

# **NHS SOUTHEND CLINICAL COMMISSIONING GROUP CONSTITUTION**

DRAFT for consideration by the CCG Governing Body,  
27<sup>th</sup> March 2019

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## NHS Southend Clinical Commissioning Group Constitution

Version	Effective Date	Changes
V3	TBC following NHSE approval	Standard model

## CONTENTS

<b>1</b>	<b>Introduction .....</b>	<b>5</b>
1.1	Name .....	5
1.2	Statutory Framework .....	5
1.3	Status of this Constitution .....	6
1.4	Amendment and Variation of this Constitution .....	6
1.5	Related documents.....	7
1.6	Accountability and transparency.....	8
1.7	Liability and Indemnity .....	10
<b>2</b>	<b>Area Covered by the CCG .....</b>	<b>11</b>
<b>3</b>	<b>Membership Matters .....</b>	<b>12</b>
3.1	Membership of the Clinical Commissioning Group .....	12
3.2	Nature of Membership and Relationship with CCG .....	17
3.3	Speaking, Writing or Acting in the Name of the CCG .....	18
3.4	Members' Rights.....	<b>Error! Bookmark not defined.</b>
3.5	Members' Meetings .....	18
3.6	Practice Representatives.....	18
<b>4</b>	<b>Arrangements for the Exercise of our Functions.....</b>	<b>22</b>
4.1	Good Governance .....	22
4.2	General.....	22
4.3	Authority to Act: the CCG .....	22
4.4	Authority to Act: the Governing Body.....	22
<b>5</b>	<b>Procedures for Making Decisions .....</b>	<b>24</b>
5.1	Scheme of Reservation and Delegation .....	24
5.2	Standing Orders .....	24
5.3	Standing Financial Instructions (SFIs).....	24
5.4	The Governing Body: Its Role and Functions .....	24
5.5	Composition of the Governing Body .....	26
5.6	Additional Attendees at the Governing Body Meetings.....	26
5.7	Appointments to the Governing Body .....	27
5.8	Committees and Sub-Committees.....	27

5.9	<i>Committees of the Governing Body</i> .....	28
5.10	<i>Collaborative Commissioning Arrangements</i> .....	30
5.11	<i>Joint Commissioning Arrangements with Local Authority Partners</i> .....	31
5.12	<i>Joint Commissioning Arrangements – Other CCGs</i> .....	33
5.13	<i>Joint Commissioning Arrangements with NHS England</i> .....	35
<b>6</b>	<b>Provisions for Conflict of Interest Management and Standards of Business Conduct</b> .....	<b>37</b>
6.1	<i>Conflicts of Interest</i> .....	37
6.2	<i>Declaring and Registering Interests</i> .....	37
6.3	<i>Training in Relation to Conflicts of Interest</i> .....	38
6.4	<i>Standards of Business Conduct</i> .....	38
	<b>Appendix 1: Definitions of Terms Used in This Constitution</b> .....	<b>40</b>
	<b>Appendix 2: Committee Terms of Reference</b> .....	<b>43</b>
	<i>Audit Committee</i> .....	<b>Error! Bookmark not defined.</b>
	<i>Remuneration Committee</i> .....	<b>Error! Bookmark not defined.</b>
	<i>Primary Care Commissioning Committee</i> .....	<b>Error! Bookmark not defined.</b>
	<b>Appendix 3: Standing Orders</b> .....	<b>81</b>
	<b>Appendix 4: Standing Financial Instructions</b> .....	<b>81</b>

# 1 Introduction

## 1.1 Name<sup>i</sup>

The name of this clinical commissioning group is NHS **Southend** Clinical Commissioning Group (“the CCG”).

1. 1.1.2 The CCG works closely with **NHS Castle Point and Rochford Clinical Commissioning Group**. References within this constitution and its associated documents to ‘the two CCGs’ should be taken to refer to this CCG and **NHS Castle Point and Rochford Clinical Commissioning Group** unless the sense clearly indicates otherwise.

## 1.2 Statutory Framework<sup>ii</sup>

- 1.2.1 CCGs are established under the NHS Act 2006 (“the 2006 Act”), as amended by the Health and Social Care Act 2012. The CCG is a statutory body with the function of commissioning health services in England and is treated as an NHS body for the purposes of the 2006 Act. The powers and duties of the CCG to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to CCGs, as well as by regulations and directions (including, but not limited to, those issued under the 2006 Act).

- 1.2.2 When exercising its commissioning role, the CCG must act in a way that is consistent with its statutory functions. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to CCGs, including the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to CCGs take the form of statutory duties, which the CCG must comply with when exercising its functions. These duties include things like:

- a) Acting in a way that promotes the NHS Constitution (section 14P of the 2006 Act);
- b) Exercising its functions effectively, efficiently and economically (section 14Q of the 2006 Act);
- c) Financial duties (under sections 223G-K of the 2006 Act);
- d) Child safeguarding (under the Children Acts 2004,1989);
- e) Equality, including the public-sector equality duty (under the Equality Act 2010); and
- f) Information law, (for instance under data protection laws, such as the EU General Data Protection Regulation 2016/679, and the Freedom of Information Act 2000).

- 1.2.3 Our status as a CCG is determined by NHS England. All CCGs are required to have a constitution and to publish it.

**1.2.4** The CCG is subject to an annual assessment of its performance by NHS England which has powers to provide support or to intervene where it is satisfied that a CCG is failing, or has failed, to discharge any of our functions or that there is a significant risk that it will fail to do so.

**1.2.5** CCGs are clinically-led membership organisations made up of general practices. The Members of the CCG are responsible for determining the governing arrangements for the CCG, including arrangements for clinical leadership, which are set out in this Constitution.

### **1.3 Status of this Constitution<sup>iii</sup>**

**1.3.1** This CCG was first authorised on **1<sup>st</sup> April 2013.**

**1.3.2** Changes to this constitution are effective from the date of approval by NHS England.

**1.3.3** The constitution is published on the CCG website at <https://southendccg.nhs.uk/>

### **1.4 Amendment and Variation of this Constitution**

**1.4.1** This constitution can only be varied in two circumstances.

- a) where the CCG applies to NHS England and that application is granted; and
- b) where in the circumstances set out in legislation NHS England varies the constitution other than on application by the CCG.

**1.3** The Accountable Officer may periodically propose amendments to the constitution which shall be considered and approved by the Governing Body unless:

- The Accountable Officer advises that the proposed changes are thought to have a material impact on the working of the CCG;
- Changes are proposed to the reserved powers of the members of the CCG;
- One-third of the GP members of the Governing Body or a majority of all members of the Governing Body formally request that the amendments be put before the membership for approval.

**1.4** In the event that a proposed variation is to be put before the members of the CCG for approval, this may be done either by the circulation of the proposed variation to all members seeking their consent or at a meeting of all members. The Governing Body shall determine the method to be used.

