

Lambeth Clinical Commissioning Group Constitution

V003 18 June 2012

Lambeth Clinical Commissioning Group

Introduction

[DN: Introductory wording to be provided by CCG]

Lambeth Clinical Commissioning Group Constitution

Contents

Constitution [Internal DN: Update contents page before circulating]

Part 1	Constitution.....	6
	1.1 This Constitution	6
	1.2 [Interim Arrangements]	6
Part 2	The CCG.....	8
	2.1 Name	8
	2.2 Area	8
	2.3 Principal Purpose	8
	2.4 Status	8
	2.5 Composition	8
	2.6 Diagram: Structure	9
	2.7 Mission/Vision/Aims	9
	2.8 Duties	11
	2.9 Functions.....	11
	2.10 Principles of Good Governance	11
	2.11 Transparency	12
Part 3	Members and Membership	13
	3.1 Eligibility for Membership.....	13
	3.2 Applications for Membership	13
	3.3 [Member Localities].....	13
	The CCG will form three separate localities for the following geographical areas as shown on the map at Appendix 10: North Lambeth, South East and Streatham and Clapham. [The practice and procedure of these localities are set out in the Locality Delegation Agreement, which is appended to this constitution]. [Locality specific plans to be developed]	14
	3.4 Register of Members	14
	3.5 Termination of Membership.....	14
	3.6 Member Representatives	14
	3.7 Inter-Practice Memorandum of Understanding	15
	3.8 Engagement with Members	15
	3.9 The Council of Members	15
	3.10 Members' Duties	16
Part 4	Governing Body	18
	4.1 The Governing Body	18

	4.2	Composition	18
	4.3	Members of Governing Body.....	19
	4.4	Appointment/Nomination/Election of members to the Governing Body	19
	4.5	Meetings of the Governing Body	22
	4.6	Voting Rights of Appointed, Elected and Nominated members	22
	4.7	Functions.....	22
	4.8	Exercise of Functions	23
Part 5		Committees	24
	5.1	Committees	24
	5.2	Audit Committee	24
	5.3	Remuneration Committee	24
	5.4	[Integrated Governance and Quality Committee].....	25
	5.5	[Locality Committees]	25
	5.6	[Other Committees]	25
Part 6		Commissioning.....	26
	6.1	Commissioning Plan	26
	6.2	Consulting on Commissioning Plans.....	26
	6.3	In particular, the CCG shall:	26
	6.4	Any Qualified Provider (“AQP”)	27
Part 7		Annual Report	28
	7.1	Annual Report	28
Part 8		Information Governance	29
	8.1	Permitted Disclosures of Information	29
Part 9		Third Party Engagement/Collaborative Working.....	30
	9.1	The NHS Commissioning Board Authority	30
	9.2	Patients and the Public	30
	9.3	Local Authority.....	30
	9.4	Health and Wellbeing Boards.....	30
	9.5	Other Clinical Commissioning Groups	30
Part 10		Conflicts of Interest	33
	10.1	Conflicts of Interest.....	33
	10.2	Registers of Interest	33
	10.3	Governing Body.....	34
	10.4	Council of Members	34
	10.5	Declaration of Interests.....	34
Part 11		Employment, Remuneration and Expenses.....	36
	11.1	Staff	36
	11.2	Governing Body	36
	11.3	Accountable Officer.....	36
	11.4	Additional Powers in Respect of Payment of Allowances	37

Schedules

Schedule 1	Definitions	39
Schedule 2	Constitution.....	44
Schedule 3	CCG Duties, Responsibilities and Powers.....	45

Schedule 4	Membership: Eligibility and Termination of Membership	51
Schedule 5	Composition of the Governing Body	52
Schedule 6	Eligibility for Membership of the Governing Body.....	53
Schedule 7	Appointment and Roles of the Appointed Members.....	54
Schedule 8	The Seven Principles of Public Life (the Nolan Principles).....	55
Schedule 9	CCG Functions.....	56
Schedule 10	Annual Report: Contents and Publication	57
Schedule 11	The NHS Commissioning Board	58

Appendices

Appendix 1	Register of Members	60
Appendix 2	Inter Practice Agreement	61
Appendix 3	Council of Members Terms of Reference.....	62
Appendix 4	Governing Body Terms of Reference	63
Appendix 5	Audit Committee Terms of Reference	64
Appendix 6	Remuneration Committee Terms of Reference	65
Appendix 7	Conflicts of Interest Policy	66
Appendix 8	Member Localities.....	68
Appendix 9	Accountability Agreement: Localities	69
Appendix 10	Area	70
Appendix 11	Standing Orders.....	71
Appendix 12	Prime Financial Policies.....	78

Lambeth Clinical Commissioning Group Constitution

Constitution

DRAFT

Part 1

Constitution

1.1 This Constitution

- 1.1.1 The National Health Service Act 2006 (the 'Act'), as amended by the Health and Social Care Act 2012 requires that a Clinical Commissioning Group adopts a constitution.
- 1.1.2 This Constitution sets out the terms on which Lambeth clinical commissioning group (the "CCG") shall exercise its statutory function of commissioning services for the purposes of the health service in England.
- 1.1.3 This Constitution shall have effect from [1 April 2013], being the date on which the NHS Commissioning Board Authority established the CCG.
- 1.1.4 This Constitution has been made between the Members of Lambeth CCG and has been adopted by the Governing Body of the CCG.
- 1.1.5 On becoming a Member of the CCG and on its signature of this Constitution each Member Practice confirms it will carry out its duties and responsibilities in respect of the CCG in accordance with the terms of this Constitution.
- 1.1.6 Words and expressions in this Constitution shall be interpreted in accordance with Schedule 1. Schedule 1 also sets out the general provisions that apply to this Constitution.
- 1.1.7 This Constitution reflects the values and rights set out in the NHS Constitution.
- 1.1.8 Further provisions in respect of the publication and variation of the Constitution are set out at Schedule 2.
- 1.1.9 This Constitution is supplemented by a number of documents which set out how the CCG will operate including:
- 1.1.9.1 the CCG's Standing Orders, a copy of which is set out in Appendix 11, which set 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;
 - 1.1.9.2 the Scheme of Reservation and Delegation which sets out those decisions which are the responsibility of the CCG, its Governing Body, its Members, its committees and sub-committees, individual members and employees; and
 - 1.1.9.3 [Prime Financial Policies, a copy of which are set out in Appendix 12, which sets out the arrangements for managing the CCG's financial affairs.]¹

1.2 **[Interim Arrangements] [Lucy- You indicated that transitional provisions were not required, as the constitution was only to come into effect in April 2013. Are there any current**

¹ Wording suggested by the NHS Commissioning Board Authority's Model Constitution Framework (the "Model Constitution Framework") (p56).

arrangements in place which adequately record arrangements of the CCG as a committee of Lambeth PCT? If not, you may wish to include arrangements for the period from the date the Member practices sign off on the Constitution (which shall have to be prior to 3 September 2012) until the date on which the CCG is established as a statutory body (April 2013).

- 1.2.1 The CCG is currently established in shadow form as a committee of Lambeth PCT and is not a body corporate (as described in paragraph 2.4).
- 1.2.2 The CCG shall not become a body corporate and shall not assume responsibility for the statutory functions described in this Constitution, unless or until the CCG's application to the NHS Commissioning Board Authority for statutory status is successful and its establishment as a body corporate is confirmed by the NHS Commissioning Board Authority in accordance with the Act.
- 1.2.3 During the period from [the date the Member practices sign this Constitution in respect of the shadow CCG until the date on which the CCG is established as a statutory body as described in paragraph 1.2.2 above (the "Interim Period"), the following arrangements shall apply:
 - 1.2.3.1 Composition of the CCG
 - 1.2.3.2 Members and leaders
 - 1.2.3.3 Duties delegated from the PCT
 - 1.2.3.4 Accountability to the PCT
 - 1.2.3.5 Terms of reference for shadow CCG

[You may wish to include arrangements for the Interim Period, including details of the provisions of this Constitution that will and will not apply during and after the authorisation date. This may be by reference to the PCT's Scheme of Delegation and Reservation of Powers and the Inter-Practice Agreement. Alternatively, you may prefer to delete this section on the basis that current arrangements are recorded adequately elsewhere].

Part 2

The CCG

2.1 Name

This Constitution sets out the governance arrangements adopted by Lambeth CCG (the “**CCG**”).²

2.2 Area

The CCG shall carry out its functions in respect of the geographical area illustrated on the map at Appendix 10.

2.3 Principal Purpose

2.3.1 The principal purpose of the CCG is the commissioning of services for the purposes of the health service in England.

2.3.2 The vision and aims of the CCG are set out at paragraph 2.7.

2.3.3 The duties of the CCG are set out at paragraph 2.8 and Schedule 3.

2.4 Status

The legal status of the CCG is as follows:

2.4.1 The CCG is a body corporate established under the Act. The CCG is not a servant or agent of the Crown and does not enjoy the status, privilege or immunity of the Crown.

2.4.2 The property of the CCG is not regarded as property of, or property held on behalf of, the Crown.

2.4.3 The CCG is accountable to Parliament by way of the Secretary of State and the NHS Commissioning Board Authority.

2.4.4 The Secretary of State may arrange for the CCG to exercise any public health function of the Secretary of State in accordance with the Act.

2.4.5 Where the Secretary of State arranges for the NHS Commissioning Board Authority to exercise a function, the NHS Commissioning Board Authority may arrange for the CCG to exercise that function.

2.4.6 Where the CCG assumes responsibility for a function it shall be liable for any rights or liabilities arising in respect of the exercise by the CCG of that function.

2.5 Composition

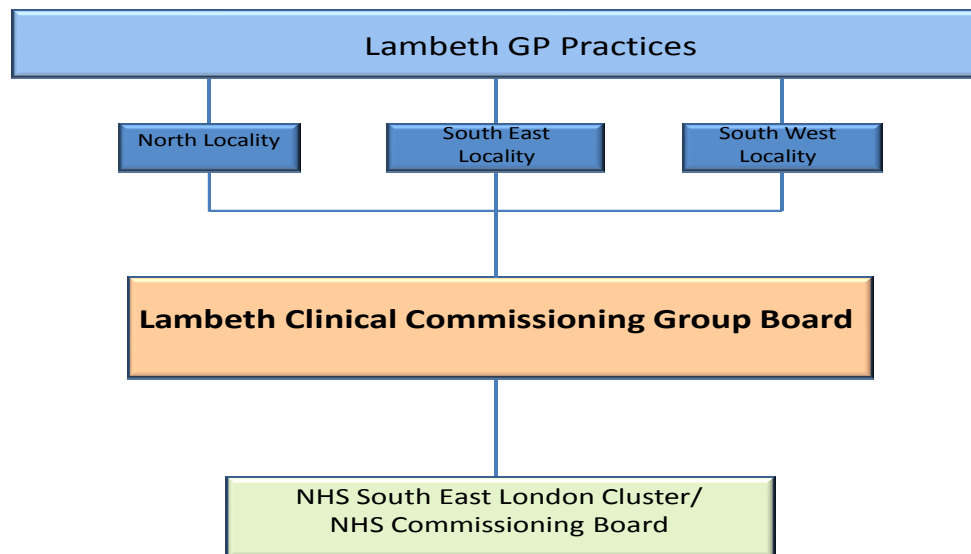
2.5.1 The CCG is a statutory body constituted by the Practices in the Area.

Subject to the requirements set out in this Constitution:

² Guidance states this should include the NHS brand and demonstrate a clear link to the locality: Towards Authorisation, Appendix 1, page

- 2.5.1.1 all Practices in the Area shall be eligible to become members of the CCG in accordance with Part 3 of this Constitution;
- 2.5.1.2 The executive functions of the CCG shall be exercised by the Governing Body, which is composed of appointed, elected and nominated members;
- 2.5.1.3 The Members shall form an unincorporated association known as the Lambeth Collaborative Forum;
- 2.5.1.4 Each Member shall be represented on the Lambeth Collaborative Forum by a Member Representative³ nominated by each Member;
- 2.5.1.5 The Member Representatives shall be entitled to attend and vote at meetings of the Lambeth Collaborative Forum ; and
- 2.5.1.6 The Lambeth Collaborative Forum [with input from the NHS Commissioning Board Authority] shall [appoint]/[elect]/[nominate] [members], [officers] and clinicians to the Governing Body's clinical leadership team.]⁴

2.6 Diagram: Structure⁵



2.7 Mission/Vision/Aims

- 2.7.1 The CCG's mission is to improve the health and reduce health inequalities of the patients and public within the Area and to commission the highest quality health services on their behalf.

³ This term is optional. The CCG can describe the Practice representatives as it wishes.

⁴ You could also include a short narrative of the CCG structure here, so that the CCG's approach is clear from the outset. Further detail around how that structure is implemented and how it will function can then be included in the relevant section and/or Schedule/Appendix.

⁵ A clear diagram setting out the structure of the CCG may be included here. The diagram can be developed in layers of detail so that it evolves from a simple structure showing the Governing Body and the Council of Members, to a pictorial representation of the composition of both bodies, showing lines of accountability, reporting lines, relationships with third parties etc.

- 2.7.2 The CCG's vision is as follows⁶: ***[Lucy, as discussed, I have amended the language of these visions and aims to ensure they are more aspirational than obligatory.]***
- 2.7.2.1 Health improvement is at the heart of all the CCG does. The CCG shall endeavour to increase life expectancy for all and reduce the difference in life expectancy between the most and least deprived in our diverse communities.
 - 2.7.2.2 The CCG shall endeavour to maintain a thriving, financially viable, health economy delivering safe and effective high quality care.
 - 2.7.2.3 The CCG shall endeavour to commission comprehensive integrated care that meets the needs of local people. The CCG shall endeavour to value diversity amongst providers, but will expect excellent outcomes.
- 2.7.3 In delivering this vision set out above the CCG recognise the need:
- 2.7.3.1 for a rigorous, population needs based approach to commissioning, supported by public health expertise;
 - 2.7.3.2 to work with the patients and public within the Area and their representatives to commission services that best meet their needs.
 - 2.7.3.3 to work in partnership with colleagues, across geographic, organisational and professional boundaries. This will include primary care practitioners, the London Borough of Lambeth, King's Health Partners and neighbouring health commissioners.
 - 2.7.3.4 to support innovation in workforce development and in the local application of teaching, training and research.
 - 2.7.3.5 to look first to local colleagues for management support.
- 2.7.4 The CCG's aims are as follows:
- 2.7.4.1 To engage and involve all relevant healthcare professionals, and other associated groups, including where available patients and the public, in the commissioning process through the CCG Governing Board.
 - 2.7.4.2 As a minimum, to achieve financial balance.
 - 2.7.4.3 To reinvest realised budget efficiency in improved services for patients to improve quality, access and choice for patients, within either prevention interventions and Primary or Secondary Care.
 - 2.7.4.4 To commission locally delivered high quality prevention intervention healthcare services, within the available resources on behalf of our patient population.
 - 2.7.4.5 To provide, where appropriate, high quality training to improve the skill sets within the CCG in order to improve existing services, and develop new services, for patients.

