 14F of the 2006 Act, inserted by section 25 of the 2012 Act and any regulations issued
 - x See section 14A(4) of the 2006 Act, inserted by section 25 of the 2012. Regulations to be made
 - xi Inserted by section 25 of the 2012 Act
 - xii *The Good Governance Standard for Public Services*, The Independent Commission on Good Governance in Public Services, Office of Public Management (OPM) and The Chartered Institute of Public Finance & Accountability (CIPFA), 2004
 - xiii See Appendix F
 - xiv See Appendix G
 - xv See <http://www.legislation.gov.uk/ukpga/2010/15/contents>
 - xvi See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act
 - xvii See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act
 - xviii See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act
 - xix See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act
 - xx See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act
 - xxi See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act
 - xxii See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act
 - xxiii See section 14P of the 2006 Act, inserted by section 26 of the 2012 Act and section 2 of the Health Act 2009 (as amended by 2012 Act)
 - xxiv See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act
 - xxv See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act
 - xxvi See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act
 - xxvii See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act
 - xxviii See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act
 - xxix See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act
 - xxx See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act
 - xxxi See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act
 - xxxii See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act
 - xxxiii See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act
 - xxxiv See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act
 - xxxv See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act
 - xxxvi See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act
 - xxxvii See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act
 - xxxviii See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act
 - xxxix See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act
 - xl
 - xli See section 4.4 on Principles of Good Governance above
 - xliv See appendix C
 - xlv See chapter 5 above
 - xlvi See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act
 - xlvii See section 4.4 on Principles of Good Governance above
 - xlviii See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act
 - xlvi See Corporate Governance Document for the terms of reference of the Audit Committee

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- xlix See Corporate Governance Document for the terms of reference of the Remuneration Committee
- I See Corporate Governance Document for the terms of reference of the Finance & Performance Committee
- See Corporate Governance Document for the terms of reference of the Outcomes & Quality Assurance Committee
- li Draft *clinical commissioning group Governing Body Members – Roles Attributes and Skills*, NHSE, March 2012
- lii Available at <http://www.public-standards.gov.uk/>
- liii http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961

NHS North Cumbria Clinical Commissioning Group
Executive Committee
Terms of Reference
April 2017

1. Introduction

The Executive Committee of NHS North Cumbria is established as a Committee of the Governing Body in accordance with the CCG's Constitution, Standing Orders and Scheme of Delegation.

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

2. Principal Functions

The Executive Committee is responsible for delivery of the CCG's overall management, to support the CCG to work efficiently, effectively, ensuring effective clinical engagement and prompting the involvement of all member practices in the work of the CCG in securing improvements in commissioning of care and services.

The Executive Committee will ensure that there is continuous engagement with the CCG's membership and that member's views influence and inform the development of the CCG's commissioning priorities, plans and arrangements for their implementation. It will ensure effective engagement in determining clinical priorities. It is responsible for compliance with statutory and regulatory duties, operational delivery of all CCG functions and performance management of the objectives of the organisation. It is also specifically responsible for the functions of health, safety and risk, governance and health economy resilience. It may delegate some of its functions to the Leadership Team.

3. Membership

Core Membership of the Group will be:

- GP Commissioning Leads
- Up to two ICC GP Leads
- Accountable Officer
- Chief Finance Officer
- All other staff fulfilling a managerial role at Very Senior Manager (VSM) and/or Director Level

Other officers of the CCG will attend as appropriate.

Meetings will be chaired by the Accountable Officer. The Deputy Chair will be one of the GP Commissioning Leads, in the event that both the Chair and the Deputy Chair are unable to attend then a chair shall be will be nominated prior to the commencement of the meeting.

4. Committee Support

The CCG will provide Committee support to the Committee through its Administration Team.

Items for the agenda are to be submitted to the Administrator for the Committee two weeks prior to the Committee meeting.

The Administrator will work with the Accountable Officer to:

- agree the agenda;
- collate and distribute the agenda and supporting documents;
- take minutes and keep a record of matters arising and issues to be carried forward.

5. Quoracy and Decision-making

The Committee is quorate when at least five members are present to include:

- One of which must be either the Accountable Officer, Chief Finance Officer or the Chief Operating Officer
- at least two GP Commissioning Leads

Generally, it is expected that decisions will be reached by consensus. Should this not be possible then a vote of members will be required. In the case of an equal vote, the Chair of the meeting will have a second and casting vote.