- 1.4.1 In the case of members approval being sought at a meeting then the Accountable Officer shall ensure that adequate notice of the meeting and the details of the proposed variation is given to all members together with any necessary explanatory material. The consent of three-quarters of members attending the meeting shall be necessary for the application to be submitted for approval from NHS England.
- 1.4.2 If members approval is sought by circulation, then the Accountable Officer shall ensure that the details of the proposed variation together with any necessary explanatory material are circulated to all members by post or electronic communication. The proposal must have the support of three-quarters of those members responding within four weeks of the date of circulation of the proposal for the application to be submitted for approval from NHS England.
- 1.4.3 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. In these circumstances an application to and approval from NHS England will still be required.
- 1.4.4 Subsidiary documents contained within the CCG Governance Handbook may be amended by decision of the CCG, the Governing Body or other bodies in accordance with the scheme of delegation.
- 1.4.5 Any proposed variation shall not take effect until it has been approved by NHS England.

## **1.5 Related documents**

- 1.5.1 This Constitution is also informed by a number of documents which provide further details on how the CCG will operate. With the exception of the Standing Orders and the Standing Financial Instructions, these documents do not form part of the Constitution for the purposes of 1.4 above. They are the CCG's:
- a) **Standing orders** – which set out the arrangements for meetings and the selection and appointment processes for the CCG's Committees, and the CCG Governing Body (including Committees).
  - b) **The Scheme of Reservation and Delegation** – sets out those decisions that are reserved for the membership as a whole and those decisions that have been delegated by the CCG or the Governing Body

- c) **Prime financial policies** – which set out the arrangements for managing the CCG’s financial affairs.
- d) **Standing Financial Instructions** – which set out the delegated limits for financial commitments on behalf of the CCG.
- e) **The CCG Governance Handbook** (see <https://southendccg.nhs.uk/>) – which sets out other binding provisions for the governance and management of the CCG. These do not form part of the constitution for the purposes of Article **Error! Reference source not found.**, and include:
  - o **Terms of Reference** for the committees established by the Governing Body under the terms of Article **Error! Reference source not found.**;
  - o **Details of membership** of the Governing Body and its committees and the terms of office which apply to that membership;
  - o The **Scheme of Reservation and Delegation** – sets out those decisions that are reserved for the membership as a whole and those decisions that have been delegated by the CCG or the Governing Body;
  - o **Standards of Business Conduct Policy** – which includes the arrangements the CCG has made for the management of conflicts of interest.

## 1.6 **Accountability and transparency**<sup>iv</sup>

**1.6.1** The CCG will demonstrate its accountability to its members, local people, stakeholders and NHS England in a number of ways, including by being transparent. We will meet our statutory requirements to:

- a) publish our constitution and other key documents including
  - CCG Governance Handbook.
- b) appoint independent lay members and non-GP clinicians to our Governing Body;
- c) manage actual or potential conflicts of interest in line with NHS England’s statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* and expected standards of good practice (see also part 6 of this constitution);
- d) hold Governing Body meetings in public (except where we believe that it would not be in the public interest);

- e) publish an annual commissioning strategy that takes account of priorities in the health and wellbeing strategy;
- f) procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;
- g) involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG's Patient and Public Engagement Strategy.
- h) When discharging its duties under section 14Z2, the CCG will ensure that it:
  - **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements.
  - Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the **NHS Constitution**.
- i) comply with local authority health overview and scrutiny requirements;
- j) meet annually in public to present an annual report which is then published;
- k) produce annual accounts which are externally audited;
- l) publish a clear complaints process;
- m) comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the CCG;
- n) provide information to NHS England as required; and
- o) be an active member of the local Health and Wellbeing Board.

#### 1.6.2

In addition to these statutory requirements, the CCG will demonstrate its accountability to its members, local people, stakeholders and NHS England in a number of ways, including by:

- publishing its constitution;
- appointing independent lay members and non GP clinicians to its Governing Body;

- holding meetings of its Governing Body in public (except where the CCG considers that it would not be in the public interest in relation to all or part of a meeting);
- publishing annually a commissioning plan;
- complying with local authority health overview and scrutiny requirements;
- meeting annually in public to publish and present its annual report (which must be published);
- producing annual accounts in respect of each financial year which must be externally audited;
- having a published and clear complaints process;
- complying with the Freedom of Information Act 2000;
- providing information to and working with NHS England as required.

1.6.3 In taking these steps to demonstrate its accountability, the CCG will also therefore facilitate stakeholder understanding and awareness of CCG priorities.

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

- Publishing its principal commissioning and operational policies e.g. a policy about funding exceptional cases;
- Holding engagement events;
- Publishing, with the annual report, the Governing Body report and statements by the Accountable Officer including the annual Governance Statement.

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

## 1.7 Liability and Indemnity

1.7.1 The CCG is a body corporate established and existing under the 2006 Act. All financial or legal liability for decisions or actions of the CCG resides with the CCG as a public statutory body and not with its member practices.

1.7.2 No member or former member, nor any person who is at any time a proprietor, officer or employee of any member or former member, shall be liable (whether as a member or as an individual) for the debts, liabilities, acts or omissions, howsoever caused by the CCG in discharging its statutory functions.

1.7.3 No member or former member, nor any person who is at any time a proprietor, officer or employee of any member or former member, shall be

liable on any winding-up or dissolution of the CCG to contribute to the assets of the CCG, whether for the payment of its debts and liabilities or the expenses of its winding-up or otherwise.

- 1.7.4 The CCG may indemnify any member practice representative or other officer or individual exercising powers or duties on behalf of the CCG in respect of any civil liability incurred in the exercise of the CCG's business, provided that the person indemnified shall not have acted recklessly or with gross negligence.

## **2 Area Covered by the CCG<sup>v</sup>**

- 2.1.1 The geographical area covered by the CCG is coterminous with the parts of the Southend Borough Council area.

### **Locality**

- 2.1.2 The CCG has determined that it will operate with four localities. These localities are coterminous with the local authorities contained within the CCG area. They are:

- Southend East Central (Southend on Sea)
- Southend West Central (Westcliff on Sea)
- Southend East (Shoeburyness and Thorpe Bay)
- Southend West (Eastwood and Leigh on Sea)

### 3 Membership Matters<sup>vi</sup>

#### 3.1 Membership of the Clinical Commissioning Group

3.1.1 The CCG is a membership organisation.

3.1.2 All practices who provide primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract in our area are eligible for membership of this CCG.