⁶ These visions have been copied across from the CCG draft constitution provided (dated 1 April 2012).

- 2.7.4.6 To manage performance at practice and CCG level in terms of outcome, activity, finance and target achievement.
- 2.7.4.7 To develop the commissioning agenda with clinicians, working closely with patients, and the other partners across the borough, to produce a bottom up, clinically led, approach.
- 2.7.4.8 To ensure the fair and effective implementation of clinical led commissioning across the member practices.

2.8 Duties

The duties of the CCG are described in the Act and are set out in Schedule 3 of this Constitution.

2.9 Functions

- 2.9.1 The CCG shall carry out the functions described in the NHS Act 2006, including, but not limited to:
 - 2.9.1.1 Commissioning certain health services (where the NHS Commissioning Board is not under a duty to do so) that meet the reasonable needs of:
 - 2.9.1.1.1 all people registered with Member Practices; and
 - 2.9.1.1.2 people who are usually resident within the Area and are not registered with a member of any other clinical commissioning group.
 - 2.9.1.2 Commissioning emergency care for anyone present in the Area.
 - 2.9.1.3 Determining the remuneration and travelling or other allowances of members of the Governing Body:
 - 2.9.1.4 Paying its employees remuneration, fees and allowance in accordance with the determinations made by the Governing Body and determining any other terms and conditions of service of the CCG's employees.
 - 2.9.1.5 In discharging its functions the CCG shall act consistently with the discharge by the Secretary of State and the NHS Commissioning Board of their duty to promote a comprehensive health service and with the objectives and requirements placed on the NHS commissioning Board through the mandate published by the Secretary of State before the start of each financial year as set out in this constitution.

2.10 Principles of Good Governance⁷

- 2.10.1 The CCG shall conduct its business at all times in accordance with such generally accepted principles of good governance, including but not limited to:
 - 2.10.1.1 the highest standards of probity involving impartiality, integrity and objectivity in relation to the stewardship of public funds;
 - 2.10.1.2 the Nolan Principles;

⁷ Suggested by the Model Constitution Framework.

- 2.10.1.3 the Good Governance Standard for Public Services;⁸
- 2.10.1.4 the seven key principles of the NHS Constitution; and
- 2.10.1.5 the Equality Act 2010.

2.11 Transparency⁹

- 2.11.1 All communications issued by the CCG, including the Commissioning Plan, Annual Report, notices of procurements, public consultations, reports, Governing Body meeting dates, times, venues and papers will be published on the CCG's website at [insert CCG's website].
- 2.11.2 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.

DRAFT

⁸ The Independent Commission on Good Governance in Public Services, Office Public Management and the Chartered Institute of Public Finance and Accountability 2001.

⁹ Suggested wording from the Model Constitution Framework.

Part 3

Members and Membership

The CCG is a membership body, comprising local GP Practice Members. Those Members will be entitled to nominate Member Representatives who may attend and vote at meetings of the Lambeth Collaborative Forum. The Lambeth Collaborative Forum will [engage with the Governing Body to ensure commissioning decisions reflect the needs of the patients and the public in the Area via the [election] [appointment] of clinicians to the CCG's Governing Body.

3.1 Eligibility for Membership

Priority discussion issue: Are there to be any conditions to be imposed on membership? For example, do Members expect anything more of each other than having to be situated within the Lambeth boundary and hold a contract for the provision of primary medical services with NHS Lambeth/The NHS Commissioning Board?

A Practice may become a Member of the CCG if it is situated within the Area and it holds a contract for the provision of primary medical services with [NHS Lambeth][The NHS Commissioning Board Authority]¹⁰.

3.2 Applications for Membership

3.2.1 Applications for membership of the CCG should be made in writing to the Governing Body.

3.2.2 A Practice shall become a member of the CCG if the Practice:

- 3.2.2.1 in the opinion of the Governing Body is eligible to become a Member;
- 3.2.2.2 has, to the satisfaction of the Governing Body completed the Membership application process determined by the Governing Body, including the submission to the Governing Body of a declaration, signed on behalf of the Practice, that the Practice shall comply and be bound by the terms of this Constitution for the period of its Membership;
- 3.2.2.3 has had its application approved by the Governing Body; and
- 3.2.2.4 has had its name entered on the Register of Members by the Governing Body.

3.3 [Member Localities]

Priority discussion issue: What will be the role the localities? Are any functions to be delegated to the localities? For example, are localities to be responsible for commissioning at local level (locality initiatives/strengthening and enhancing the provision of health services in an integrated way)? Are localities to be responsible for

¹⁰ It will be a contractual requirement for all holders of primary medical services contracts to become a Member of a CCG and all GP Members will need to contribute to the objectives of the CCG in shaping the type and design of services for the patients in their communities. The level of engagement of each GP Practice will vary, however, and the Constitution can outline the CCG's expectations in terms of Member engagement so that there is clarity between the CCG and its Members. Further clarity around the role of Member Practices will be introduced via the Inter-Practice Memorandum of Understanding (see paragraph 3.7 below).

performance and finance (e.g. setting and monitoring performance targets/budgetary responsibility)?

Alternatively, are the localities to act solely as a conduit for engagement with the Members?

If decisions are to be taken at local level, the Constitution will need to include those decisions delegated to the localities, how these decisions will be made and how the exercise of delegated functions of the locality will be assessed and managed by the CCG.

It is proposed that no functions are to be delegated to the localities and the localities are to be used to ensure successful engagement of all the Members. Are members happy with this proposal?

The CCG will form three separate localities for the following geographical areas as shown on the map at Appendix 10: North Lambeth, South East and Streatham and Clapham. [The practice and procedure of these localities are set out in the Locality Delegation Agreement, which is appended to this constitution]. **[Locality specific plans to be developed]**

3.4 Register of Members

3.4.1 The CCG shall establish and maintain a register of its Members (the "Register of Members").

3.4.2 The Register of Members as amended from time to time by the Governing Body will be appended to this Constitution at Appendix 1.

3.5 Termination of Membership

3.5.1 [A Member may terminate its Membership of the CCG on giving [number] months' notice to the Governing Body of such intention, in which case the Member's Membership shall terminate at the expiry of such notice period, or such later date set out in the notice, and that Member shall be removed from the Register of Members by the Governing Body.]

[We have removed this paragraph as we note that you do not propose to include clauses dealing with the expulsion of Members.] Further provisions detailing the eligibility requirements for Membership and the circumstances in which Membership may be terminated are described in Schedule 4.

3.6 Member Representatives

3.6.1 Each Member Practice shall nominate an individual [who is a GP or other Healthcare Professional]¹¹ [include further details of the seniority of the Member Representative]] to represent the Member on the Lambeth Collaborative Forum (the "Member Representative").

3.6.2 A Member may replace its Member Representative from time to time by notice in writing to the Governing Body.

3.6.3 The CCG shall be entitled to consider that the Member Representative has the authority to act on behalf of a Member until it receives notification of the replacement of that Member Representative in accordance with paragraph 3.6.2 above.

¹¹ Guidance recommends this level of seniority and Regulations are likely to require this.

- 3.6.4 Each Member shall authorise its Member Representatives to act on behalf of the Member as follows:
- 3.6.4.1 attend and receive notice of any meetings of the Lambeth Collaborative Forum ;
 - 3.6.4.2 vote at meetings of the Lambeth Collaborative Forum on behalf of the Member in accordance with this Constitution;
 - 3.6.4.3 sign any written resolution on behalf of the Member;
 - 3.6.4.4 receive any notices from the CCG on behalf of the Member and any notice delivered by the CCG to the Member Representative shall be deemed to have been made or served on the Member;
 - 3.6.4.5 appoint a proxy; and
 - 3.6.4.6 approve or provide any consent required of the Member by the CCG in respect of the powers and duties of the Member described in this Constitution.

3.7 Inter-Practice Memorandum of Understanding

[Each Member Practice shall enter into an agreement (the “Inter-Practice Agreement”) setting out details of how the Members will work together to further the objectives of the CCG. The Inter-Practice Agreement will be appended to this Constitution at Appendix 2.]

3.8 Engagement with Members

Priority discussion issue: As stated above, it is proposed that the localities are to be used to ensure successful engagement of all the Members. However, details of such engagement shall have to be discussed and agreed with the Members. How often shall the localities meet? Who will chair the locality meetings?

- 3.8.1 [The CCG shall establish a strategy for engaging with its Members (the “Member Engagement Strategy”). The Member Engagement Strategy will include details of how the CCG will gather and collate information from its Members and how that information will be incorporated into commissioning decisions undertaken by the Governing Body.

- 3.8.2 [A copy of the Member Engagement Strategy shall be published on the CCG’s website.]

3.9 The Lambeth Collaborative Forum

Priority discussion point: What will be the roles and responsibilities of the Lambeth Collaborative Forum? Will the Lambeth Collaborative Forum be formed of all Member Representatives or appointed/elected Locality Leads?

- 3.9.1 The Lambeth Collaborative Forum shall be composed of the Member Representatives nominated from time to time by each Member.

- 3.9.2 The Lambeth Collaborative Forum shall meet [at least] [twice] every 12 months¹². [***Lucy, we note engagement would be through a minimum of two all practice events a year***]
- 3.9.3 Meetings of the Lambeth Collaborative Forum shall be chaired by the Chair of the Governing Body.
- 3.9.4 The practice and procedure of the Lambeth Collaborative Forum is set out in the Lambeth Collaborative Forum' Terms of Reference from time to time adopted by the Lambeth Collaborative Forum and appended to this Constitution at Appendix 3.

3.10 Members' Duties

Priority discussion issue: What will be the roles and responsibilities of the Members? For example, will members be responsible for the appointment of clinical board member(s) to the Governing Body and constitution development?

Should there be any expectations on the Members e.g. code of conduct, active participation in discussions?

Members are to confirm what is required here.

- 3.10.1 The duties of each Member are detailed in the Inter-Practice Agreement and include:
- 3.10.1.1 Taking an active involvement in the CCG
 - 3.10.1.2 Contributing expertise to support developments and CCG delivery
 - 3.10.1.3 Improving quality of performance in practice in line with CCG policy
 - 3.10.1.4 Being a member of and supporting Localities
 - 3.10.1.5 Participating in commissioning project work and endeavouring to make available clinical and other staff to participate in such work
 - 3.10.1.6 Adhering to commissioning decisions made by the CCG, particularly in relation to commissioned care pathways and service policy
 - 3.10.1.7 Providing a named lead as a link for each practice to the Locality, who will attend locality meetings and as a minimum maintain 75% attendance
 - 3.10.1.8 Practice clinicians to attend at least one CCG wide meeting per quarter
 - 3.10.1.9 Maintaining awareness of the CCG's activities
 - 3.10.1.10 Providing evidence at practice visits of information disseminated, actions agreed and behavioural change to comply with CCG policies
 - 3.10.1.11 Driving the commissioning agenda, including keeping up to date on commissioning and related issues.

¹² This is the minimum we recommend but you may wish your members to meet more frequently to better represent their views and those of their patients.

[These high level duties have been taken from the draft constitution supplied (dated 1 April 2012).
These duties should be set out in more detail in the Inter-Practice Agreement].

DRAFT

Part 4

Governing Body

Priority discussion point: Are all decision of the CCG to be made by the Governing Body (rather than being delegated to, for example, the localities/members)? What responsibilities are to be reserved for the Members e.g. clinical board member appointment and constitution development?

4.1 The Governing Body

- 4.1.1 The CCG must have a governing body to oversee the delivery of the CCG's Commissioning Plan, lead and set the strategy for the CCG and to be accountable for the delivery by the CCG of its functions as a statutory body. Member Practices will be entitled, through their Member Representatives, to elect [appoint] [nominate] members to the Governing Body to ensure the Members are represented and can contribute clinical expertise at the highest level within the CCG.
- 4.1.2 The NHS Act 2006 requires the CCG to establish a Governing Body. The CCG's Governing Body shall be known as the Lambeth CCG Governing Body.¹³
- 4.1.3 The practice and procedure of the Governing Body is set out in the Governing Body Terms of Reference appended to this Constitution at Appendix 4.

4.2 Composition¹⁴

- 4.2.1 The CCG shall have a Governing Body comprising [tbc] members including:
- 4.2.1.1 An Accountable Officer¹⁵¹⁶;
 - 4.2.1.2 A Clinical Chair¹⁷;
 - 4.2.1.3 A Chief Financial Officer¹⁸;
 - 4.2.1.4 At least 2 lay members including 1 patient and public lead member and 1 audit, remuneration and conflicts of interest lead member [**The discussion document**

¹³ The CCG can choose a name for its Governing Body.

¹⁴ The requirements listed here are based on the proposed legislation and current guidance (as of January 2012). Further guidance on the composition of the Governing Body was due in January 2012.

¹⁵ The Accountable Officer is a statutory role mandated by the Act. The Commissioning Board Authority will assess the competence of the key leaders on the Governing Body as part of the CCG assessment process and will be responsible for the appointment of the Accountable Officer.

¹⁶ The Act specifies that the Accountable Officer may be a GP who is a Member of the CCG; an employee of the CCG or any Member of the CCG or, in the case of a joint appointment, an employee of any of the CCGs in question or of any member of those CCGs. Where the Accountable Officer is a clinician, the CCG will need to appoint a senior manager to undertake operational responsibility across the CCG (Towards Establishment, page 38).

¹⁷ Position must not be undertaken by the same person appointed as the Accountable Officer.

¹⁸ A key role, although not mandated by the Act. The role should not be undertaken by the Accountable Officer but may be filled by the individual carrying out the Chief Operating Officer role.

dated May 2012 mentioned the possibility of a third (non voting) lay member. Please confirm if this is still intended]¹⁹;

- 4.2.1.5 A Registered Nurse;
 - 4.2.1.6 [6] elected locality members;
 - 4.2.1.7 A Secondary Care Doctor²⁰;
 - 4.2.1.8 A Chief Operating Officer²¹;
 - 4.2.1.9 Two representatives from Lambeth Council being the Executive Director Lead for Health Services and Director of Public Health;
 - 4.2.1.10 A representative from Kings Health Partners;
 - 4.2.1.11 A representative from Lambeth Healthwatch (or in the interim a Chair of LINK);
 - 4.2.1.12 Local Director of Adult Social Services;
 - 4.2.1.13 Joint Director of Public Health;
- 4.2.2 The Composition of the Governing Body is set out at Schedule 5.

4.3 Members of Governing Body

4.3.1 The following may become members of the Governing Body:

- 4.3.1.1 a Member of the CCG who is an individual;
- 4.3.1.2 an individual appointed by virtue of Regulations in the Act;
- 4.3.1.3 individuals who are Health Care Professionals; and
- 4.3.1.4 individuals who are Lay Persons;

4.3.2 Further provisions detailing the eligibility requirements for membership of the Governing Body and the circumstances in which membership of the Governing Body may be terminated are described in Schedule 6.

4.4 Appointment/Nomination/Election of members to the Governing Body

4.4.1 Appointed Members

The NHS Commissioning Board Authority on the recommendation of the Members shall appoint individuals to the following positions on the Governing Body:

- 4.4.1.1 Clinical Chair;
- 4.4.1.2 Accountable Officer;

¹⁹ One of whom will undertake the role of deputy chair or chair of the Governing Body.