6. Frequency of meetings

Meetings of the Executive Committee will normally be held monthly.

Members will be expected to attend each meeting.

Written notice specifying the business to be transacted shall be circulated at least three clear working days prior to the date of the meeting. However subject to the agreement of the Chair a member of the Committee may give written notice of an emergency motion after the issue of the notice of meeting and agenda, up to one clear day before the time fixed for the meeting. The notice shall state the grounds of urgency. If in order, it shall be declared to the Committee at the commencement of the business of the meeting as an additional item to be included in the agenda. The Chair's decision to include the item or not shall be final.

7. Remit and responsibilities of the Executive Committee

The Committee will be responsible for:

Strategy and Planning

- Preparing and recommending the strategy and annual commissioning plan for Governing Body consideration, and approving and overseeing its delivery to improve health and wellbeing outcomes together with a reduction in health inequalities
- Formulating and implementing service change and development arising out of the strategy
- Preparing and recommending to the Governing Body the Organisational Development Plan and enabling strategies including the Communications and Engagement Strategy, and overseeing their delivery
- Developing CCG input to the Joint Health and Wellbeing Strategy and contributing to the Joint Strategic Needs Assessment, to reduce inequalities in health
- Establishing links and working arrangements with other CCGs, Provider Trusts, the local Authority, other health care partners, the Local Office of NHSE and the clinical senate
- Ensuring that the views of patients and the public are properly reflected in the development and implementation of CCG policies and plans

Delivery and Performance

- Delivering target outcomes and outputs set by the Secretary of State, NHS England (NHSE), National Institute for Health and Care Excellence (NIHCE), CQC and other national/regional bodies and providing assurance to the Governing Body in this respect
- Receiving reports on quality and patient safety and managing any associated clinical risks with appropriate mitigating action
- Managing the performance of the CCG against its financial and non-financial targets including QIPP
- Ensuring the control, co-ordination and monitoring within the organisation of risk and internal controls, reviewing the corporate risk register regularly
- Approving business cases and procurement contract awards in line with the CCG's financial scheme of delegation and approved budgets
- Agreeing contracts with organisations or individuals providing clinical or other services to the group, as directed by the governing body, in line with the financial scheme of delegation
- Preparing the CCG's annual report for the Governing Body to consider and approve
- Considering and approving CCG Clinical Policies

8. Reporting Arrangements

The group will report to NHS North Cumbria CCG Governing Body by way of minutes and reports as required.

9. Standards of Business Conduct and Conflicts of Interest

Members of the Committee shall at all times comply with the standards of business conduct and managing conflicts of interest as laid down in the CCG's Constitution and the Business Code of Conduct Policy.

Declarations of interest will be a standing item on all meeting agendas.

Members and attendees who have any direct/indirect financial or personal interest in a specific agenda item will declare their interest. The Chair of the meeting will decide the course of action required, which may include exclusion from participation in the discussion and/or the meeting for the duration of the discussion dealing with the item for which a declaration has been made.

All declarations of interest and actions taken in mitigation will be recorded in the minutes.

10. Policy and best practice

The committee will apply best practice in decision making processes and shall have full authority to commission any reports or surveys it deems necessary to help it fulfill its obligations.

11. Conduct of the committee

The committee shall conduct its business in accordance with national guidance and relevant codes of conduct / good governance practice.

At least annually the committee will review its own performance, membership and terms of reference. Any resulting changes to the terms of reference or membership shall be approved by NHS North Cumbria CCG Governing Body.

12. Terms of reference review date

The terms of reference should be subject to review on an annual basis, the next review will take place by not later than March 2018.

NHS North Cumbria Clinical Commissioning Group
Primary Care Commissioning Committee
Terms of Reference
April 2017

1. Introduction

- 1.1 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 to these terms of reference to NHS North Cumbria CCG. The delegation is set out in Schedule 1.
- 1.2 NHS North Cumbria CCG (the CCG) has established this Primary Care Commissioning Committee (the Committee). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.
- 1.3 It is a Committee comprising representatives of the following organisations:
- NHS North Cumbria CCG
 - NHS England
 - Cumbria County Council – Health and Wellbeing Board
 - Healthwatch Cumbria

2. Statutory Framework

- 2.1 NHS England has delegated to the CCG authority to exercise the primary medical care commissioning functions set out in schedule 2 in accordance with section 13Z of the NHS Act.
- 2.2 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 2.3 Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising 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 care 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).