3.1.3 The practices which make up the membership of the CCG are listed below.

Practice Name and Address	Telephone Number
<b>Leigh on Sea</b>	
Dr Nagle & Partners The Pall Mall Surgery 1st Floor Leigh Primary Care Centre 918 London Road Leigh-on-Sea SS9 3NG	01702 482900  01702 482905
Dr B R M Houston & Partners Highlands Surgery 1643 London Road Leigh-on-Sea SS9 2SQ  <a href="http://www.highlandssurgery.nhs.uk">www.highlandssurgery.nhs.uk</a>	01702 710131  01702 710429
Dr G K Jayatilaka 194 Elmsleigh Leigh-on-Sea SS9 4JQ	01702 470705
Dr A C Krishnan & Partners Kent Elms Heath Centre 1 Rayleigh Road Leigh-on-Sea SS9 5UU	01702 522012
Dr S A Malik Kent Elms Heath Centre 1 Rayleigh Road Leigh-on-Sea SS9 5UU	01702 529333

Practice Name and Address	Telephone Number
Dr S Sathanandan 9 Blenheim Chase Leigh-on-Sea SS9 3BZ	01702 470336
Dr V Sooriakumaran & Partner 38 Leigh Road Leigh-on-Sea SS9 1LF	01702 475105
Dr S H H Zaidi & Dr S T A Zaidi The Eastwood Group Practice 335 Eastwood Road North Leigh-on-Sea SS9 4LT  <a href="http://www.eastwoodgrouppractice.co.uk">www.eastwoodgrouppractice.co.uk</a>	01702 529111
Dr S H H Zaidi & Dr S T A Zaidi The Eastwood Group Practice Kent Elms Health Centre Rayleigh Road Leigh-on-Sea SS9 5UU  <a href="http://www.eastwoodgrouppractice.co.uk">www.eastwoodgrouppractice.co.uk</a>	01702 421888
Dr S H H Zaidi & Dr S T A Zaidi The Eastwood Group Practice 348 Rayleigh Road Eastwood Leigh-on-Sea SS9 5PU  <a href="http://www.eastwoodgrouppractice.co.uk">www.eastwoodgrouppractice.co.uk</a>	01702 525289
<b>Shoeburyness and Thorpe Bay</b>	
Dr B Agha & Partners 99 Tyrone Road Thorpe Bay SS1 3HD  <a href="http://www.thorpebaysurgery.co.uk">www.thorpebaysurgery.co.uk</a>	01702 582670
Dr K J K Dhillon 129 Eagle Way Shoeburyness SS3 9YA	01702 298109

Practice Name and Address	Telephone Number
Dr Kumar 38 Acacia Drive Thorpe Bay SS1 3JX	01702 588046
Dr M Marasco 101 West Road Shoeburyness SS3 9DT	01702 297878
Dr M Marasco 1 Watkins Way Shoeburyness SS3 9NX	01702 297878
Dr N Kumar & Partner Health Centre Campfield Road Shoeburyness SS3 9BX  <a href="http://www.shoeburyhealthcentre.co.uk/">http://www.shoeburyhealthcentre.co.uk/</a>	01702 577701 01702 577702
Dr P N B Moss North Shoebury Surgery Frobisher Way Shoebury SS3 8UT	01702 297976
Dr Palacin & Dr Guyler Health Centre Campfield Road Shoeburyess SS3 9BX	01702 577703
<b>Southchurch and Southend</b>	
Dr Irlam & Dr Alwan 27 Southchurch Boulevard Southend-on-Sea SS2 4UB	01702 468443
Dr HW Ng Scott Park Surgery 205 Western Approaches Southend-on-Sea SS2 6XY	01702 420642
Dr Jack & Partners Queensway Medical Resource Centre 75 Queensway Southend-on-Sea SS1 2AB	01702 463333 [REDACTED]

Practice Name and Address	Telephone Number
Dr Jack & Partners 508 Sutton Road Southend-on-Sea SS2 5PN	01702 468301
Dr N K Shah 332 North Avenue Southend-on-Sea SS2 4EQ	01702 467215
Dr Siddique & Agha Southend Medical Centre 50-52 London Road Southend-on-Sea SS1 1NX	01702 333298
Dr V Sooriakumaran & Dr K Santhakumar 3 Prince Avenue Southend-on-Sea SS2 6RL	01702 347947
St Lukes Health Centre Pantile Avenue Southend-on-Sea SS2 4BD  <a href="http://www.stlukeshealthcentre.co.uk">www.stlukeshealthcentre.co.uk</a>	01702 611505  01702 467704
The Practice Northumberland Avenue 32 Northumberland Avenue Southend-on-Sea SS1 2TH  <a href="http://www.thepracticeplc.com">www.thepracticeplc.com</a>	01702 440720
Dr S L Vashisht 61 Warrior Square Southend-on-Sea SS1 2JJ	01702 618411
Dr F Khan 7 Carnarvon Road Southend-on-Sea SS2 6LR	01702 466340
Dr H A Siddique The Shaftesbury Avenue Surgery 119 Shaftesbury Avenue Southend-on-Sea SS1 3AN	01702 582687

Westcliff on Sea	
Dr B Bekas 48 Argyll Road Westcliff-on-Sea SS0 7HN	01702 432040
Dr L Nagle 314 Southbourne Grove Westcliff-on-Sea SS0 0AF	01702 344074
Dr S M Callaghan & Partners The Valkyrie Road Primary Care Centre 50 Valkyrie Road Westcliff-on-Sea SS0 8BU <a href="http://www.valkyrie.gpsurgery.net">www.valkyrie.gpsurgery.net</a>	08444 772512
Dr W Cordess West Road Surgery North Road Primary Care Centre 183-195 North Road Westcliff-on-Sea SS0 7AF <a href="http://www.westroadsurgery.co.uk">www.westroadsurgery.co.uk</a>	01702 339865
Dr Kumar North Road Primary Care Centre 1st Floor 183-195 North Road Westcliff-on-Sea SS0 7AF	01702 342589

## 3.2 Nature of Membership and Relationship with CCG

3.2.1 The CCG's Members are integral to the functioning of the CCG. Those exercising delegated functions on behalf of the Membership, including the Governing Body, remain accountable to the Membership.

### 3.2.2 Eligibility

1.7 Any General Practice situated within the CCG area which holds a contract for the provision of primary medical services or whose practice population is in the majority resident in the CCG area shall be eligible for membership of the CCG.

1.8 No practice shall become a member of the CCG unless that practice:

- is a holder of a primary medical contract;
- is a provider of primary care services in the CCG area;
- has completed an application for membership to the CCG;
- has submitted an application to NHS England and had its application approved; and
- has been entered into the register of members in Schedule 1 of this constitution.

### 3.2.3 Termination of Membership

- Subject to the agreement of NHS England, a member will cease to be a member of the CCG if that member no longer satisfies the eligibility criteria set out in Article 1.7.
- Any member who ceases to meet the eligibility criteria set out in Article 1.7 shall notify NHS England and the CCG's Governing Body in writing, as soon as practicable, and shall formally request that its membership of the CCG is terminated.
- Following the termination of any member's membership of the CCG, the CCG shall amend the register of members in Schedule 1 in accordance with the process set out in this constitution.
- NHS England shall be entitled to terminate a Practice's membership of the CCG, if it becomes aware of any of the circumstances as set out within this section and as applicable to any current Member practice.
- Any Member Practice, if served with a notice of termination of membership shall have the right of appeal against that decision by application to NHS England.
- The decision of NHS England on consultation with the CCG, Local Medical Committee and any other relevant party shall be final.

### 3.3 Speaking, Writing or Acting in the Name of the CCG

3.3.1 Members are not restricted from giving individual views on any matter. However, members should make it clear that those views are not necessarily the view of the CCG.