²⁰ Including at least 1 registered nurse and 1 secondary care clinician.

²¹ Optional role which may be appropriate where a clinician undertakes the Accountable Officer role.

- 4.4.1.3 Chief Financial Officer;
- 4.4.1.4 Chief Operating Officer;
- 4.4.1.5 Registered Nurse;
- 4.4.1.6 Secondary Care Doctor.

Together referred to as the 'Appointed Members'.

Provisions outlining the appointment and roles of the Appointed Members are set out in Schedule 7.

4.4.2 Elected Members

DRAFT

[6] locality members shall be elected, by the Members as follows:

There will be a selection process to secure locality clinical leaders with appropriate skills and experience based on an agreed job description and person specification. Individuals who meet the minimum standard agreed within the selection process will then be eligible to stand for election.

It is proposed to run an election process even if there are more candidates than posts to ensure the legitimacy of locality members.

Clinical led commissioning is derived from a practice list. Eligible candidates will therefore need to have a connection with and have the written support of at least one Lambeth GP practice. This may include GP principals, salaried GPs, Practice Nurses, Practice Managers and other administrative staff or clinicians.

[Priority discussion issue: More details are required in relation to the election process²²; e.g. The number of individuals to be identified; eligibility for election/appointment; the election/appointment process; running the process (ensuring that the process is democratic, fair, open and transparent); tenure of membership; skills required; arrangements for meeting equality and diversity standards and arrangements for third party engagement/support in the process (e.g. Local Medical Committee involvement).

We understand from the discussion paper provided that it is proposed that:

- the current Chair and Clinical members shall continue in their roles until July 2013 and that in July 2013 it is proposed that the CCG run an election and selection process in line with current guidance (select, elect, ratify and assess) to the newly created CCG Governing Body seeking to recruit some of the clinical roles with a view to having two clinical roles from each of the three localities;

- going forward recruitment is staggered to ensure continuity and consistency on the Governing Body and that the selection process is based either on practices weighted for list size or one practice one vote. Please confirm if this is the CCG's intentions.

- that the Chair of the Governing Body will be ratified by the Governing Body following election; and

- the CCG stagger recruitment and look to recruit up to 50% of elected clinical Governing Body members with a suggested term of appointment being two years with the clinicians serving a maximum of three terms.

Please confirm this is still intended.]

4.4.3 Nominated Members

The following roles shall be nominated:

- 4.4.3.1 The two representatives from Lambeth Council being the Executive Director Lead for Health Services and Director of Public Health;

²² We can assist with the development of the election process. Please see separate document "CCG Constitution- Additional Document" for information on costs.

- 4.4.3.2 A representative from Kings Health Partners;
- 4.4.3.3 A representative from Lambeth Healthwatch (or in the interim a Chair of LINK)
- 4.4.3.4 Local Director of Adult Social Services;
- 4.4.3.5 Joint Director of Public Health;

[Details of these appointments may be included in a Schedule and in the Lambeth Collaborative Forum /Governing Body Terms of Reference where appropriate].

[Are lay members to be appointed/elected or nominated? Please confirm.]

4.5 Meetings of the Governing Body

Meetings of the Governing Body must be held in public, except where the CCG [has resolved] [considers] that it would not be in 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 procedures]²³ to permit members of the public to attend a meeting or part of a meeting. Further provisions describing the practice and procedure of the Governing Body are set out in the Governing Body's Terms of Reference appended to this Constitution at Appendix 4.

Priority discussion issue: What are the management expectations of stakeholders, including the LMC? It is proposed that the LMC would be invited to observe the Governing Body. Do Members consider this is appropriate?

4.6 Voting Rights of Appointed, Elected and Nominated members

Subject to the provisions of the Governing Body Terms of Reference, Appointed Members and Elected Members, together with the Executive Director Lead for Health Services of Lambeth Council, shall each be entitled to vote at meetings of the Governing Body.

Nominated Members shall be entitled to attend but shall not be entitled to vote at meetings of the Governing Body.

4.7 Functions

4.7.1 The core functions of the Governing Body are to:

4.7.2 ensure that the CCG has made appropriate arrangements to:

4.7.2.1.1 exercise its functions effectively, efficiently and economically; and

4.7.2.1.2 comply with such generally accepted principles of good governance as are relevant to it. In particular, the Governing Body shall ensure that appropriate arrangements are put in place to ensure the CCG complies with the Seven Principles of Public Life as described by the Nolan Committee (the 'Nolan Principles') which are set out at Schedule 8 to this Constitution.

²³ Additional wording from Public Bodies (Admission to Meetings) Act 1960.

- 4.7.3 determine the remuneration, fees and allowances payable to the employees of the CCG or to other persons providing services to it;
 - 4.7.3.1 determine the allowances payable under a pension scheme established under the Act; and
 - 4.7.3.2 such other functions connected with the exercise of its main function as may be determined by the CCG and set out in this Constitution at Schedule 9.
- 4.7.4 The Governing Body shall have regard to any Guidance published by the NHS Commissioning Board Authority in respect of the exercise by the Governing Body of the functions described at paragraphs 4.7.3 and 4.7.3.1 above.

4.8 Exercise of Functions

- 4.8.1 The functions of the Governing Body may be exercised by any of the following on behalf of the Governing Body:
 - 4.8.1.1 any committee or sub-committee of the Governing Body;
 - 4.8.1.2 a member of the Governing Body;
 - 4.8.1.3 a Member of the CCG who is an individual (but is not a member of the Governing Body); or
 - 4.8.1.4 **[insert further description of individuals who may carry out Governing Body functions].**
- 4.8.2 In discharging its functions the Governing Body (and its committees and individuals must:
 - 4.8.2.1 comply with the principles of good governance described in this Constitution;
 - 4.8.2.2 operate in accordance with the CCG's Scheme of Reservation and Delegation;
 - 4.8.2.3 comply with the CCG's Standing Orders, a copy of which are set out in Appendix 11;
 - 4.8.2.4 comply with the CCG's arrangements for discharging its statutory duties; and
 - 4.8.2.5 where appropriate ensure that Member practices have had the opportunity to contribute to the CCG's decision making process.

Part 5

Committees

The CCG may appoint committees and sub-committees to assist it in carrying out its functions. A CCG committee may be composed of individuals from outside the CCG enabling the CCG to benefit from the expertise of individuals with a broad range of skills and experience.

5.1 Committees

- 5.1.1 The CCG may appoint committees or sub-committees. The committees or sub-committees may consist of or include persons other than Members or employees of the CCG.
- 5.1.2 [The CCG shall ensure that each committee or sub-committee adopts and complies with terms of reference detailing the duties and responsibilities of the committee or sub-committee and the procedure of that committee or sub-committee.]
- 5.1.3 [The CCG shall ensure that any duties and responsibilities delegated to a committee of the CCG are described in the CCG's Scheme of Delegation and Reservation.]

5.2 Audit Committee

- 5.2.1 The Governing Body shall establish a committee of **[include details of composition of Audit Committee]** [who shall not be members of the Governing Body] as an Audit Committee.
- 5.2.2 The Audit Committee is accountable to the Governing Body and shall perform such financial monitoring, reviewing and other functions as are considered appropriate by the Governing Body. The duties and responsibilities of the Audit Committee shall include:
 - 5.2.2.1 assisting the CCG in discharging its functions under paragraph 4.7.1 above; and
 - 5.2.2.2 carrying out such other functions connected with the exercise of its main function at paragraph 4.7.1 above as may be determined by the Governing Body and which are set out in the Audit Committee Terms of Reference which are appended to this Constitution at Appendix 5 and (where necessary) delegated to the Audit Committee under the CCG's Scheme of Delegation and Reservation.

5.3 Remuneration Committee

- 5.3.1 The Governing Body shall establish a committee of **[include details of composition of Remuneration Committee]** as a Remuneration Committee.
- 5.3.2 The duties and responsibilities of the Remuneration Committee shall include:
 - 5.3.2.1 making recommendations to the Governing Body as to the discharge of its functions under paragraphs 4.7.3 and 4.7.3.1 above; and
 - 5.3.2.2 carrying out such other functions connected with the exercise of the functions described at paragraph 4.7.1 above as may be determined by the Governing Body and which are set out in the Remuneration Committee Terms of Reference which is appended to this Constitution at Appendix 6 and (where necessary) are delegated to

the Remuneration Committee under the CCG's Scheme of Delegation and Reservation.

- 5.3.3 The Remuneration Committee must comply with any Regulations setting out provisions in respect of its functions.

5.4 [Integrated Governance and Quality Committee]

- 5.4.1 The Governing Body shall establish a committee of **[include details of composition of Integrated Governance and Quality Committee]** as a Integrated Governance and Quality Committee.

- 5.4.2 The duties and responsibilities of the Integrated Governance and Quality Committee shall include:

5.4.2.1 providing assurance on the quality of services commissioned and to promote a culture of continuous improvement and innovation with respect to patient safety, clinical effectiveness and patient experience; and

5.4.2.2 carrying out such other functions connected with the exercise of the functions described at paragraph 4.7.1 above as may be determined by the Governing Body and which are set out in the Integrated Governance and Quality Committee Terms of Reference which is appended to this Constitution at Appendix 6[] and (where necessary) are delegated to the Integrated Governance and Quality Committee under the CCG's Scheme of Delegation and Reservation.

- 5.4.3 The Integrated Governance and Quality Committee must comply with any Regulations setting out provisions in respect of its functions.

5.5 [Locality Committees]

[Include details of composition and functions to be carried out by any localities established as committees of the CCG 'Where clinical commissioning groups wish to delegate authority to their localities, as a committee of the CCG, they will need to [include in this constitution details of their role and to whom they are accountable.²⁴

It is clear from the documents provided that some functions are to be carried out by the localities, but more details are required surrounding this.]

5.6 [Other Committees]

[Include details (i.e. composition and functions) of any other committees e.g. Member representative committee, nominations committee, executive committee, network committee etc.²⁵]

²⁴ Guidance from the Model Constitution Framework (p35)

²⁵ Suggested committees from the Model Constitution Framework (p35)

Part 6

Commissioning

The CCG must have regard to any guidance published by the NHS Commissioning Board Authority in respect of the exercise by the CCG of its commissioning functions.

6.1 Commissioning Plan

- 6.1.1 The CCG shall prepare 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 Authority. The Commissioning Plan must set out how the CCG proposes to exercise its functions during the relevant Financial Year. The Commissioning Plan must, in particular, explain how the CCG proposes to discharge its responsibilities in relation to its duties to: improve the quality of the Services; reduce inequalities; ensure public involvement and consultation, its financial duties in relation to expenditure; and additional controls on resource use.
- 6.1.2 The CCG shall publish the Commissioning Plan and supply a copy to the NHS Commissioning Board Authority before any date specified by the NHS Commissioning Board Authority in a direction and to any Relevant Health and Wellbeing Board.
- 6.1.3 The CCG may revise the Commissioning Plan after it has been published. Following a revision, the CCG must prepare and publish a document detailing the changes it has made to the Commissioning Plan. The CCG shall supply a copy of the revised Commissioning Plan to the NHS Commissioning Board Authority before any date specified by them and to any Relevant Health and Wellbeing Board. If the CCG revises the Commissioning Plan in a way in which the CCG considers to be significant, the CCG must also publish a copy of the revised Commissioning Plan.
- 6.1.4 [A copy of the Commissioning Plan as amended from time to time shall be available at the CCG’s place of business and shall be published on the CCG’s website.]

6.2 Consulting on Commissioning Plans

- 6.2.1 Where the CCG is preparing a Commissioning Plan or revising a Commissioning Plan in a way which the CCG considers significant, the CCG must:
- 6.2.1.1 consult individuals for whom it has responsibility for the purposes of Section 3 of the NHS Act 2006; and
 - 6.2.1.2 involve any Relevant Health and Wellbeing Board in revising or preparing the Commissioning Plan.

6.3 In particular, the CCG shall:

- 6.3.1 give each Relevant Health and Wellbeing Board a draft of the Commissioning Plan or, as the case may be, a copy of the revised Commissioning Plan; and
- 6.3.2 consult each Relevant Health and Wellbeing Board on whether the draft Commissioning Plan takes proper account of each Joint Health and Wellbeing Strategy published by the Relevant

Health and Wellbeing Board which relates to the period (or any part of the period) to which the Commissioning Plan relates.

6.3.3 include in the published Commissioning Plan or, in circumstances where the CCG revises a published plan in a way in which the CCG considers significant, the revised Commissioning Plan:

6.3.3.1 a summary of the views expressed by individuals consulted under 6.2.1.1 above;

6.3.3.2 an explanation of how the CCG took account of those views; and

6.3.3.3 a statement of the final opinion of each Relevant Health and Wellbeing Board consulted in relation to the Commissioning Plan under paragraphs 6.3.1 and 6.3.2 above.

6.3.4 have regard to any guidance published by the NHS Commissioning Board Authority in relation to drafting, revising and consulting on the contents of the Commissioning Plan.

6.4 Any Qualified Provider (“AQP”)

6.4.1 In drafting the Commissioning Plan, the CCG must have regard to:

6.4.1.1 the ‘Procurement Guide for Commissioners of NHS-funded Services’ published on 30 July 2010 and any document which supersedes it;

6.4.1.2 ‘Operational Guidance to the NHS - Extending Patient Choice of Provider’ published on 19 July 2011 and any document which supersedes it; and

6.4.1.3 any other documentation setting out how the AQP model is to function.

6.4.2 When commissioning services from those providers who are qualified to do so under the national list of services²⁶ the CCG must ensure that those qualified still meet the requirements, namely that they:

6.4.2.1 are registered with the Care Quality Commission and licensed by Monitor (from 2013) where required, or meet equivalent assurance requirements;

6.4.2.2 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;

6.4.2.3 accept NHS prices;

6.4.2.4 can provide assurances that they are capable of delivering the agreed service requirements and comply with referral protocols; and

6.4.2.5 reach agreement with local commissioners on supporting schedules to the standard contract including any local referral thresholds or patient protocols.

²⁶ Due to be published in April 2013.

Part 7

Annual Report

7.1 Annual Report

- 7.1.1 In every Financial Year, save for its first Financial Year, the CCG shall prepare an Annual Report in accordance with the Act and any directions given to the CCG by the NHS Commissioning Board Authority on how it has discharged its functions in the previous Financial Year.
- 7.1.2 Provisions describing the contents of and the procedures in respect of the publication of the Annual Report are set out in Schedule 10.

DRAFT

Part 8

Information Governance

8.1 Permitted Disclosures of Information

8.1.1 The CCG may disclose information obtained by it in the exercise of its functions if the disclosure is:

8.1.1.1 made under or pursuant to regulations under Sections 113 or 114 of the Health and Social care (Community Standards) Act 2003 (Complaints About Health Care and Social Services);

8.1.1.2 made in accordance with any enactment or court order;

8.1.1.3 necessary or expedient for the purposing of protecting the welfare of an individual;

8.1.1.4 made to any person in circumstances where it is necessary or expedient for the person to have the information for the purposes of exercising functions of that person under any enactment;

8.1.1.5 made for the purposes of facilitating the exercise of any of the CCG's functions;

8.1.1.6 made in connection with the investigation of a criminal offence (whether or not in the United Kingdom);

8.1.1.7 made for the purpose of criminal proceedings (whether or not in the United Kingdom);
or

8.1.1.8 if the information has previously been lawfully disclosed to the public.