2.4 The CCG 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).

2.5 The Committee is established as a Committee of the Governing Body in accordance with schedule 1A of the “NHS Act”.

2.6 The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

3. Role of the Committee

3.1 The Committee has 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 medical care services in North Cumbria, under delegated authority from NHS England.

3.2 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS North Cumbria CCG, which will sit alongside the delegation and terms of reference.

3.3 The functions of the Committee 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.

3.4 The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical care services under section 83 of the NHS Act.

3.5 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' payments (e.g., returner / retainer schemes).

3.6 The CCG will also carry out the following activities:

- a) To plan, including needs assessment, primary medical care services in North Cumbria;
- b) To undertake reviews of primary medical care services in North Cumbria;
- 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 North Cumbria.

4. Geographical Coverage

4.1 The Committee will cover the geographical area of North Cumbria CCG.

5. Membership

The Committee shall consist of:

- a. Core Voting Members
 - CCG Governing Body Chair - lay member (Chair)
 - CCG Governing Body - lay member (Vice Chair)
 - CCG Governing Body Nurse Representative
 - Accountable Officer
 - Chief Finance Officer

Director of Primary Care

b. Non- Voting Members

The GP Lead for Primary Care

Up to Two GP ICC leads

Primary Care Nurse

c. In attendance (Non- Voting)

NHS England

Healthwatch Cumbria

Cumbria County Council Health and Wellbeing Board

Local Medical Committee (LMC) representative

Patient Participation Group (PPG) network representative

d. Others in attendance (Non-Voting)

CCG General Practice Commissioner

CCG Governing Body Support Officer

CCG Primary Care & ICC Senior Administrator

Other representatives may be invited to attend as deemed necessary by the Chair.

6. Meetings and Voting

6.1 The Committee will operate in accordance with the CCG's Standing Orders. The CCG Primary Care and ICC Senior Administrator will act as secretary to the Committee, and 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 Chair of the committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

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

7. Quorum

7.1 The quorum of the Committee shall be at least three voting members one of which shall be the Chair or Vice Chair of the Committee.

8. Frequency of Meetings

8.1 Meetings of the Committee will be held on a bi-monthly basis or as business dictates.

8.2 In the event of a decision needing to be made between meetings, and at the discretion of the Chair, it will be possible for the Committee to meet “virtually” in order for a decision to be made. All voting members of the Committee should be canvassed for their decision. The same voting and quorum arrangements shall apply as if the decision were made in full Committee. The use of this provision should be used infrequently.

8.3 Meetings of the Committee 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.

8.4 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavor to reach a collective view.

8.5 The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the 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.

8.6 The Committee may call additional experts to attend meetings on an ad hoc basis to

<p>inform discussions.</p> <p>8.7 Members of the Committee shall respect confidentiality requirements as set out in the CCG’s Standing Orders.</p> <p>8.8 The Committee will present its confirmed minutes to the area team of NHS England and the Governing Body of the CCG for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 8.5 above.</p> <p>8.9 The CCG will also comply with any reporting requirements set out in its constitution.</p> <p>8.10 It is envisaged that these terms of reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.</p>
<p>9. Accountability of the Committee</p>
<p>9.1 The Committee will be a Committee of the Governing Body and therefore be accountable to the Governing Body and subject to the CCG’s scheme of reservation and delegation.</p> <p>9.2 For the avoidance of doubt, in the event of any conflict between the terms of this scheme of delegation and terms of reference and the Standing Orders or Standing Financial Instructions of any of the members, the latter will prevail.</p>
<p>10. Procurement of agreed services</p>
<p>10.1 The CCG will make procurement decisions as relevant to the exercise of its delegated authority and in accordance with the detailed arrangements regarding procurement will be set out in the delegation agreement.</p>
<p>11. Decisions</p>
<p>11.1 The Committee will make decisions within the bounds of its remit.</p> <p>11.2 The decisions of the Committee shall be binding on NHS England and NHS North Cumbria CCG.</p>

12. Approval and Review
Date approved by Committee:
Date approved by Governing Body:
Review date:

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