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

### 3.4 Members' Meetings<sup>vii</sup>

#### 3.4.1 Members General Meetings

1.9 The Governing Body will hold a General Meeting of Members annually, and within fifteen months of the previous such meeting.

1.10 The date and place of the meeting will be advertised not less than 30 days in advance of the date of the meeting, and members advised of the process for placing items on the agenda.

1.11 The agenda for the meeting will include:

- The presentation of a report to members on the work of the CCG over the previous twelve months;
- An outline of the plan of work for the CCG for the twelve months ahead, and an indication of how this work plan fits into the longer term strategy to meet the health needs of the CCG population.
- The submission of the schedule of committee arrangements for the forthcoming year, and an account of any amendments to those arrangements that have been made during the previous year or are proposed (as set out in Article **Error! Reference source not found.** of the Constitution).
- Any proposed resolutions properly submitted for the consideration of the Members Meeting.
- An opportunity for member practices to express their views on the progress of the CCG and to ask questions of the Governing Body and the executive.

1.12 Attendance at the meeting will be open to all employees of the CCG or of members of the CCG or any individual contracted to work on their behalf. In

the event of a vote being called, only the identified practice representatives shall cast a vote.

1.13 If a practice representative is unable to attend the meeting, they may provide written authority for a proxy to vote on behalf of their practice by completing the appropriate form in the CCG Governance Handbook and either submitting it to the Accountable Officer in advance of the meeting or providing a hard copy at the meeting itself.

1.14 The Governing Body may submit a resolution to the Members Meeting by agreeing to do so at a properly constituted meeting of the Governing Body.

1.15 Member Practices may submit resolutions for consideration at the members meeting if the proposed resolution is proposed by a Practice Representative in writing fourteen days in advance of the meeting, and seconded by at least four further practice representatives no later than seven days before the date of the meeting.

1.16 A members meeting will be inquorate unless at least 70% of member practices are represented by their Practice Representative or a proxy for that representative.

1.17 The Governing Body may call additional member meetings at their discretion in order to ensure effective engagement with the members of the CCG or to bring matters of concern to the notice of the members of the CCG.

1.18 An Emergency General Meeting (EGM) of members will be convened by the Accountable Officer if they receive a requisition for such a meeting signed by the Practice Representatives of at least 10 member practices and provided the requisition specifies the subject matter to be discussed at the proposed EGM.

1.19 On receiving such a requisition, the Accountable Officer shall make arrangements for the EGM to take place no later than 42 days from the date the requisition is received.

1.20 No business other than that detailed in the requisition can be discussed at an EGM.

### **3.4.2 Regular Meetings**

1.21 All Member Practices will receive at least one visit per year from representatives of the CCG to discuss practice level commissioning issues and priorities.

1.22 In addition to the AGM, there will be at least two other CCG meetings for all Member Practices that do not have the public in attendance.

1.23 The CCG Governance Handbook sets out the arrangements in place to manage devolved commissioning and the regular meetings to be held within the localities at which all Member Practices are invited to attend.

### **3.4.3 Power of Recall**

1.24 An Emergency General Meeting may consider a motion to conduct a recall ballot against any GP member of the Governing Body. Any such motion will be deemed to have failed unless it is supported at the EGM by Practice Representatives representing no less than 50% of the total number of member practices (including those not present at the meeting).

1.25 The same EGM may decide to conduct a recall ballot against more than one GP member of the Governing Body but a separate decision in relation to each GP member must be taken and a separate ballot held following each such decision.

1.26 The ballot will be conducted by the LMC and will be of all the voting GPs in the CCG area and will take place as soon as possible following the EGM.

1.27 If the majority of votes received is in favour of the motion of recall, the GP member in question shall immediately cease to be a member of the Governing Body and arrangements will be made to conduct an election to fill the vacancy.

1.28 The recalled GP member shall be eligible to stand for election for the subsequent vacancy.

## **3.5 Practice Representatives**

3.6.1 Each Member practice has a nominated lead healthcare professional who represents the practice in the dealings with the CCG.

3.6.2 Each practice representative represents the views of the practice that has appointed him/ her and acts on behalf of that practice in matters relating to the CCG. The role of each practice representative is to:

- Disseminate information to all members of staff employed within their practice.
- Ensure the CCG has two named individuals, and email addresses for both, for the CCG to disseminate information through. One of the individuals shall be the practice representative and one of the individuals shall be a named lead clinician within the practice (and may also be the practice representative).
- Keep the CCG informed about the performers within his/ her practice and provide contact details where appropriate.

- Ensure practice representation at any meeting of the CCG or any other meeting at which the members' attendance is required, subject to the agreed notice being given by the CCG.
- Vote on behalf of his/ her practice at any meeting of the CCG at which a vote is required.
- Support the CCG and the Governing Body in the discharge of their functions through their role at the practice, including by seeking to ensure the practice participates in and delivers, as far as possible, the clinical and cost effective strategies agreed by the CCG's Governing Body, and follows clinical pathways and referral protocols agreed by the CCG's Governing Body (except where there are justified clinical reasons for not doing this).

3.6.3 Each member of the CCG shall notify the Accountable Officer in writing of the name of its practice representative. Each member of the CCG may remove and replace its practice representative at any time by notice in writing to the Accountable Officer.

3.6.4 Each member of the CCG authorises its practice representative to receive notice of, attend, and where necessary vote at any meeting of CCG members on its behalf.

3.6.5 For the avoidance of doubt, the Governing Body shall be entitled to treat any practice representative as having the continuing authority given to him under Article 3.6.3 until it is notified of the removal of that Member Representative in accordance with that Article.

3.6.6 A GP member of the Governing Body may also be a Practice Representative.

## **4 Arrangements for the Exercise of our Functions.**

### **4.6 Good Governance**

**4.1.2** The CCG will, at all times, observe generally accepted principles of good governance. These include:

- The highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business.
- The Good Governance Standard for Public Services.
- The standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles'.
- The seven key principles of the NHS Constitution.
- The Equality Act 2010.

### **4.7 General**

**4.7.1** The CCG will:

- comply with all relevant laws, including regulations;
- comply with directions issued by the Secretary of State for Health or NHS England;
- have regard to statutory guidance including that issued by NHS England; and
- take account, as appropriate, of other documents, advice and guidance.

**4.2.2** The CCG will develop and implement the necessary systems and processes to comply with (a)-(d) above, documenting them as necessary in this constitution, its scheme of reservation and delegation and other relevant policies and procedures as appropriate.

### **4.8 Authority to Act: the CCG**

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

- 4.8.3.1 any of its members or employees;
- 4.8.3.2 its Governing Body;
- 4.8.3.3 a Committee or Sub-Committee of the CCG.

### **4.9 Authority to Act: the Governing Body**

**4.9.3** The Governing Body may grant authority to act on its behalf to:

- 4.9.3.1 any Member of the Governing Body;
- 4.9.3.2 a Committee or Sub-Committee of the Governing Body;
- 4.9.3.3 a Member of the CCG who is an individual (but not a Member of the Governing Body); and
- 4.9.3.4 any other individual who may be from outside the organisation and who can provide assistance to the CCG in delivering its functions.