8.1.2 [The CCG's right to disclose information under paragraphs 8.1.1.2, 8.1.1.3, 8.1.1.6 and 8.1.1.8 above may be exercised notwithstanding any rule of common law which would otherwise prohibit or restrict the disclosure.]

8.1.3 [We have included the statutory provisions here. Further provisions in respect of the CCG's processes safeguarding confidential information will need to be included here. We can assist with the development of these.]

Part 9

Third Party Engagement/Collaborative Working

9.1 The NHS Commissioning Board Authority

9.1.1 The CCG shall work with the NHSCB to improve the quality of primary care services; ensuring that local service re-design promotes innovation and reducing health inequalities.

9.1.2 The CCG will be accountable to the NHSCB.

9.2 Patients and the Public

9.2.1 [The Governing Body shall make arrangements to ensure that patients and the public are involved in the planning and development of the Commissioning Plan. Such arrangements shall include service commissioning in accordance with its duty at paragraph 12.1 of Schedule 3 of this constitution.²⁷ **[Include details of arrangements for patient and public engagement.]**

9.2.2 The CCG shall apply the following principles when implementing the arrangements described at paragraph 9.2.1 above: **[Insert principles to be applied – the inclusion of this detail is a statutory requirement]**.

9.3 Local Authority

[Include process for engaging with the relevant local authority.]

[Include details of Section 75 partnership arrangements inherited from PCTs and how these will be managed. See Capsticks notes, “Collaborative Working Arrangements: An Introduction for Clinical Commissioning Groups”]²⁸

[CCGs will need to make arrangements to be accountable to the local authority in the Area for the local authority’s overview and scrutiny role.]²⁹

9.4 Health and Wellbeing Boards

From [April 2013] the CCG, as a member of the Health and Wellbeing Board for the Area shall work with the local authority to develop a Joint Strategic Needs Assessment for the Area and will hold the local authority to account for the delivery of the Joint Health and Wellbeing Strategy.

9.5 Other Clinical Commissioning Groups

9.5.1 The CCG may work together with other Clinical Commissioning Groups in the exercise of its Commissioning Functions.

9.5.2 The CCG may make arrangements with one or more Clinical Commissioning Groups in respect of:

²⁷ The inclusion of this detail is a statutory requirement although the wording here is rather more general than the wording in the Act and can be amended to ensure it contains the CCG’s arrangements for public engagement.

²⁸ Capsticks can supply the CCG with a template agreement for collaborative working with local authorities. The template can then be adapted to reflect the specific arrangements being adopted for a particular service.

²⁹ See page 23 of Towards Establishment.

- 9.5.2.1 delegating any of the CCG's Commissioning Functions to another Clinical Commissioning Group;
 - 9.5.2.2 exercising any of the Commissioning Functions of another Clinical Commissioning Group; or
 - 9.5.2.3 exercising jointly the Commissioning Functions of the CCG and another Clinical Commissioning Group.
- 9.5.3 For the purposes of the arrangements described at paragraph 9.5.2, the CCG may:
- 9.5.3.1 make payments to another Clinical Commissioning Group
 - 9.5.3.2 receive payments from another Clinical Commissioning Group; or
 - 9.5.3.3 make the services of its employees or any other resources available to another Clinical Commissioning Group; or
 - 9.5.3.4 receive the services of the employees or the resources available to another Clinical Commissioning Group.
- 9.5.4 For the purposes of the arrangements described at paragraph 9.5.2 above, the CCG may establish and maintain a pooled fund made up of contributions by any of the Clinical Commissioning Groups working together pursuant to paragraph 9.5.2 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.
- 9.5.5 Where the CCG makes arrangements with another Clinical Commissioning Group as described at paragraph 9.5.2 above, the CCG shall develop and agree with that Clinical Commissioning Group, a memorandum of understanding setting out the arrangements for joint working including details of;
- 9.5.5.1 how the parties will work together to carry out their Commissioning Functions;
 - 9.5.5.2 the duties and responsibilities of the parties;
 - 9.5.5.3 how risk will be managed and apportioned between the parties;
 - 9.5.5.4 financial arrangements, including payments towards a pooled fund and management of that fund;
 - 9.5.5.5 contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements; and
 - 9.5.5.5.1 **[list further details to be included in the memorandum of understanding]**
- 9.5.5.6 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 9.5.1.1 above.

[Include details of memoranda of understanding between CCGs participating in collaborative commissioning arrangements³⁰].

DRAFT

³⁰ See Towards Establishment p. 46.

Part 10

Conflicts of Interest

Priority discussion issue: How is the CCG going to deal with conflicts of interest?

10.1 Conflicts of Interest

10.1.1 The Governing Body shall develop and maintain a conflicts of interest policy (the “Conflicts of Interest Policy”).

10.1.2 A copy of the Conflicts of Interest Policy as amended from time to time by the Governing Body will be published on the CCG’s website and shall be appended to this Constitution at Appendix 7.³¹

10.2 Registers of Interest

10.2.1 The CCG shall be create and maintain registers of the interests of:

10.2.1.1 Members;

10.2.1.2 Members of the Governing Body;

10.2.1.3 The members of its committees or sub-committees or of committees or sub-committee of the Governing Body; and

10.2.1.4 CCG employees

(the “Registers of Interest”) recording all declarations of interest as set out below and in the CCG’s Conflicts of Interest Policy.

[The Registers of Interest shall be available for public inspection on written request].

10.2.2 The CCG shall make arrangements to ensure that:

10.2.2.1 a person referred to in paragraph 10.2.1 above declares any conflict or potential conflict of interest that the person has in relation to a decision to be made in the exercise of the commissioning functions of the CCG;

10.2.2.2 any such declaration is made as soon as practicable after the person becomes aware of the conflict or potential conflict and, in any event within 28 days; and

10.2.2.3 any such declaration is included in the Registers of Interests.

10.2.3 The CCG shall make arrangements for managing conflicts and potential conflicts of interest in such a way as to ensure that it does not and does not appear to, affect the integrity of the CCG’s decision making processes.

10.2.4 The CCG shall have regard to guidance published by the NHS Commissioning Board on the discharge of CCG functions in respect of conflicts of interest.

³¹ See Appendix 7 for useful notes on conflicts of interest.

10.3 Governing Body

- 10.3.1 The CCG shall collate and maintain a register of interests of each member of the Governing Body. The register of interests shall include all relevant personal or business interests as defined by the CCG's Conflicts of Interest Policy, held by a Governing Body Member.
- 10.3.2 All members of the Governing Body must comply with the provisions of the Conflicts of Interest Policy, which includes a provision requiring members of the Governing Body to notify the CCG of a relevant interest or a change to an existing interest noted on the register. Failure by a Governing Body member to so notify the CCG or to comply with the Conflicts of Interest Policy, may lead to the suspension and/or removal of the Governing Body member from the Governing Body.
- 10.3.3 Where the business of the Governing Body requires a decision on an area in which a member holds a significant conflict of interest, the Chair of the Governing Body shall ensure that the Member Representative in question takes no part in the discussion or subsequent decision making. The CCG's Conflicts of Interest Policy describes examples of interests that are likely to be considered 'significant' and the procedure for evaluating proposals where more than one member of the Governing Body holds a significant interest pertaining to the business of the Governing Body.

10.4 Lambeth Collaborative Forum

- 10.4.1 The CCG shall collate and maintain a register of interests of each member of the Lambeth Collaborative Forum. The register of interests shall include all relevant personal or business interests as defined by the CCG's Conflicts of Interest Policy, held by a Member Representative on the Lambeth Collaborative Forum.
- 10.4.2 All Member Representatives of the Lambeth Collaborative Forum must comply with the provisions of the Conflicts of Interest Policy, which includes a provision requiring members of the Lambeth Collaborative Forum to notify the CCG of a relevant interest or a change to an existing interest noted on the register. Failure by a Member Representative to so notify the CCG or to fail to comply with the Conflicts of Interest Policy, may lead to the suspension and/or removal of the Member Representative from the Lambeth Collaborative Forum.
- 10.4.3 Where the business of the Lambeth Collaborative Forum requires a decision on an area in which a Member Representative holds a significant conflict of interest, the Chair of the Lambeth Collaborative Forum shall ensure that the Member Representative in question takes no part in the discussion or subsequent decision making. The CCG's Conflicts of Interest Policy describes examples of interests that are likely to be considered 'significant'.

10.5 Declaration of Interests

- 10.5.1 Each Governing Body member, Member Representative, CCG employee or any other person working on behalf of the CCG shall declare any personal or business interest as defined in the CCG's Conflicts of Interest Policy immediately on becoming aware of such interest. The CCG's Conflicts of Interest Policy shall set out the procedure for making the declaration. Such declaration shall include details of the nature and extent of the interest, including details of any benefit already received or which is expected to be received.

10.5.2 Any question of whether an interest is a conflict of interest or potential conflict of interest as defined by the CCG's Conflicts of Interest Policy or whether an interest should be recorded or removed from the Register of Interests shall be for the consideration of the Accountable Officer.

10.5.3 Any member of the Governing Body or Member Representative, CCG employee or any other person working on behalf of the CGG must absent themselves from any meeting or part of a meeting in which any personal or business interests conflicts, or has the potential to conflict, with the business of the CCG in accordance with the CCG's Conflicts of Interest Policy. In such circumstances the individual shall not be counted as part of the quorum for the meeting and shall not be entitled to vote.

DRAFT

Part 11

Employment, Remuneration and Expenses

11.1 Staff

11.1.1 The CCG may appoint such persons to be employees of the CCG as it considers appropriate.

11.1.2 The CCG must:

11.1.2.1 employ its employees on such terms and conditions as the CCG considers appropriate; and

11.1.2.2 pay its employees, remuneration and travelling or other allowances as determined by the Governing Body.

11.1.3 The CCG may, for or in respect of such of its employees as it may determine, make arrangements for providing pensions, allowances or gratuities. Such arrangements may include the establishment and administration, by the CCG or another party, or one of more pension schemes.

11.1.4 The arrangements described at paragraph 11.1.3 above include arrangements for the provision of pensions, allowances or gratuities by way of compensation to or in respect of employees who suffer loss of office or employment or loss or diminution of emoluments.

11.2 Governing Body

11.2.1 The CCG may pay members of the Governing Body such remuneration and travelling or other allowances, pensions and/or gratuities as it considers appropriate.

11.2.2 The arrangements described at paragraph 11.1.3 above may include the establishment and administration, by the CCG or another party, of one or more pension schemes of which the members of the Governing Body may become members.

11.2.3 The arrangements described at paragraph 11.1.3 include arrangements for the provision of pensions, allowances or gratuities by way of compensation to or in respect of any members of the Governing Body who suffer loss or diminution of emoluments.

11.2.4 Paragraph 11.2.2 does not apply to Members or employees of Members of the CCG.

11.2.5 For the avoidance of doubt, the CCG may make arrangements for the provision of pensions for employees in accordance with paragraph 11.1.3 and such employees shall not also be entitled to become members of any pension scheme established pursuant to paragraph 11.2.3 by virtue of their membership of the Governing Body.

11.3 Accountable Officer

11.3.1 The CCG must have an Accountable Officer.

11.3.2 The Accountable Officer is to be appointed by the NHS Commissioning Board Authority.

11.3.3 The CCG may, for or in respect of its Accountable Officer, make arrangements for providing remuneration and travelling or other allowances, pensions, allowances or gratuities, including

arrangements for the provision of pensions, allowances or gratuities by way of compensation to or in respect of the Accountable Officer where that Accountable Officer suffers loss of office or loss or diminution of emoluments.

11.4 Additional Powers in Respect of Payment of Allowances

11.4.1 The CCG may pay such travelling or other allowances as it considers appropriate to any of the following:

11.4.1.1 Members of the CCG who are individuals;

11.4.1.2 Individuals, including Member Representatives, authorised to act on behalf of a Member in dealings between the Member and the CCG; and

11.4.1.3 Members of any committee or sub-committee of the CCG or the Governing Body.

DRAFT

Clinical Commissioning Group Constitution

Schedules

This document contains [11] Schedules

DRAFT

Schedule 1

Definitions

1.1. The following words and phrases shall be interpreted as set out below:

Accountable Officer	An individual who is appointed to be accountable for the exercise by the CCG of any of its functions by the NHS Commissioning Board in accordance with the Act and whose duties and responsibilities are set out in this Constitution.
Annual Report	The report prepared by the CCG at the end of each Financial Year, save for its first Financial Year, describing how the CCG has discharged its functions in the previous Financial Year.
Appointed Members	Members appointed to the Governing Body in accordance with paragraph 4.4.
Area	The geographical area to be covered by the CCG described in paragraph 2.2.
Audit Committee	The committee established by the Governing Body in accordance with paragraph 5.2.
Commissioning Functions	The functions of Clinical Commissioning Groups in arranging for the provision of services as part of the Health Service (including the function of making a request to the NHS Commissioning Board for the purposes of Section 1427).
Commissioning Plan	The plan for commissioning prepared by the CCG in accordance with the NHS Act 2006 and pursuant to paragraph 6.
Conflicts of Interest Policy	The policy developed and maintained by the Governing Body pursuant to paragraph 10 and appended to this Constitution at Appendix 7.
Financial Year	Includes the period which begins on the day the CCG is established and ends on the following 31 March.
Governing Body	The CCG Governing Body appointed pursuant to having the responsibilities set out in Part 4.
GP	Means a general practitioner registered on a performers' list of that NHS Commissioning Board.

Guidance	Measuring applicable health or social care guidance, direction or determination which the CCG has a duty to have regard to.
Health and Wellbeing Board	A committee of the local authority established by the NHS Act 2006 (as amended by the Health and Social Care Act 2012), on which the CCG will be represented.
Healthcare Professional	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.
Health-Related Services	Services that may have an effect on the health of individuals but are not health services or Social Care Services.
Inter-Practice MOU	The memorandum of understanding described in paragraph 3.7 setting out how the Member Practices will work together to further the objectives of the CCG.
Joint Health and Wellbeing Strategy	A strategy under Section 116A of the Local Government and Public Involvement in Health Act 2007 which is prepared and published by a Health and Wellbeing Board by virtue of Section [195 of the Health and Social Care Act 2010].
Lay Person	An individual who is not: <ul style="list-style-type: none"> (a) a member of the CCG; (b) a Healthcare Professional; or (c) an individual of prescribed description.
Legislation	Laws statutes, statutory instruments, regulations and directions issued from time in respect of the CCG.
Member	A Practice which has successfully completed the application process for Membership of the CCG and whose name is recorded in the Register of Members in accordance with paragraph 3.4 of this Constitution (and “Membership”) shall be construed accordingly).
Member Engagement Strategy	A strategy established by the CCGs for engaging with its Members in accordance with paragraph 3.8 of this Constitution.
Member Representative	An individual nominated by a Member to represent that Member on the Lambeth Collaborative Forum in accordance with paragraph 3.6.1 of this Constitution.
NHS Act 2006	The NHS Act 2006 (as amended by the Health and Social Care Act 2012).
NHS Commissioning Board	The body established by the NHS Act 2006 (as amended by the Health and Social Care Act 2012).
Practice	An individual or organisation that is a provider of primary medical services pursuant to: a general medical services contract; arrangements under section 83(2) of the Act; or arrangements under section 92 of the

Act, for the provision of primary medical services of a prescribed description.