## **5 Procedures for Making Decisions**

### **5.6 Scheme of Reservation and Delegation<sup>viii</sup>**

5.6.1 The CCG has agreed a scheme of reservation and delegation (SoRD) which is published in full on the CCG's website <https://southendccg.nhs.uk/> and contained within the attached Appendix 3.

5.6.2 The CCG's SoRD sets out:

5.6.2.1 those decisions that are reserved for the membership as a whole;

5.6.2.2 those decisions that have been delegated by the CCG, the Governing Body or other individuals.

5.6.3 The CCG remains accountable for all of its functions, including those that it has delegated. All those with delegated authority, including the Governing Body, are accountable to the Members for the exercise of their delegated functions.

### **5.7 Standing Orders**

5.7.1 The CCG has agreed a set of standing orders which describe the processes that are employed to undertake its business. They include procedures for:

- conducting the business of the CCG;
- the appointments to key roles including Governing Body members;
- the procedures to be followed during meetings; and
- the process to delegate powers.

5.7.2 A full copy of the standing orders is included in appendix 3. The standing orders form part of this constitution.

### **5.8 Standing Financial Instructions (SFIs)**

5.8.1 The CCG has agreed a set of SFIs which include the delegated limits of financial authority set out in the SoRD.

5.8.2 A copy of the SFIs is included at Appendix 4 and form part of this constitution.

### **5.9 The Governing Body: Its Role and Functions**

5.9.1 The Governing Body has statutory responsibility for:

- a) ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance (its main function); and for
- b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme established.

5.9.2 The CCG has also delegated the following additional functions to the Governing Body which are also set out in the SoRD. Any delegated functions must be exercised within the procedural framework established by the CCG and primarily set out in the Standing Orders and SFIs:

5.9.2.1.1 Ensuring that the CCG has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the CCG's *principles of good governance* (its main function).

5.9.2.1.2 Holding to account the Executive, Governing Body Members and Member Practices for the performance of the CCG in delivering its strategic objectives;

5.9.2.1.3 Determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act.

5.9.2.1.4 Annually receiving and approving a commissioning strategy which takes into account financial targets and forecast limits of available resources as described in the Standing Financial Instructions, and approve consultation arrangements for the CCG's commissioning plan.

5.9.2.1.5 Approving prior to the start of the financial year budgets for the coming period as described in the Standing Financial Instructions.

5.9.2.1.6 Periodically reviewing the financial position of the CCG against its allotments, including reviews of expenditure against budgets and implement relevant controls to ensure it delivers its statutory financial obligations as described in the Standing Financial Instructions.

5.9.2.1.7 The Governing Body shall within the first 12 months of the CCG's establishment, undertake a review into different approaches to the management of out-patient referrals, and clarify the strategic direction for the CCG as a whole.

5.9.2.1.8 Providing assurance to the member practices that its committees are undertaking their functions in accordance with this constitution.

5.9.2.1.9 Oversee the delivery of the Quality Innovation Productivity and Prevention ("QIPP") initiative.

5.9.2.1.10 Approving any functions of the CCG that are specified in regulations.

The detailed procedures for the Governing Body, including voting arrangements, are set out in the standing orders.

5.9.2.11 The Governing Body may also have functions of the CCG delegated to it by the CCG.

## 5.10 Composition of the Governing Body

5.10.1 This part of the constitution describes the make-up of the Governing Body roles. Further information about the individuals who fulfil these roles can be found on our website <https://southendccg.nhs.uk/about-us/our-governing-body>.

5.10.2 The National Health Service (Clinical Commissioning Groups) Regulations 2012 set out a minimum membership requirement of the Governing Body of:

- The Chair
- The Accountable Officer
- The Chief Finance Officer
- A Secondary Care Specialist;
- A Chief Nurse
- Two lay members:
  - Lay Member for Governance and Deputy Governing Body Chair, who has qualifications expertise or experience to enable them to lead on finance and audit matters; and another who
  - Lay Member for Patient and Public Engagement, who has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions

5.10.3 The CCG has agreed the following additional members:

- a) A third lay member and Chair of the Primary Care Commissioning Committee
- b) 4 elected GP members from each of the localities, including the CCG's Chair, drawn from member practices

## 5.11 Additional Attendees at the Governing Body Meetings

**5.11.1** The CCG Governing Body may invite other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit. Any such person may be invited by the chair to speak and participate in debate, but may not vote.

**5.11.2** The CCG Governing Body will regularly invite the following individuals to attend any or all of its meetings as attendees:

- Director of Strategy and Planning
- Director of Primary Care and Operations
- Director of Integrated Partnerships - Southend
- A representative of the local authority responsible for social care;
- A representative of the local authority responsible for public health;
- A representative drawn from the CCGs public participation forum
- An individual designated by the Accountable Officer to take the minutes of the meeting.

## **5.12 Appointments to the Governing Body**

5.12.1 The process of appointing GPs to the Governing Body, the selection of the Chair, and the appointment procedures for other Governing Body Members are set out in the standing orders.

5.12.2 Also set out in standing orders are the details regarding the tenure of office for each role and the procedures for resignation and removal from office.

## **5.13 Committees and Sub-Committees**

5.13.1 The CCG may establish Committees and Sub-Committees of the CCG.

5.13.2 The Governing Body may establish Committees and Sub-Committees.

5.13.3 Each Committee and Sub-Committee established by either the CCG or the Governing Body operates under terms of reference and membership agreed by the CCG or Governing Body as relevant. Appropriate reporting and assurance mechanisms must be developed as part of agreeing terms of reference for Committees and Sub-Committees.

5.13.4 With the exception of the Remuneration Committee, any Committee or Sub-Committee established in accordance with clause 5.8 may consist of or include persons other than Members or employees of the CCG.

5.13.5 All members of the Remuneration Committee will be members of the CCG Governing Body.

### **5.13.6 CCG Localities**

5.13.6.1 In order to ensure that the work of the CCG reflects the range of needs of the different communities within the CCG area, the CCG has defined two localities as set out in Article 2.1.2 of this constitution.

5.13.6.2 If in the view of the CCG's Governing Body, it would be beneficial to the objectives of the CCG to establish or to discontinue Locality Commissioning Groups then it may propose to do so as part of the schedule of committee arrangements submitted to the General Meeting of Members described in Article 1.11 above. Any such proposal will not take effect until and unless it is approved at a General Meeting of Members.

5.13.6.3 The purpose of Locality Commissioning Groups would be to engage with member practices, enable them to shape the future of the CCG and to contribute to the delivery of the CCG's vision, values and priorities and to increase the CCG's understanding of local variation of need.

5.13.6.4 Articles 5.14.1 to 5.16.1 shall have effect only if the CCG has established Locality Commissioning Groups in accordance with Article 5.13.6.2 of this constitution.