Register of Interests A written register as amended from time to time of the interests of each member of the Governing Body or Lambeth Collaborative Forum as described in paragraph 10.2 of this Constitution.

Register of Members A written register as amended from time to time of the names and addresses of the Members of the CCG established and maintained in accordance with paragraph 3.4 of this Constitution and appended to this Constitution at Appendix 1.

Regulations Any applicable delegated or subordinate legislation or regulation.

Relevant Health and Wellbeing Board A Health and Wellbeing Board established by a Local Authority whose area is co-terminous with, or includes the whole or any part of the Area of the CCG.

Remuneration Committee The committee established by the Governing Body in accordance with paragraph 5.3.

Social Care Services Services that are provided in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970).

The Local Government Act The Local Government and Public Involvement in Health Act 2007 as amended from time to time.

The NHS Constitution The NHS Constitution published on 21 January 2009 as amended from time to time.

The Nolan Principles The Seven Principles of Public Life expounded by the Nolan Committee and set out at Schedule 8 of this Constitution.

1.2. Unless the context otherwise requires, words in the singular shall include the plural and in the plural shall include the singular.

1.3. Unless the context otherwise requires, a reference to one gender shall include a reference to the other gender.

1.4. A reference to a statute or statutory provision is a reference to it as amended, extended or re-enacted from time to time.

1.5. A reference to a statute or statutory provision shall include all subordinate legislation made from time to time under that statute or statutory provision.

1.6. A reference to 'writing' or 'written' includes faxes [and e-mail], but not text messages or messages conveyed by way of social media websites.

1.7. Any words following the terms 'including', 'include', 'in particular' or any similar expression shall be construed as illustrative and shall not limit the sense of the words, description, definition, phrase or term preceding those terms.

2. General Provisions

2.1. Confidential Information

- 2.1.1. "Confidential Information" means any information which any Member may have or acquire in relation to the CCG or another Member. Information shall not be considered Confidential Information if it becomes public knowledge other than as a direct or indirect result of a breach of this provision.
- 2.1.2. Each Member shall at all times use all reasonable endeavours to keep confidential any Confidential Information and each Member agrees:
- 2.1.2.1. to use Confidential Information only for the use for which the Confidential Information was disclosed to it; and
 - 2.1.2.2. not to disclose the Confidential Information to any third party or use it to the detriment of the CCG or any other Member.
- 2.1.3. A Member may disclose Confidential Information in the following circumstances:
- 2.1.3.1. where it is required by the Member's professional advisors where such disclosure is for a purpose related to the operation of the CCG; or
 - 2.1.3.2. with the consent in writing of the Member to which the Confidential Information relates; or
 - 2.1.3.3. where it is required by IW or regulation, in which case the Member shall supply a copy of the required disclosure to the Governing Body in sufficient time to enable the Governing Body to suggest and incorporate amendments to it; or
 - 2.1.3.4. to comply with the law; or
 - 2.1.3.5. to any tax authority; or
 - 2.1.3.6. if the Confidential Information is disclosed within the public domain otherwise than as a breach of this provision.
- 2.1.4. The obligations of each of the Members under this provision shall continue without limit of time. The Members agree that they shall not make or permit or authorise the making of any press release or other public statement or disclosure concerning the CCG or any of the Members without the prior consent in writing of the Governing Body.

2.2. Notices

- 2.2.1. A notice given to a party under or in connection with this Constitution shall be:
- 2.2.1.1. in writing;
 - 2.2.1.2. in English; and
 - 2.2.1.3. for the CCGs sent to the address or to the fax number, or, in the case of a Member or the Member Representative, for that Member, the address set out from time to time in the Register of Members.

- 2.2.2. The following table sets out methods by which a notice may be sent and, if sent by that method, the corresponding deemed delivery date and time:

Delivery method	Deemed delivery date and time
Delivery by hand.	At the time the notice is left at the address.
Pre-paid first class, recorded delivery post or other next working day delivery service.	48 hours after the date of posting.
Fax.	[2 hours] after the time of transmission.

- 2.2.3. For the purpose of this clause and calculating deemed receipt:

2.2.3.1. all references to time are to local time in the place of deemed receipt; and

2.2.3.2. if deemed receipt would occur on a Saturday or Sunday or a public holiday when banks are not open for business, or outside normal business hours (meaning 9.00am to 5.00pm) on a business day, deemed receipt will take place at 9.00 am on the day when business next starts in the place of receipt.

- 2.2.4. To prove service it is sufficient to prove that:

2.2.4.1. where a notice was delivered by hand, that the notice was delivered and left at the correct address;

2.2.4.2. where a notice was posted, that the envelope containing the notice was properly addressed and posted; and

2.2.4.3. where a notice was sent by fax, a fax delivery report showing that the notice was properly addressed and despatched to the correct fax number.

[A notice given under this Constitution is not valid if sent by e-mail.]

2.3. No Partnership or Agency

Nothing in this Constitution is intended to, or shall be deemed to, establish any partnership or joint venture between any of the parties, constitute any party the agent of another party, nor authorise any party to make or enter into any commitments for or on behalf of any other party.

Schedule 2

Constitution

Guidance

The CCG must have regard to any Guidance published by the NHS Commissioning Board Authority, including Guidance on the form, content or publication.

Publication

The CCG shall publish this Constitution [on the CCG's website] at [www.[insert website]]. If this Constitution is varied, the CCG must publish the Constitution as so varied.

The CCG must have regard to any Guidance published by the NHS Commissioning Board Authority in respect of the publication of the Constitution.

Variation

[Lucy, this has been copied across from the April constitution but the words Board, Board members etc are used interchangeably. It would be good to talk this through so we know that the CCG's intention is here].

[This Constitution may only be amended in the following manner:

- formal proposals for amendment from a member practice should be sent to the Chair of the [Governing Body], who shall place them before the members of the [Governing Body] for consideration at the earliest opportunity. The [Governing Body] shall not consider the proposal unless Members have received at least ten days clear notice of such proposals in advance of the next scheduled meeting;
- formal proposals for amendment from a member of the [Governing Body] should be sent to the Chair of the [Governing Body], who shall place them before the members of the [Governing Body] for consideration at the earliest opportunity. The [Governing Body] shall not consider the proposal unless members have received at least ten days clear notice of such proposals in advance of the next scheduled meeting;
- amendments proposed by the [Governing Body] shall be put to the next Locality meetings for consideration;
- a member practice may invoke an extraordinary meeting to propose an amendment to the constitution if it is supported in writing by 10 practices (20%);
- this constitution may be varied without agreement or consent if the variation is deemed necessary as a result of any enactment, law or regulation, or Direction of the Secretary of State.]

The CCG may apply to the NHS Commissioning Board Authority to vary this Constitution. Such variation may include varying the CCG's Area or its list of members. The CCG shall have regard to any Guidance published by the NHS Commissioning Board Authority and comply with any Regulations made in respect of varying this Constitution.

The Act sets out further circumstances in which this Constitution may be varied otherwise than by an application by the CCG to the NHS Commissioning Board Authority.

Schedule 3

CCG Duties, Responsibilities and Powers

The CCG's Duties

The Members and officers of the CCG shall ensure that their conduct in the exercise of their duties to the CCG complies with such generally accepted principles of good governance as are relevant to it, in particular, the Nolan Principles.

The following is a list of the statutory duties of the CCG under the Act. The CCG shall put in place arrangements to ensure it exercises its duties in accordance with Legislation and directions by the NHS Commissioning Board and having regard to any Guidance documenting them as necessary in this constitution, the CCG's scheme of reservation and delegation and other relevant CCG policies and procedures³². **[DN: The NHS Commissioning Board Model Constitution Framework (the "Model Constitution Framework") suggests that CCGs include a description of how they will achieve each duty as well as stating the duty. The CCG should consider including an explanatory paragraph on how the CCG will meet each duty in this Schedule. We have copied across some of the detail from the CCG draft constitution (dated 1 April 2012) in terms of how these duties will be achieved, but that draft constitution did not touch upon every duty set out below.]**

The CCG shall in exercising these duties act consistently with the Secretary of State's duty to promote a comprehensive health service.

1 Duty to promote the NHS Constitution

1.1 The CCG supports and shall adhere to the NHS Constitution's founding principles and values.

1.2 The CCG shall, in the exercise of its functions:

1.2.1 act with a view to securing that health services are provided in a way which promotes the NHS Constitution; and

1.2.2 promote awareness of the NHS Constitution amongst patients, staff and members of the public.

In this paragraph "patients" and "staff" have the same meanings as in Chapter 1 of Part 1 of the Health Act 2009.

2 Duty as to Efficiency

The CCG must exercise its functions effectively, efficiently and economically.

3 Duty as to Improvement in Quality of Services

³² Wording suggested by Model Constitution Framework.

3.1 The CCG must exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness. In particular the CCG must act with a view to securing continuous improvement in the outcomes that are achieved from the provision of the services. These outcomes include, in particular, outcomes which show the:

3.1.1 effectiveness of the services;

3.1.2 safety of the services; and

3.1.3 quality of the experience undergone by patients.

4 Duty in relation to Quality of Primary Medical Services

The CCG must assist and support the NHS Commissioning Board Authority in discharging its duty under Section 13 E of the Act (NHS Commissioning Board Authority's duty as to improvement in quality of services) so far as it relates to securing continuous improvement in the quality of primary medical services.

5 Duties as to Reducing Inequalities and the Equality Duty

5.1 The CCG must, in the exercise of its functions, have regard to the need to:

5.1.1 reduce inequalities between patients with respect to their ability to access health services;

5.1.2 reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services;

5.1.3 eliminate discrimination; harassment, victimisation and any other conduct that is prohibited under the Equality Act 2010;

5.1.4 advance equality of opportunity between persons who share a relevant protected characteristic (under the Equality Act 2010) and persons who do not share it;

5.1.5 foster good relations between persons who share a relevant protected characteristic (under the Equality Act 2010) and persons who do not share it³³ and

5.1.6 report annually on the CCG's progress in respect of paragraphs 5.1.1 and 5.1.2 above.

5.2 The Equality Delivery System ("EDS") or future variation will be used to enable the CCG to meet its requirements in relation to this duty. .

5.3 The CCG shall work towards the recommendations within the Marmot Review, *Strategic review of health inequalities in England post 2010*.

5.4 The CCG will work with NHS South West London and EDS support teams to strive to ensure these goals can be met.

5.5 The CCG will establish a working group which shall focus on the CCG's duties as to reducing inequalities and the equality duty.

³³ To prepare for the equality duty CCGs should consider using the Equality Delivery System (EDS) at an early stage to ensure compliance.

6 Duty to Promote Involvement of each Patient

6.1 The CCG shall in the exercise of its functions, promote the involvement of patients, and their carers and representatives (if any), in decisions which relate to:

6.1.1 the prevention or diagnosis of illness in the patients, or

6.1.2 their care or treatment.

6.2 The CCG shall have regard to any guidance published by the NHS Commissioning Board in respect of its duty under paragraph 12.1 above.

6.3 The CCG must have regard to any Guidance issued by the NHS Commissioning Board Authority in respect of this duty.

7 Duty as to Patient Choice

The CCG must, in the exercise of its functions, act with a view to enabling patients to make choices with respect to aspects of health services provided to them.

8 Duty to obtain Appropriate Advice

8.1 The CCG must obtain advice appropriate for enabling it effectively to discharge its functions from persons who together have a broad range of professional expertise in the prevention, diagnosis and treatment of illness and the protection or improvement of public health.

8.2 The CCG must have regard to any Guidance issued by the NHS Commissioning Board Authority in respect of this duty.

9 Duty to Promote Innovation

The CCG must, in the exercise of its functions, promote innovation in the provision of health services (including innovation in the arrangements made for their provision).

10 Duty in Respect of Research

The CCG must, in the exercise of its functions, have regard to the need to promote research on matters relevant to the health service and the use of the health service of evidence obtained from research.

11 Duty as to Promoting Integration

11.1 The CCG must exercise its functions with a view to securing that health services are provided in an integrated way where it considers that this would:

11.1.1 improve the quality of those services (including the outcomes that are achieved from their provision)

11.1.2 reduce inequalities between persons with respect to their ability to access those services; or

11.1.3 reduce inequalities between persons with respect to the outcomes achieved for them by the provision of those services.

11.2 The CCG must exercise its functions with a view to securing that the provision of health services is integrated with the provision of Health-Related Services or Social Care Services where the CCG considers that such integration would:

11.2.1 improve the quality of the health services (including the outcomes that are achieved from the provision of those services);

11.2.2 reduce inequalities between persons with respect to their ability to access those services;
or

11.2.3 reduce inequalities between persons with respect to the outcomes achieved for them by the provision of those services.

12 Duty as to promoting education and training

12.1 The CCG shall in exercising its functions, have regard to the need to promote education and training 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 of the duty under section 1F(1) of the Act.

13 Public Involvement

13.1 The CCG must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information in other ways):

13.1.1 in the planning of the CCG's commissioning arrangements;

13.1.2 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 the services are delivered to the individuals or the range of health services available to them; and

13.1.3 in decisions of the CCG affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

13.2 The CCG must have regard to any Guidance issued by the NHS Commissioning Board Authority in respect of this duty.

13.3 The CCG will continue to build on NHS Lambeth's multiple approaches to engaging with its diverse communities. This will include working through localities, with Lambeth LINK (or Healthwatch) and other patient/user "voice" organisations and groupings with Lambeth's range of voluntary and community-based organisations and where possible in partnership with Lambeth Council.

14 Financial Duties

14.1 Expenditure

The CCG shall perform its functions so as to ensure that the CCG's expenditure does not exceed the aggregate of the CCG's allocations for the Financial year and expenditure which is attributable to the performance by the CCG of its functions in that Financial Year (including the CCG's capital resource use and its revenue resource use) does not exceed the amounts specified in the Act and/or the NHS Commissioning Board for the relevant Financial Year.

14.2 Quality Payments

The CCG shall publish an explanation of how the CCG spent any payment in respect of quality made to the CCG by the NHS Commissioning Board.

14.3 Use of Resources

The CCG must ensure that the use by it of its capital and revenue resources do not exceed the amount specified by any direction of the NHS Commissioning Board Authority.

15 Additional Powers of the CCG

15.1 Mergers

The CCG may, together with one or more other Clinical Commissioning Group, make an application to the NHS Commissioning Board for the dissolution of the Clinical Commissioning Groups and the establishment of a new merged Clinical Commissioning Group. The requirements for such an application are described in the Act.