### **5.14 Delegated Authority**

5.14.1 In order to engage with member practices and enable them to shape the future of the CCG and to contribute to the delivery of the CCG's vision, values and priorities, the CCG has established Locality Commissioning Groups.

5.14.2 The CCG is able to delegate any of its functions, decision making powers and associated budgets to Locality Commissioning Groups. The extent to which functions are devolved may vary and will be more specifically defined within the CCG's Standing Orders and Standing Financial Instructions, Appendix 3 of this constitution and any associated terms of reference.

### **5.15 Governance of the LCGs**

5.15.1 The structure, role, aims and objectives of the LCGs are set out in the CCG Governance Handbook which also sets out the arrangements for their governance.

5.15.2 The LCGs will work closely together to ensure parity of direction, that both local needs and those of the overarching CCG are met, aligned to a single overarching vision. This will be achieved by ensuring that member practices

fulfil their responsibilities as defined in Article **Error! Reference source not found.** and the Memorandum of Agreement.

5.15.3 The LCGs will meet on a monthly basis and may meet as a combined group where deemed appropriate. Meetings will be minuted, and those minutes shared with the Governing Body. An annual self-assessment of the effectiveness of the LCGs will be carried out and an annual report presented to the Governing Body.

5.15.4 LCGs will be chaired by a nominated lead Commissioning GP from a member practice, as agreed by a majority of LCG members. Each LCG will have the support of a designated GP member of the Governing Body. CCG officers will support and administer the LCGs and other stakeholders may attend to present to the LCGs wherever required. A quorum will be practice representatives from more than half the locality member practices in attendance.

## 5.16 Accountability

5.16.1 LCGs are accountable to the Governing Body, and provide accountability for member practices.

## 5.17 Committees of the Governing Body

5.17.1 The Governing Body will maintain the following statutory or mandated Committees:

5.17.2 **Audit and Risk Committee:** This Committee is accountable to the Governing Body and provides the Governing Body with an independent and objective view of the CCG's compliance with its statutory responsibilities. The Committee is responsible for arranging appropriate internal and external audit.

5.17.3 The Audit **and Risk** Committee will be chaired by a Lay Member who has qualifications, expertise or experience to enable them to lead on finance and audit matters and members of the Audit Committee may include people who are not Governing Body members.

5.17.4 **Remuneration Committee:** This Committee is accountable to the Governing Body and makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCG.

5.17.5 The Remuneration Committee will be chaired by a lay member other than the audit chair and only members of the Governing Body may be members of the Remuneration Committee.

**5.17.6 Primary Care Commissioning Committee.** This committee is required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to the Governing Body and to NHS England. Membership of the Committee is determined in accordance with the requirements of *Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017*. This includes the requirement for a lay member Chair and a lay Vice Chair.

**5.17.7** None of the above Committees may operate on a joint committee basis with another CCG(s).

**5.17.8** The terms of reference for each of the above committees are included in the CCG's Governance Handbook, Appendix 2 to this constitution and form part of the constitution.

**5.17.9** The Governing Body has also established a number of other Committees to assist it with the discharge of its functions. These Committees are set out in the SoRD and further information about these Committees, including terms of reference, are published in: The CCG's Governance Handbook attached at Appendix 2 and published on the CCG's website: <https://southendccg.nhs.uk/about-us/key-documents>

## **5.18 Collaborative Commissioning Arrangements**

**5.18.1** The CCG wishes to work collaboratively with its partner organisations in order to assist it with meeting its statutory duties, particularly those relating to integration. The following provisions set out the framework that will apply to such arrangements.

**5.18.2** In addition to the formal joint working mechanisms envisaged below, the Governing Body may enter into strategic or other transformation discussions with its partner organisations, on behalf of the CCG.

**5.18.3** The Governing Body must ensure that appropriate reporting and assurance mechanisms are developed as part of any partnership or other collaborative arrangements. This will include:

5.18.1.1 reporting arrangements to the Governing Body, at appropriate intervals;

5.18.1.2 engagement events or other review sessions to consider the aims, objectives, strategy and progress of the arrangements; and

5.18.1.3 progress reporting against identified objectives.

5.18.4 When delegated responsibilities are being discharged collaboratively, the collaborative arrangements, whether formal joint working or informal

collaboration, must:

- a) identify the roles and responsibilities of those CCGs or other partner organisations that have agreed to work together and, if formal joint working is being used, the legal basis for such arrangements;
- b) specify how performance will be monitored and assurance provided to the Governing Body on the discharge of responsibilities, so as to enable the Governing Body to have appropriate oversight as to how system integration and strategic intentions are being implemented;
- c) set out any financial arrangements that have been agreed in relation to the collaborative arrangements, including identifying any pooled budgets and how these will be managed and reported in annual accounts;
- d) specify under which of the CCG's supporting policies the collaborative working arrangements will operate;
- e) specify how the risks associated with the collaborative working arrangement will be managed and apportioned between the respective parties;
- f) set out how contributions from the parties, including details around assets, employees and equipment to be used, will be agreed and managed;
- g) identify how disputes will be resolved and the steps required to safely terminate the working arrangements;
- h) specify how decisions are communicated to the collaborative partners.

## **5.19 Joint Commissioning Arrangements with Local Authority Partners**

5.19.1 The CCG will work in partnership with its Local Authority partners to reduce health and social inequalities and to promote greater integration of health and social care.

5.19.2 Partnership working between the CCG and its Local Authority partners might include collaborative commissioning arrangements, including joint commissioning under section 75 of the 2006 Act, where permitted by law. In this instance, and to the extent permitted by law, the CCG delegates to the Governing Body the ability to enter into arrangements with one or more

relevant Local Authority in respect of:

- a) Delegating specified commissioning functions to the Local Authority;
- b) Exercising specified commissioning functions jointly with the Local Authority;
- c) Exercising any specified health -related functions on behalf of the Local Authority.

5.19.3 For purposes of the arrangements described in 5.19.2, the Governing Body may:

- agree formal and legal arrangements to make payments to, or receive payments from, the Local Authority, or pool funds for the purpose of joint commissioning;
- make the services of its employees or any other resources available to the Local Authority; and
- receive the services of the employees or the resources from the Local Authority.
- where the Governing Body makes an agreement with one or more Local Authority as described above, the agreement will set out the arrangements for joint working, including details of:
  - how the parties will work together to carry out their commissioning functions;
  - the duties and responsibilities of the parties, and the legal basis for such arrangements;
  - how risk will be managed and apportioned between the parties;
  - financial arrangements, including payments towards a pooled fund and management of that fund;
  - contributions from each party, including details of any assets, employees and equipment to be used under the joint working arrangements; and
  - the liability of the CCG to carry out its functions, notwithstanding any joint arrangements entered into.

**5.19.4** The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.19.2 above.

## **5.20 Joint Commissioning Arrangements – Other CCGs**

**5.20.1** The CCG may work together with other CCGs in the exercise of its Commissioning Functions.

**5.20.2** The CCG delegates its powers and duties under 5.20 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.

**5.20.3** The CCG may make arrangements with one or more other CCGs in respect of:

- a) delegating any of the CCG's commissioning functions to another CCG;
- b) exercising any of the Commissioning Functions of another CCG; or
- c) exercising jointly the Commissioning Functions of the CCG and another CCG.