15.2 Dissolution

The CCG may make an application to the NHS Commissioning Board Authority for the CCG to be dissolved.

15.3 **Raising Additional Income**

The CCG may do anything specified in Section 7(2)(a), (b) and (e) to (h) of the Health and Medicines Act 1988 (provision of goods etc.) for the purpose of making additional income available for improving the health service only to the extent that its exercise does not to any significant extent interfere with the performance by the CCG of its functions.

15.4 **Grants**

The CCG may make payments by way of grant or loan to a voluntary organisation which provides or arranges for the provision of services which are similar to the services in respect of which the CCG has functions.

The payments may be made subject to such terms and conditions as the group considers appropriate.

16 **Emergency Planning**

16.1 The CCG must take appropriate steps for securing that it is properly prepared for dealing with a relevant emergency.

17 **Procurement, Patient Choice and Competition**

17.1 The CCG shall:

- adhere to good practice in relation to procurement;
- protect and provide the right of patients to make choices with respect to treatment or other healthcare services provided for the purposes of the health service; and
- put processes in place to ensure that the CCG does not engage in anti-competitive behaviour which is against the interests of people who use the services.

Schedule 4

Membership: Eligibility and Termination of Membership

[Details surrounding eligibility and termination of membership to be inserted]

Who may become a Member of the CCG?

CCG Membership will be composed of GP practices and not individual GPs. To become a member of the CCG, a GP Practice must be situated within the Area and hold a contract for the provision of primary medical services (such as a GMS, PMS or APMS contract) with NHS Lambeth for 2012/2013 and thereafter, the NHS Commissioning Board.

[Membership Conditions

A Member shall be entitled to retain its membership of the CCG as long as that Member:

[As previously stated, are any conditions on practice membership to be imposed on Members?]

DRAFT

Schedule 5

Composition of the Governing Body

[Details to be inserted from Constitution once finalised.]

It would be useful to include the diagram from the discussion paper provided (May 2012) demonstrating the composition of the Governing Body here, as it gives a nice clear view of the structure. However, this document was provided in pdf format so we have not been able to copy it into this document.]

DRAFT

Schedule 6

Eligibility for Membership of the Governing Body

[Details to be included]

DRAFT

Schedule 7

Appointment and Roles of the Appointed Members

[Details to be included.]

We have seen some wording in the discussion paper provided (dated May 2012) in terms of the appointment and roles of Appointed Members which could be used as a starting point, but would require more detail.]

DRAFT

Schedule 8

The Seven Principles of Public Life (the Nolan Principles)

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 material benefits for themselves, their family, or their friends.

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.

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.

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.

OPENNESS

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

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.

LEADERSHIP

Holders of public office should promote and support these principles by leadership and example.

Schedule 9

CCG Functions

1. The statutory functions of the CCG to be exercised on behalf of the CCG by the Governing Body are as follows:
 - 1.1. The Governing Body shall carry out the following functions:
 - 1.1.1. ensuring the Register of Interests is reviewed regularly and updated as necessary;
 - 1.1.2. ensuring that all conflicts of interest or potential conflicts of interest are declared³⁴
 - 1.1.3. **[include list of further functions e.g. leading the settling of vision and strategy; approving commissioning plans; monitoring performance against plans providing assurance of strategic risk.³⁵]**

[The Department of Health have produced a useful note on the functions of CCGs entitled “The Functions of Clinical Commissioning Groups: Updated to reflect the final Health and Social Care Act 2012, available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_134570 which sets out the key statutory duties of CCGs- the “must dos” and the key statutory powers- the things that CCGs have the freedom to do, if they wish, to help meet these duties.]

³⁴ Wording suggested by the Model Constitution Framework. There is a level of duplication here as the Conflicts of Interest section already deals with the Governing Body’s duties here. CCG will need to consider the extent to which it wishes to follow the approach of the Model Constitution Framework.

³⁵ Wording suggested by the Model Constitution Framework (p.29).

Schedule 10

Annual Report: Contents and Publication

The Annual Report shall include the details required by the Act. In particular, the Annual Report must:

- (a) explain how the CCG has discharged its duties under the Act in respect of improving the quality of the services and its duties under the Act in respect of public involvement and consultation; and
- (b) having consulted any Relevant Health and Wellbeing Board, review the extent to which the CCG has contributed to the delivery of any Joint Health and Wellbeing Strategy to which it was required to have regard under [Section 116B(1)(b) of the Local Government and Public in Health Act].

The CCG shall give a copy of the Annual Report to the NHS Commissioning Board Authority before any date specified by the NHS Commissioning Board Authority.

[The CCG shall publish the Annual Report on the CCG website and present the Annual Report at the [Annual General Meeting] of the CCG.]

Schedule 11

The NHS Commissioning Board

1. Provision of Documents to the NHS Commissioning Board Authority

The Act gives the NHS Commissioning Board Authority the power to request documents from the CCG in certain circumstances prescribed by the Act. [The CCG shall ensure arrangements are in place to ensure the CCG or any of its Members or employees comply with any such request made by the NHS Commissioning Board Authority, including, where requested by the NHS Commissioning Board Authority, supplying any documents or records kept by means of computer in legible form.]

2. Power to Require Explanation

The CCG must comply with any request by the NHS Commissioning Board Authority under the Act for the CCG to provide it with an explanation of any matter which relates to the exercise by the CCG of its functions, including an explanation of how the CCG is proposing to exercise any of its functions.

3. Intervention Powers of the NHS Commissioning Board

The NHS Commissioning Board Authority has powers under the Act to direct and dissolve the CCG. In particular, the NHS Commissioning Board Authority may direct the CCG or the Accountable Officer of the CCG to cease to perform any functions for such period as may be specified by the NHS Commissioning Board Authority in any direction. In such circumstances, and where the NHS Commissioning Board Authority is exercising a function of the CCG or has directed another CCG to do so, the CCG must co-operate with the NHS Commissioning Board Authority or, as the case may be the other CCG or its Accountable Officer as required by the Act.

Clinical Commissioning Group Constitution

Appendices

DRAFT

Appendix 1

Register of Members

[Register of members to be inserted]

DRAFT

Appendix 2

Inter Practice Agreement

Inter-Practice Agreement

[Towards Establishment: Creating responsive and accountable clinical commissioning groups (December 2011) (“Towards Establishment”) suggests (on page 8) that:

“It would be good practice for an agreement to be developed between the practices, identifying what they would be able to expect from one another as members of the CCG”.

This is in the context of ensuring the effective participation of each Member Practice and Towards Establishment expects that member practices will be widely involved in designing the CCG and meaningfully engaged in the business of the CCG.

An essential part of that design will be *how* the member practices engage with CCG’s during the interim period prior to a CCG going live. Once the CCG has become authorised the Inter-Practice Agreement will evolve. We can assist with drafting an Inter-Practice Agreement for both the pre and post authorisation periods.]

[The Inter-Practice Agreement will set out provisions in respect of:

- Commissioning Responsibilities of the Member Practice;
- Duties of the Member Practice to aid CCG objectives;
- Relationship between the Member Practice and the CCG and other stakeholders;
- Accountability of the Practice;
- Reporting structures between the Practice and the CCG and NHS Commissioning Board Authority; and
- Dispute Resolution Procedure; and
- Conflicts of interest.]

Appendix 3

Lambeth Collaborative Forum Terms of Reference

[Include details of the practice and procedure of the Lambeth Collaborative Forum. We can assist with the development of these.]

DRAFT

Appendix 4

Governing Body Terms of Reference

The Act requires a CCG to have a Governing Body whose main function is to ensure that CCGs have appropriate arrangements in place to ensure they exercise their functions effectively, efficiently and economically and in accordance with any generally accepted principles of good governance that are relevant to it.

The CCG's Governing Body shall carry out the duties and responsibilities set out in the CCG's Constitution and in accordance with the following Terms of Reference.

[Insert Governing Body Terms of Reference including: practice and procedure at meetings, quorum, and decision making etc. We can assist with the development of Terms of Reference. We understand that the quorum is intended to be a minimum of one clinical member from each locality plus 50% of the rest of the voting Governing Board members. This will have to be incorporated into the Terms of Reference.]

DRAFT

Appendix 5

Audit Committee Terms of Reference

[Insert Terms of Reference for the CCG's Audit Committee. We can assist with the development of these.]

DRAFT

Appendix 6

Remuneration Committee Terms of Reference

[Insert Terms of Reference for the CCG's Remuneration Committee. We can assist with the development of these.]

DRAFT

Appendix 7

Conflicts of Interest Policy

[Towards Establishment states that the development of CCGs with 'robust governance arrangements for accountability, transparency and probity will be a 'significant feature' of authorisation.³⁶ Developing a comprehensive set of principles and procedures which the CCG will follow in respect of conflicts of interest will be essential for demonstrating to the NHS Commissioning Board Authority the CCG's commitment to transparency, probity and accountability.

This is not simply a box ticking exercise, nor is it an issue to be disregarded once the CCG has been authorised. Ineffectively managed conflicts of interest could undermine the integrity of the CCG and its clinical and managerial leaders as well as having more serious implications for CCGs as commissioners across the country. Even a perceived conflict of interest could have significant and negative effects on the CCG's reputation and undermine public confidence in the NHS as a whole.

What are conflicts of interest?

Guidance defines conflicts of interest as follows:

"A conflict of interest occurs where an individual's ability to exercise judgement or act in one role is or could be impaired or otherwise influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise. A potential for competing interests and/or a perception of impaired judgement or undue influence can also be conflicts of interest."³⁷

The Model Constitution Framework gives the following examples of conflicts of interest:

- 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);

³⁶ Towards Establishment, page 23.

³⁷ Towards Establishment, page 25.

- e) where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.³⁸

How can conflicts of interest be managed?

The risks posed by conflicts of interest are not new and can be managed by the development of robust governance arrangements, including the creation of a comprehensive Conflicts of Interest Policy. Once developed, the arrangements should be embedded within the culture and structures of the CCG from the outset. Frequent scrutiny of the arrangements by the Governing Body will ensure they continue to meet the needs of the CCG as it matures.³⁹

"Managing Conflicts of Interest in Clinical Commissioning Groups"⁴⁰ advises that conflicts can be avoided and managed by:

- **Doing business properly.** If CCGs get their needs assessments, consultation mechanisms, commissioning strategies and procurement procedures right from the outset, then conflicts of interest become much easier to identify, avoid or deal with, because the rationale for all decision making will be transparent and clear and should withstand scrutiny.
- **Being proactive not reactive.** Substantial conflicts of interest can be avoided by being clear on what is acceptable before individuals are even elected or selected to join the CCG; by inducting Members properly and ensuring they understand their obligations to declare conflicts of interest; and by agreeing in advance how a range of different situations and scenarios will be handled, rather than waiting until they arise.
- **Assuming that individuals will seek to act ethically and professionally, but may not always be sensitive to all conflicts of interest.** Most individuals involved in commissioning will seek to do the right thing for the right reasons, but they may not always do it the right way due to lack of awareness of rules and procedures, insufficient information about a particular situation, or lack of insight into the nature of a conflict. Rules should assume people will volunteer information about conflicts and will exclude themselves from decision making where they exist, but there should also be prompts and checks to reinforce this.

Conflicts of Interest Policy

We can assist the CCG with developing a bespoke system for identifying and managing conflicts of interest, please see separate document 'CCG Constitution-Additional Document' for details on costs.

In particular the Conflicts of Interest Policy will need to address the process for managing conflicts which affect large numbers of Members (in respect of decisions made by the Lambeth Collaborative Forum) and Members of the Governing Body such as commissioning decisions around Any Qualified Provider.

³⁸ Illustrative wording from Model Constitution Framework (p47).

³⁹ For more on how CCGs can manage conflicts of interests see 'Managing conflicts of interest in clinical commissioning groups' published by the NHS Confederation and the Royal College of Practitioners 2011 ("Managing Conflicts of Interest").

⁴⁰ The NHS Confederation and the Royal College of Practitioners supported by Capsticks (2011).

Appendix 8

Member Localities

[Include details of the locality structure, Terms of Reference and Scheme of Delegation delegating the relevant functions. We can assist in developing this schedule.]

The CCG will form three separate localities for the following geographical areas as shown on the map at Appendix 10:

North Lambeth
South East
Streatham and Clapham

The localities will act in accordance with the Terms of Reference and Scheme of Delegation (set out below) and the practices and procedures Accountability Agreement: Localities set out in Appendix 9.

[Further details to be included]

Appendix 9

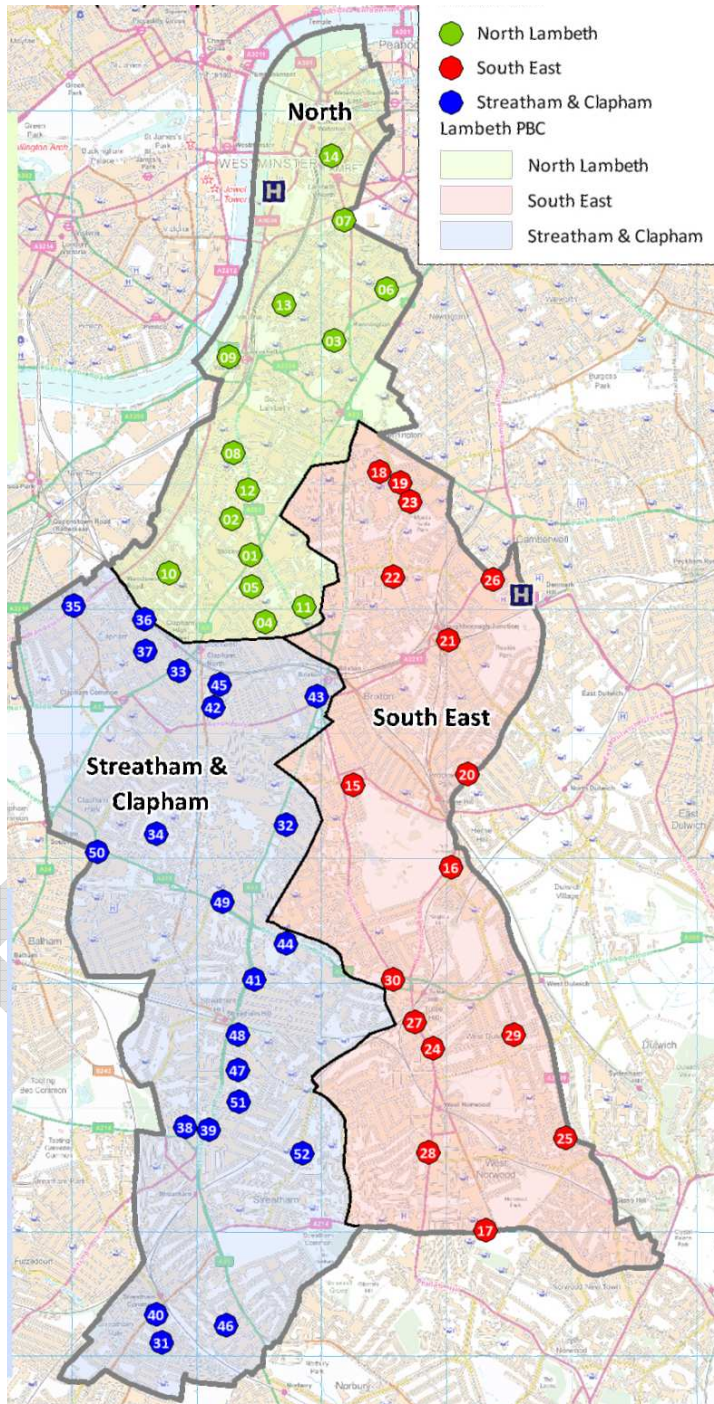
Accountability Agreement: Localities

[We can assist in developing the Accountability Agreement. Please see separate document 'CCG Constitution- Additional Document' for information on costs.]

DRAFT

Appendix 10

Area



Appendix 11

Standing Orders

1. **STATUTORY FRAMEWORK AND STATUS**

1.1. Introduction

1.1.1. These standing orders have been drawn up to regulate the proceedings of the Lambeth Clinical Commissioning Group (“**CCG**”) so that the CCG can fulfil its obligations, as set out largely in the NHS Act 2006, as amended by the Health and Social Care Act 2012 (the “Act”) and related regulations. They are effective from the date the CCG is established.

1.1.2. The standing orders, together with the CCG’s scheme of reservation and delegation and the CCG’s prime financial policies, provide a procedural framework within which the CCG discharges its business. They set out:

- a) the arrangements for conducting the business of the CCG;
- b) the appointment of member practice representatives;
- c) the procedure to be followed at meetings of the CCG, the governing body and any committees or sub-committees of the CCG or the governing body;
- d) the process to delegate powers,
- e) the declaration of interests and standards of conduct.

These arrangements must comply, and be consistent where applicable, with requirements set out in the 2006 Act (as amended by the 2012 Act) and related regulations and take account as appropriate⁴¹ of any relevant guidance.

1.1.3. The standing orders, scheme of reservation and delegation and prime financial policies have effect as if incorporated into the CCG’s constitution (the “**Constitution**”). CCG members, employees, members of the governing body, members of the governing body’s committees and sub-committees, members of the CCG’s committees and sub-committees and persons working on behalf of the CCG should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the standing orders, scheme of reservation and delegation and prime financial policies may be regarded as a disciplinary matter that could result in dismissal.

1.2. **Schedule of matters reserved to the clinical commissioning CCG and the scheme of reservation and delegation**

1.2.1. The 2006 Act (as amended by the 2012 Act) provides the CCG with powers to delegate the CCG’s functions and those of the governing body to certain bodies (such as committees) and certain persons. [The CCG has decided that certain decisions may only be exercised by the CCG in formal session. These decisions and also those delegated are contained in the CCG’s scheme of reservation and delegation (see Appendix [] of the Constitution).]⁴²

1.2.2. The practise and procedure of each of the bodies and committees to which the CCG has delegated matters, including but not limited to the Governing Body’s, the Lambeth Collaborative Forum and committees such as the audit and reservation committees are set out in the relevant body’s or

⁴¹ Under some legislative provisions the CCG is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

committee's terms of reference. The CCG's committee and the associated governance documents are published at the CCG's website at [insert website address].

2. THE CLINICAL COMMISSIONING GROUP: COMPOSITION OF MEMBERSHIP, KEY ROLES AND APPOINTMENT PROCESS

2.1. Composition of membership

- 2.1.1. The CCG is a membership body composed of local GP practice members (the "Members").
- 2.1.2. Part 3 of the CCG's Constitution provides details of the membership of the CCG.
- 2.1.3. The CCG is required by its Constitution to maintain a register of its Members. The Register of Members is set at Appendix 1 of the CCG's Constitution.
- 2.1.4. The Constitution sets out the eligibility requirements for membership of the CCG at Schedule 6.
- 2.1.5. The duties and responsibilities of the Members are set out in the Lambeth Collaborative Forum terms of reference at Appendix 3 of the Constitution.
- 2.1.6. The Inter-Practice Agreement appended to the Constitution at Appendix 2 sets out the relationship amongst the individual Members, Practices and the within the CCG.

2.2. Key roles

- 2.2.1. Paragraph 4.2.1 of the CCG's Constitution sets out the composition of the CCG's governing body and Parts 3 and Schedule [7] of the CCG's Constitution identifies certain key roles and responsibilities within the CCG and its governing body. These standing orders set out how the CCG appoints individuals to these key roles.
- 2.2.2. The [Insert name of role], as listed in paragraph [insert paragraph reference found from the main body of the Constitution] of the CCG's Constitution, is subject to the following appointment process:⁴³
 - a) **Nominations** – [insert process for this role];
 - b) **Eligibility** – [insert criteria for this role];
 - c) **Appointment process** – [insert process for this role];
 - d) **Term of office** - [insert term of office for this role];
 - e) **Eligibility for reappointment** - [insert eligibility (if applicable) for this role];
 - f) **Grounds for removal from office** - [insert grounds and mechanism for removal from this role];
 - g) **Notice period** – [insert period of notice and mechanism to serve notice for this role].
- 2.2.3. The roles and responsibilities of each of these key roles are set out either in paragraph 4.2.1 or Schedule [7] of the CCG's Constitution.

3. MEETINGS OF THE CLINICAL COMMISSIONING GROUP

3.1. Calling meetings

- 3.1.1. Ordinary meetings of the CCG shall be held at regular intervals at such times and places as the CCG may determine.⁴⁴

⁴³ Paragraph 2.2.2 to be completed for each of the roles listed in paragraph 4.2.1 of the Constitution (details about responsibilities of roles do not need to be repeated here).

⁴⁴ CCGs may choose to be more prescriptive in paragraph 3.1.1 above. It is for the CCG to determine:

- How often will meetings be held?

3.2. Agenda, supporting papers and business to be transacted

- 3.2.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the [insert, e.g. chair of the meeting] at least [insert number] working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least [insert number] working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least [insert number] working days before the date the meeting will take place.⁴⁵
- 3.2.2. Agendas and certain papers for the CCG's governing body – including details about meeting dates, times and venues - will be published on the CCG's website at [insert website details].⁴⁶

3.3. Petitions

- 3.3.1. Where a petition has been received by the CCG, the chair of the governing body shall include the petition as an item for the agenda of the next meeting of the governing body.

3.4. Chair of a meeting

- 3.4.1. At any meeting of the CCG or its governing body or of a committee or sub-committee, the chair of the CCG, governing body, committee or sub-committee, if any and if present, shall preside. If the chair is absent from the meeting, the deputy chair, if any and if present, shall preside.
- 3.4.2. If the chair is absent temporarily on the grounds of a declared conflict of interest the deputy chair, if present, shall preside. If both the chair and deputy chair are absent, or are disqualified from participating, or there is neither a chair or deputy a member of the CCG, governing body, committee or sub-committee respectively shall be chosen by the members present, or by a majority of them, and shall preside.

3.5. Chair's ruling

- 3.5.1. The decision of the chair of the governing body on questions of order, relevancy and regularity and their interpretation of the Constitution, standing orders, scheme of reservation and delegation and prime financial policies at the meeting, shall be final.

3.6. Quorum⁴⁷

- 3.6.1. [The quorum will be six members of which four will be clinicians and at least one lay member. No business shall be transacted at a meeting unless the following are present:
- a) the chief financial officer or the accountable officer; and

-
- Who can call a meeting?
 - What arrangements should there be to enable a meeting to be called by the chair (if there is one) and also by other members of the CCG?
 - How much advance notice should be given of meetings?
 - How will members and the public (where appropriate) be told about meetings?

⁴⁵ Details to be confirmed.

⁴⁶ The CCG may wish to consider other ways of making key documentation available to patients and the public (especially those who don't have access to the internet), which could be outlined in this Constitution. Examples include:

- confirming you will make this document available upon request for inspection at your headquarters or local health premises
- confirming that the document is available upon application, either by
 - o post - in which case you will need to include the postal address of your headquarters
 - o email – you'll need to provide an email address
- making arrangements with your local authority(ies) for copies to be made available via local libraries

⁴⁷ The CCG must determine:

- If members have sent representation, will they count towards the quorum if they have formal acting up status?
- If members have sent representation, will they count towards the quorum if they have *no* formal acting up status?
- What happens if the quorum is lost due to a member or members being disqualified from taking part in a vote or discussion due to a declared interest?

b) the chair or vice chair.]⁴⁸

3.6.2. For all other of the CCG's committees and sub-committees, including the governing body's and its committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference.

3.7. Decision making⁴⁹

Priority discussion point: What will be the voting rights of the Members? As the Members are the individual practices, we are talking about the voting rights of each individual practice here. Will each Member have one vote, or will Members have weighted voting rights, for example, one vote per performer on list, or one vote per 1000 registered population at practice? Do Members want to adopt a similar approach to voting to that used in SELDOC?

3.7.1. Part 4 of the CCG's Constitution, together with the scheme of reservation and delegation, sets out the CCG's structure and the arrangements made by the CCG for the exercise of the CCG's statutory functions. Generally it is expected that at meetings of the CCG's decisions will be reached by consensus and a unanimous decision will be reached. Should this not be possible then a vote of members will be required, the process for which is set out below:⁵⁰

- a) **Eligibility** – [insert who can vote and clarify who can't] [any member with a voting right is entitled to nominate a proxy to vote on their behalf if they cannot attend a meeting. In such circumstances, the member should notify the chair one week prior to the meeting and shall be required to complete a 'proxy form for their named depute to have their vote'⁵¹;
- b) **Majority necessary to confirm a decision** - [simple majority]⁵²;
- c) **Casting vote** – [in the case of an equality of votes the person chairing the meeting shall have a casting vote]⁵³;
- d) **Dissenting views** - [insert term of office for this role].⁵⁴

3.7.2. Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

3.7.3. For all other of the CCG's committees and sub-committees, including the governing body's committees and sub-committees, the details of the process for holding a vote are set out in the appropriate terms of reference.

3.8. Emergency powers and urgent decisions

3.8.1. [insert text]⁵⁵

3.9. Suspension of Standing Orders

⁴⁸ Suggested wording

⁵¹ Confirm eligibility requirements.

⁵² To be confirmed.

⁵³ To be confirmed.

⁵⁴ Can members taking a dissenting view but losing a vote have their dissent recorded in the minutes?

⁵⁵ The CCG should consider and confirm:

- What arrangements does it want to put in place for calling emergency meetings?
- Does the CCG want to define an urgent decision?
- Who will have the power to make urgent decisions?
- Does this person need to consult with other members before making a decision? If so with who?
- How will urgent decisions be reported to other members?
- How will urgent decisions be subsequently recorded?

- 3.9.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS Commissioning Board Authority, any part of these standing orders may be suspended at any meeting, provided [insert number] CCG members are in agreement.
- 3.9.2. A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 3.9.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the governing body's audit committee for review of the reasonableness of the decision to suspend standing orders.

3.10. Record of Attendance

- 3.10.1. The names of all members of the meeting present at the meeting shall be recorded in the minutes of the CCG's meetings. The names of all members of the governing body present shall be recorded in the minutes of the governing body meetings. The names of all members of the governing body's committees / sub-committees present shall be recorded in the minutes of the respective governing body committee / sub-committee meetings.

3.11. Minutes

- 3.11.1.[insert text]⁵⁶

3.12. Admission of public and the press

- 3.12.1.[insert text]⁵⁷

4. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1. Appointment of committees and sub-committees

- 4.1.1. The CCG may appoint committees and sub-committees of the CCG, subject to any regulations made by the Secretary of State, and make provision for the appointment of committees and sub-committees of its governing body. Where such committees and sub-committees of the CCG, or committees and sub-committees of its governing body, are appointed they are included in Chapter 6 of the CCG's Constitution.
- 4.1.2. Other than where there are statutory requirements, such as in relation to the governing body's audit committee or remuneration committee, the CCG shall determine the membership and terms of reference of committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the CCG.

⁵⁶ The CCG should consider and confirm:

- Will it record the names of individuals or the names of the member practices in attendance? Or both?
- The individual responsible for taking and drafting minutes?
- How will minutes be confirmed as a true record of the meeting? (i.e. formally signed off by the chair of the meeting)
- How will minutes (where appropriate) be made available to
 - Members
 - The public

⁵⁷ The CCG should consider and confirm:

- What are the arrangements for public access to meetings of the CCG (other than the meeting to present the annual report there are no requirements for a CCG to meet in public but the CCG must make arrangements to secure that there is transparency about the decisions of the CCG and the manner in which they are made and should consider public access to meetings in that context). Note: The position for the governing body is different. Meetings of the governing body must be in public unless the CCG considers that it is not in the public interest to permit members of the public to attend a meeting or part of a meeting.
- In what circumstance should the press and or the public be excluded (for example to prevent disruption or to discuss a confidential issue or where publicity on a matter would be prejudicial to the public interest)?
- Should different circumstances apply to press and public?
- How will discussion and decisions be recorded following exclusions?
- Where press or public are excluded, will members, employees, committee members etc be required not to disclose confidential contents of papers or minutes, or content of any discussion at meeting on these topics, outside the CCG without express permission of the CCG or its governing body?

4.1.3. The provisions of these standing orders shall apply where relevant to the operation of the governing body, the governing body's committees and sub-committee and all committees and sub-committees unless stated otherwise in the committee or sub-committee's terms of reference.

4.2. Terms of Reference

4.2.1. Terms of reference shall have effect as if incorporated into the Constitution and shall be added to this document as an appendix.

4.3. Delegation of Powers by Committees to Sub-committees

4.3.1. Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the CCG.

4.4. Approval of Appointments to Committees and Sub-Committees

4.4.1. The CCG shall approve the appointments to each of the committees and sub-committees which it has formally constituted including those the governing body. The CCG shall agree such travelling or other allowances as it considers appropriate.

5. DUTY TO REPORT NON-COMPLIANCE WITH STANDING ORDERS AND PRIME FINANCIAL POLICIES

5.1. If for any reason these standing orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the governing body for action or ratification. All members of the CCG and staff have a duty to disclose any non-compliance with these standing orders to the accountable officer as soon as possible.

6. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1. CCG's seal

6.1.1. The CCG may have a seal for executing documents where necessary. The following individuals or officers are authorised to authenticate its use by their signature:

- a) the accountable officer;
- b) the chair of the governing body;
- c) the chief finance officer;
- d) [insert names of other individuals, or the titles/ roles of other individuals who are so authorised].⁵⁸

6.2. Execution of a document by signature

6.2.1. The following individuals are authorised to execute a document on behalf of the CCG by their signature.

- a) the accountable officer
- b) the chair of the governing body
- c) the chief finance officer

⁵⁸ The CCG should consider who else should be authorised to authenticate the use of the CCG's seal, with their title / role being added at paragraph 6.1.1(d) above. If the CCG chooses not to identify another individual, paragraph 6.1.1(d) can be deleted.

- d) [insert names of other individuals, or the titles/ roles of other individuals who are so authorised].⁵⁹

7. OVERLAP WITH OTHER CLINICAL COMMISSIONING GROUP POLICY STATEMENTS / PROCEDURES AND REGULATIONS

7.1. Policy statements: general principles

- 7.1.1. The CCG will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by the CCG. The decisions to approve such policies and procedures will be recorded in an appropriate CCG minute and will be deemed where appropriate to be an integral part of the CCG's standing orders.