**5.20.4** For the purposes of the arrangements described at 5.20.3, the CCG may:

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

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

**5.20.6** For the purposes of the arrangements described above, the CCG may establish and maintain a pooled fund made up of contributions by all of the CCGs working together jointly pursuant to paragraph 5.20.3 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.

- 5.20.7** Where the CCG makes arrangements with another CCG as described at paragraph 5.20.3 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working including details of:
- a) how the parties will work together to carry out their commissioning functions;
  - b) the duties and responsibilities of the parties, and the legal basis for such arrangements;
  - c) how risk will be managed and apportioned between the parties;
  - d) financial arrangements, including payments towards a pooled fund and management of that fund;
  - e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 5.20.8** The responsibility of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 3 above.
- 5.20.9** The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.20.3 above.
- 5.20.10** Only arrangements that are safe and in the interests of patients registered with Member practices will be approved by the Governing Body.
- 5.20.11** The Governing Body shall require, in all joint commissioning arrangements, that the lead Governing Body Member for the joint arrangements:
- a) make a quarterly written report to the Governing Body;
  - b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
  - c) publish an annual report on progress made against objectives.
- 5.20.12** Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners to allow for credible alternative arrangements to be put in place, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

**5.20.13** In the case of the STP Joint Committee, 12 months' written notice is required and the agreement of NHS England.

**1.29** The CCG has entered into joint arrangements with the following clinical commissioning group(s):

**1.30** STP Joint Committee with Basildon & Brentwood CCG, Mid Essex CCG, Thurrock CCG, and Southend CCG.

- Joint committee structures and executive management arrangements, including shared support teams with NHS Southend CCG.

## **5.21 Joint Commissioning Arrangements with NHS England**

**5.21.1** The CCG may work together with NHS England. This can take the form of joint working in relation to the CCG's functions or in relation to NHS England's functions.

**5.21.2** In terms of either the CCG's functions or NHS England's functions, the CCG and NHS England may make arrangements to exercise any of their specified commissioning functions jointly.

**5.21.3** The arrangements referred to in paragraph 5.21.2 above may include other CCGs, a combined authority or a local authority.

**5.21.4** Where joint commissioning arrangements pursuant to 5.21.2 above are entered into, the parties may establish a Joint Committee to exercise the commissioning functions in question. For the avoidance of doubt, this provision does not apply to any functions fully delegated to the CCG by NHS England, including but not limited to those relating to primary care commissioning.

**5.21.5** Arrangements made pursuant to 5.21.2 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

**5.21.6** Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 5.21.2 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

- a) how the parties will work together to carry out their commissioning functions;
- b) the duties and responsibilities of the parties, and the legal basis for such arrangements;
- c) how risk will be managed and apportioned between the parties;

- d) financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
- e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

**5.21.7** Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.21.2 above. Similarly, where the arrangements relate to NHS England's functions, the liability of NHS England to carry out its functions will not be affected where it and the CCG enter into joint arrangements pursuant to 5.20.

**5.21.8** The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.

**5.21.9** Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.

**5.21.10** The Governing Body of the CCG shall require, in all joint commissioning arrangements that the lead Governing Body Member for the joint arrangements make;

- a) make a quarterly written report to the Governing Body;
- b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
- c) publish an annual report on progress made against objectives.

**5.21.11** Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement but has to give six months' notice to partners to allow for credible alternative arrangements to be put in place, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

## **6 Provisions for Conflict of Interest Management and Standards of Business Conduct**

### **6.1 Conflicts of Interest**

- 6.1.1** As required by section 14O of the 2006 Act, the CCG has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without being unduly influenced by external or private interest.
- 6.1.2** The CCG has agreed policies and procedures for the identification and management of conflicts of interest.
- 6.1.3** Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will comply with the CCG policy on conflicts of interest. Where an individual, including any individual directly involved with the business or decision-making of the CCG and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution and the Standards of Business Conduct Policy.
- 6.1.4** The CCG has appointed the Audit and Risk Committee Chair to be the Conflicts of Interest Guardian. In collaboration with the CCG's governance lead, their role is to:
- a) Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
  - b) Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to conflicts of interest;
  - c) Support the rigorous application of conflict of interest principles and policies;
  - d) Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation
  - e) Provide advice on minimising the risks of conflicts of interest.

### **6.2 Declaring and Registering Interests**

- 6.2.1** The CCG will maintain registers of the interests of those individuals listed in the CCG's policy.

**6.2.2** The CCG will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality of decision making staff at least annually on the CCG website and make them available at our headquarters upon request.

**6.2.3** All relevant persons for the purposes of NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.

**6.2.4** The CCG will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually. All persons required to, must declare any interests as soon as reasonable practicable and by law within 28 days after the interest arises.

**6.2.5** Interests (including gifts and hospitality) of decision making staff will remain on the public register for a minimum of six months. In addition, the CCG will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The CCG's published register of interests states that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to submit a request for this information.

**6.2.6** Activities funded in whole or in part by 3<sup>rd</sup> parties who may have an interest in CCG business such as sponsored events, posts and research will be managed in accordance with the CCG policy to ensure transparency and that any potential for conflicts of interest are well-managed.

### **6.3 Training in Relation to Conflicts of Interest**

**6.3.1** The CCG ensures that relevant staff and all Governing Body members receive training on the identification and management of conflicts of interest and that relevant staff undertake the NHS England Mandatory training.

### **6.4 Standards of Business Conduct**

**6.4.1** Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will at all times comply with this Constitution and be aware+ of their responsibilities as outlined in it. They should:

- act in good faith and in the interests of the CCG;

- follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles);
- comply with the standards set out in the Professional Standards Authority guidance - *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England*; and
- comply with the CCG's Standards of Business Conduct, including the requirements set out in the policy for managing conflicts of interest which is available on the CCG's website and will be made available on request.

**6.4.2** Individuals contracted to work on behalf of the CCG or otherwise providing services or facilities to the CCG will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the CCG's Standards of Business Conduct policy.