DRAFT

⁵⁹ The CCG needs to consider who else should be authorised to execute a document on behalf of the CCG, with their title / role being added from paragraph 6.2.1(d) above. If the CCG chooses not to identify another individual, paragraph 6.2.1(d) can be deleted.

Appendix 12

Prime Financial Policies

1. INTRODUCTION

1.1. General

- 1.1.1. These prime financial policies and supporting detailed financial policies shall have effect as if incorporated into the CCG's Constitution.
- 1.1.2. The prime financial policies are part of the CCG's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and chief finance officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation.
- 1.1.3. In support of these prime financial policies, the CCG has prepared more detailed policies, approved by the [Accountable Officer / Chief Finance Officer]⁶⁰, known as *detailed financial policies*. The CCG refers to these prime and detailed financial policies together as the CCG's financial policies.
- 1.1.4. These prime financial policies identify the financial responsibilities which apply to everyone working for the CCG and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The [Accountable Officer / Chief Finance Officer]⁶¹ is responsible for approving all detailed financial policies.
- 1.1.5. A list of the CCG's detailed financial policies will be published and maintained on the CCG's website at [insert website address]⁶².
- 1.1.6. Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the [Accountable Officer / Chief Finance Officer]⁶³ must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the CCG's Constitution, standing orders and scheme of reservation and delegation.
- 1.1.7. Failure to comply with prime financial policies and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2. Overriding Prime Financial Policies

- 1.2.1. If for any reason these prime financial policies are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the governing body's audit committee for referring action or ratification. All of the CCG's members and employees have a duty to

⁶⁰ Please confirm whether more detailed financial policies have been developed.

⁶¹ Please confirm.

⁶² For transparency you may wish to consider other ways of making this list of *detailed financial policies* available to patients and the public (especially those who don't have access to the internet), which could be outlined in this Constitution.

Examples include:

- confirming you will make this document available upon request for inspection at your headquarters or local health premises;
- confirming that the document is available upon application, either by
 - post - in which case you will need to include the postal address of your headquarters
 - email – you'll need to provide an email address;
- making arrangements with your local authority(ies) for copies to be made available via local libraries.

⁶³ Please confirm.

disclose any non-compliance with these prime financial policies to the chief finance officer as soon as possible.

1.3. Responsibilities and delegation

1.3.1. The roles and responsibilities of CCG's members, employees, members of the governing body, members of the governing body's committees and sub-committees, members of the CCG's committee and sub-committee (if any) and persons working on behalf of the CCG are set out in Parts 3, 4 and 5 of this Constitution.

1.3.2. The financial decisions delegated by members of the CCG are set out in the CCG's scheme of reservation and delegation.

1.4. Contractors and their employees

1.4.1. Any contractor or employee of a contractor who is empowered by the CCG to commit the CCG to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Accountable Officer to ensure that such persons are made aware of this.

1.5. Amendment of Prime Financial Policies

1.5.1. To ensure that these prime financial policies remain up-to-date and relevant, the Chief Finance Officer will review them at least [annually]⁶⁴. Following consultation with the Accountable Officer and scrutiny by the Governing Body's audit committee, the Chief Finance Officer will recommend amendments, as fitting, to the Governing Body⁶⁵ for approval. As these prime financial policies are an integral part of the CCG's Constitution, any amendment will not come into force until the CCG applies to the NHS Commissioning Board Authority and that application is granted.⁶⁶

2. INTERNAL CONTROL

POLICY – the CCG will put in place a suitable control environment and effective internal controls that provide reasonable assurance of effective and efficient operations, financial stewardship, probity and compliance with laws and policies

2.1. The Governing body is required to establish an audit committee with terms of reference agreed by the Governing Body.

2.2. The Accountable Officer has overall responsibility for the CCG's systems of internal control.

2.3. The Chief Finance Officer will ensure that:

- a) financial policies are considered for review and update [annually]⁶⁷;
- b) a system is in place for proper checking and reporting of all breaches of financial policies; and
- c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. AUDIT

POLICY – the CCG will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews

⁶⁴ To be confirmed.

⁶⁵ To be confirmed.

⁶⁶ It is not prescribed in legislation or regulations, how frequently CCG need to review their prime financial policies. The Model Constitution Framework suggests that such policies are reviewed at least annually as a matter of good practice, as should the Constitution as a whole.

⁶⁷ To be confirmed – this must be consistent with the time period in paragraph 1.5.1 above.

- 3.1. [In line with the terms of reference for the Governing Body's audit committee], the person appointed by the CCG to be responsible for internal audit and the Audit Commission appointed external auditor will have direct and unrestricted access to audit committee members and the chair of the governing body, Accountable Officer and chief finance officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.
- 3.2. The person appointed by the CCG to be responsible for internal audit and the external auditor will have access to the audit committee and the Accountable Officer to review audit issues as appropriate. All audit committee members, the chair of the governing body and the Accountable Officer will have direct and unrestricted access to the head of internal audit and external auditors.
- 3.3. The Chief Finance Officer will ensure that:
 - a) the CCG has a professional and technically competent internal audit function; and
 - b) the [Governing Body / Governing Body's audit committee] approves any changes to the provision or delivery of assurance services to the CCG.⁶⁸

4. FRAUD AND CORRUPTION

POLICY – the CCG requires all staff to always act honestly and with integrity to safeguard the public resources they are responsible for. The CCG will not tolerate any fraud perpetrated against it and will actively chase any loss suffered

- 4.1. The governing body's audit committee will satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.
- 4.2. The governing body's audit committee will ensure that the CCG has arrangements in place to work effectively with NHS Protect.⁶⁹

5. EXPENDITURE CONTROL

- 5.1. The CCG is required by statutory provisions to ensure that its expenditure does not exceed the aggregate of allotments from the NHS Commissioning Board Authority and any other sums it has received and is legally allowed to spend.
- 5.2. The Accountable Officer has overall executive responsibility for ensuring that the CCG complies with certain of its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.
- 5.3. The Chief Finance Officer will:
 - a) provide reports in the form required by the NHS Commissioning Board Authority;
 - b) ensure money drawn from the NHS Commissioning Board Authority is required for approved expenditure only is drawn down only at the time of need and follows best practice;

⁶⁸ It is the Governing Body's function to approve changes to the provision or delivery of assurance services to the CCG. The governing body may choose to delegate this task to its audit committee. Should a governing body choose to delegate this function to its audit committee, then :
 • amend the text highlighted in paragraph 3.3(b) above; and
 • it must be recorded as a delegated function against the governing body's audit committee in paragraph 6.6.3(a) of the main body of the Constitution.

⁶⁹ CCGs will be expected to cooperate with NHS Protect and its nominated officers in the discharge of its functions, such as allowing NHS Protect access to CCG premises, members, employees, documents and information etc. in respect of the promotion of counter fraud measures and the appointment of local counter fraud specialists.

- c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the CCG to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of the NHS Commissioning Board Authority.

6. ALLOTMENTS

6.1. The CCG's Chief Finance Officer will:

- a) periodically review the basis and assumptions used by the NHS Commissioning Board Authority for distributing allotments and ensure that these are reasonable and realistic and secure the CCG's entitlement to funds;
- b) prior to the start of each financial year submit to the [to be inserted, e.g. Governing Body] for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and
- c) regularly update the [to be inserted, e.g. Governing Body] on significant changes to the initial allocation and the uses of such funds.⁷⁰

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – the CCG will produce and publish an annual commissioning plan that explains how it proposes to discharge its financial duties. The CCG will support this with comprehensive medium term financial plans and annual budgets.

- 7.1. The Accountable Officer will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.
- 7.2. Prior to the start of the financial year the chief finance officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the [to be inserted, e.g. Governing Body if delegated].⁷¹
- 7.3. The Chief Financial Officer shall monitor financial performance against budget and plan, periodically review them, and report to the [to be inserted e.g. Governing Body]. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.⁷²
- 7.4. The Accountable Officer is responsible for ensuring that information relating to the CCG's accounts or to its income or expenditure, or its use of resources is provided to the NHS Commissioning Board Authority as requested.
- 7.5. The [insert name] will approve consultation arrangements for the CCG's commissioning plan.

8. ANNUAL ACCOUNTS AND REPORTS

POLICY – the CCG will produce and submit to the NHS Commissioning Board Authority accounts and reports in accordance with all statutory obligations, relevant accounting standards and accounting best practice in the form and content and at the time required by the NHS Commissioning Board Authority.

8.1. The Chief Finance Officer will ensure the CCG:

- a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the [to be confirmed e.g. Governing Body];

⁷⁰ The CCG needs to identify if the Governing Body / another committee to receive this information and approve as necessary. Paragraphs above should be amended as necessary to reflect the arrangements. If this is the CCG's Governing Body, this must be reflected in the functions of the Governing Body in the main body of the Constitution.

⁷¹ See above for footnote 11.

⁷² See above for footnote 11.

- b) prepares the accounts according to the timetable approved by the [to be confirmed e.g. Governing Body];⁷³
- c) complies with statutory requirements and relevant directions for the publication of annual report;
- d) considers the external auditor's management letter and fully address all issues within agreed timescales; and
- e) publishes the external auditor's management letter on the CCG's website at [insert website detail].⁷⁴

9. **INFORMATION TECHNOLOGY**

POLICY – the CCG will ensure the accuracy and security of the CCG's computerised financial data.

- 9.1. The Chief Finance Officer is responsible for the accuracy and security of the CCG's computerised financial data and shall
- a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
 - b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
 - c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
 - d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the chief finance officer may consider necessary are being carried out.
- 9.2. In addition the Chief Finance Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

10. **ACCOUNTING SYSTEMS**

POLICY – the CCG will run an accounting system that creates management and financial accounts.

- 10.1. The Chief Finance Officer will ensure:
- a) the CCG has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the NHS Commissioning Board Authority;
 - b) that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

⁷³ See above for footnote 11.

⁷⁴ See above for footnote 3.

- 10.2. Where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall periodically seek assurances that adequate controls are in operation.

11. **BANK ACCOUNTS**

POLICY – the CCG will keep enough liquidity to meet its current commitments

- 11.1. The Chief Finance Officer will:

- a) review the banking arrangements of the CCG at regular intervals to ensure they are in accordance with Secretary of State directions, best practice and represent best value for money;
- b) manage the CCG's banking arrangements and advise the CCG on the provision of banking services and operation of accounts;
- c) prepare detailed instructions on the operation of bank accounts.

- 11.2. The [insert responsibility] shall approve the banking arrangements.⁷⁵

12. **INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS**

POLICY – the CCG will

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the CCG or its functions
- ensure its power to make grants and loans is used to discharge its functions effectively

- 12.1. The Chief Financial Officer is responsible for:

- a) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;
- b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;
- c) approving and regularly reviewing the level of all fees and charges other than those determined by the NHS Commissioning Board Authority or by statute. Independent professional advice on matters of valuation shall be taken as necessary;
- d) for developing effective arrangements for making grants or loans.

13. **TENDERING AND CONTRACTING PROCEDURE**

POLICY – the CCG:

- will ensure proper competition that is legally compliant within all purchasing to ensure we incur only budgeted, approved and necessary spending
- will seek value for money for all goods and services
- shall ensure that competitive tenders are invited for
 - the supply of goods, materials and manufactured articles;
 - the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the

⁷⁵ To be confirmed. It is good practice that the Chief Finance Officer should not approve the banking arrangements they have set up. This should be scrutinised for example by the Accountable Officer or the Governing Body's audit committee.

Department of Health); and

- o for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals

- 13.1. The CCG shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the chief finance officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Accountable Officer or the CCG's [to be confirmed e.g. Governing Body]⁷⁶.
- 13.2. The [insert name of committee, e.g. Governing Body] may only negotiate contracts on behalf of the CCG, and the CCG may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:
- a) the CCG's Standing Orders;
 - b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
 - c) take into account as appropriate any applicable NHS Commissioning Board Authority or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.
- 13.3. In all contracts entered into, the CCG shall endeavour to obtain best value for money. The Accountable Officer shall nominate an individual who shall oversee and manage each contract on behalf of the CCG.

14. **COMMISSIONING**

POLICY – working in partnership with relevant national and local stakeholders, the CCG will commission certain health services to meet the reasonable requirements of the persons for whom it has responsibility

- 14.1. The CCG will coordinate its work with the NHS Commissioning Board Authority, other clinical commissioning CCGs, local providers of services, local authority(ies), including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.
- 14.2. The Accountable Officer will establish arrangements to ensure that regular reports are provided to the [insert who receives, e.g. Governing Body] detailing actual and forecast expenditure and activity for each contract.
- 14.3. The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

15. **RISK MANAGEMENT AND INSURANCE**

POLICY – the CCG will put arrangements in place for evaluation and management of its risks

- 15.1. [Insert details describing how you will do this e.g. receiving the Governing Body receiving the assurance framework and the process used to populate/score the assurance framework]

16. **PAYROLL**

⁷⁶ The individual that the Accountable Officer nominates this responsibility needs to be reflected in the CCG's scheme of reservation and delegation.

POLICY – the CCG will put arrangements in place for an effective payroll service

- 16.1. The chief finance officer will ensure that the payroll service selected:
- a) is supported by appropriate (i.e. contracted) terms and conditions;
 - b) has adequate internal controls and audit review processes;
 - c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.
- 16.2. In addition the chief finance office shall set out comprehensive procedures for the effective processing of payroll

17. NON-PAY EXPENDITURE

POLICY – the CCG will seek to obtain the best value for money goods and services received

- 17.1. The [to be confirmed] will approve the level of non-pay expenditure on an annual basis and the Accountable Officer will determine the level of delegation to budget managers
- 17.2. The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 17.3. The Chief Finance Officer will:
- a) advise the [insert] on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation;
 - b) be responsible for the prompt payment of all properly authorised accounts and claims;
 - c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

18. CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS⁷⁷

POLICY – the CCG will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place policies to secure the safe storage of the CCG's fixed assets

- 18.1. The Accountable Officer will
- a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
 - b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
 - c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;
 - d) be responsible for the maintenance of registers of assets, taking account of the advice of the chief finance officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

⁷⁷ The CCG should include any significant thresholds under this section in its scheme of reservation and delegation.

18.2. The Chief Finance Officer will prepare detailed procedures for the disposals of assets.

19. RETENTION OF RECORDS

POLICY – the CCG will put arrangements in place to retain all records in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance

19.1. The Accountable Officer shall:

- a) be responsible for maintaining all records required to be retained in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance;
- b) ensure that arrangements are in place for effective responses to Freedom of Information requests;
- c) publish and maintain a Freedom of Information Publication Scheme.

20. TRUST FUNDS AND TRUSTEES

POLICY – the CCG will put arrangements in place to provide for the appointment of trustees if the CCG holds property on trust

20.1. The chief finance officer shall ensure that each trust fund which the CCG is responsible for managing is managed appropriately with regard to its purpose and to its requirements.