## Appendix 1: Definitions of Terms Used in This Constitution

2006 Act	National Health Service Act 2006
Accountable Officer (AO)	<p>an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the group:</p> <p>complies with its obligations under:</p> <p>sections 14Q and 14R of the 2006 Act, sections 223H to 223J of the 2006 Act, paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006, and</p> <p>any other provision of the 2006 Act specified in a document published by the Board for that purpose;</p> <p>exercises its functions in a way which provides good value for money.</p>
Area	The geographical area that the CCG has responsibility for, as defined in part 2 of this constitution
Chair of the CCG Governing Body	The individual appointed by the CCG to act as chair of the Governing Body and who is usually either a GP member or a lay member of the Governing Body.
Chief Finance Officer (CFO)	A qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance and who is a member of the Governing Body.
Clinical Commissioning Groups (CCG)	A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act.
Committee	A Committee created and appointed by the membership of the CCG or the Governing Body.
Sub-Committee	A Committee created by and reporting to a Committee.
Governing Body	The body appointed under section 14L of the NHS Act 2006, with the main function of ensuring that a Clinical

	Commissioning Group has made appropriate arrangements for ensuring that it complies with its obligations under section 14Q under the NHS Act 2006, and such generally accepted principles of good governance as are relevant to it.
Governing Body Member	Any individual appointed to the Governing Body of the CCG
Healthcare Professional	<p>A Member of a profession that is regulated by one of the following bodies:</p> <p>the General Medical Council (GMC)</p> <p>the General Dental Council (GDC)</p> <p>the General Optical Council;</p> <p>the General Osteopathic Council</p> <p>the General Chiropractic Council</p> <p>the General Pharmaceutical Council</p> <p>the Pharmaceutical Society of Northern Ireland</p> <p>the Nursing and Midwifery Council</p> <p>the Health and Care Professions Council</p> <p>any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999</p>
Lay Member	A lay Member of the CCG Governing Body, appointed by the CCG. A lay Member is an individual who is not a Member of the CCG or a healthcare professional (as defined above) or as otherwise defined in law.
Primary Care Commissioning Committee	A Committee required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to NHS England and the Governing Body
Professional Standards Authority	An independent body accountable to the UK Parliament which help Parliament monitor and improve the protection of the public. Published <i>Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England</i> in 2013

Member/ Member Practice	A provider of primary medical services to a registered patient list, who is a Member of this CCG.
Member practice representative	Member practices appoint a healthcare professional to act as their practice representative in dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act or directions under section 98A of the 2006 Act.
NHS England	The operational name for the National Health Service Commissioning Board.
Registers of interests	Registers a group is required to maintain and make publicly available under section 140 of the 2006 Act and the statutory guidance issues by NHS England, of the interests of:  the Members of the group;  the Members of its CCG Governing Body;  the Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body; and Its employees.
STP	Sustainability and Transformation Partnerships – the framework within which the NHS and local authorities have come together to plan to improve health and social care over the next few years. STP can also refer to the formal proposals agreed between the NHS and local councils – a “Sustainability and Transformation Plan”.
Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making

## Appendix 2: Committee Terms of Reference

## Appendix 2 **COMMITTEES' TERMS OF REFERENCE**

### **1.2. Committees of the Governing Body**

1.2.1 There shall be the following Statutory Committees of the Governing Body:

- Audit and Risk Committee
- Remuneration Committee

1.2.2 As a consequence of a delegation agreement with NHS England there shall also be a:

- Primary Care Commissioning Committee

1.2.2 The Terms of Reference for those committees are contained in this appendix.

1.2.3 Under the terms of article **Error! Reference source not found.**, the Governing Body may establish such further committees as it sees fit in order to further the purposes of the CCG. The schedule of committees which have been appointed and their terms of reference shall be contained within the CCG Governance Handbook which shall be made available on the CCG's website.

### **1.3. Powers and Terms of Reference of Committees**

1.3.1 Each of the committees listed under paragraphs 1.2.1 and 0 shall be empowered to meet as a 'meeting in common' (in accordance with Article **Error! Reference source not found.** of the Constitution) alongside their counterpart in NHS Southend CCG.

1.3.2 The Governing Body, or any of the standing committees, shall have the authority to establish further committees or working groups to carry out any part of their functions subject to the proviso that they may not delegate any power that is not within their own terms of reference, that such delegation may in any case be rescinded by resolution of the Governing Body and that the responsibility and accountability for the area of work delegated remains with the delegating body.

1.3.3 Each body listed in this Schedule has a defined remit and membership together with a specified date by which the work of the body must be reviewed and the remit either renewed to a further date or deemed to be complete.

1.3.4 All meetings of Governing Body appointed committees shall be governed by the arrangements set out within this schedule.

1.3.5 All standing committees, and any other body established under Article **Error! Reference source not found.** shall work within the standing orders and overall governance processes of the CCG set out in this constitution and associated documents.

- 1.3.6 Each standing committee shall be given an annual work plan by the Governing Body which sets out its objectives for the year in question.
- 1.3.7 This work plan may be drafted by the relevant committee subject to its authorisation by the Governing Body and will set out how the committee will deliver its terms of reference in a manner which furthers the strategic objectives of the CCG and ensures that the core purpose of the committee is met.
- 1.3.8 This Schedule shall be approved by the Governing Body and presented to the Annual Meeting of Members for their approval. It may be adjusted during the course of the year between Annual Meetings of Members to meet the changing needs and circumstances of the CCG. An up to date version of the Schedule will be published on the CCG website.
- 1.3.9 The audit committee may include individuals who are not members of the Governing Body. The other committees of the Governing Body (other than the remuneration committee) may include individuals who are:
- Members, officers or Governing Body members of the Group or another clinical commissioning group;
  - Partners or employees of members of the Group or another clinical commissioning group;
  - Officers of the NHS England.

### **Common Provisions**

- 1.4 The provisions set out below apply to all committees of the Governing Body as though they formed part of the terms of reference of those committees.

### ***Committee Management – General Provisions***

- 1. Each of the listed committees, and any other body established within the CCG structure, is obliged to abide by these general provisions for committee management set out in this schedule and any specific provisions set out within the relevant committee section.**
- 2. The Committee will conduct its business in accordance with National Guidance, and relevant codes of conduct / good governance practices for example Nolan’s seven principles of public life and the agreed vision and values of the two CCGs.**

### ***Membership***

3. The Committee shall be appointed by the CCG Governing Body as set out in the constitution and may include (with the exception of the Remuneration Committee) individuals who are not on the governing body.
4. The Accountable Officer and other executive directors or senior officers of the CCG may be required to attend upon request of the committee, particularly when the Committee is discussing issues that are the responsibility of that director.
5. The Executive Lead shall designate a member of staff to be Secretary to the Committee.
6. The Clerk to the Committee shall collate and prepare the agenda and supporting papers for meetings of the committee and attend to take minutes of the meeting and provide appropriate support to the Chair and committee members during and outside of committee meetings.

### ***Committee Chair***

7. Unless there is specific provision in the individual committee’s terms of reference, in the event of the chair of the committee being unable to attend all or part of the meeting, he or she may nominate a replacement from within the membership to deputise for that meeting. In the absence of any such notification, the members of the committee present shall agree who shall take the chair for the meeting.
8. In the event of a vote being taken and the result of the vote being tied, the person chairing the meeting will have a second, casting, vote which they can use as wish.

### ***Lead Executive***

9. The nominated officer who shall act as Lead Executive is recorded in the terms of reference for each committee. The Lead Executive will be responsible for supporting the chair in the planning and management of committee business and for drawing the committee's attention to best practice, national guidance and other relevant documents as appropriate.
10. In executive bodies, the Lead Executive may also be the chair, this should not be the case in governance bodies.

### ***Notice of meetings***

11. Items of business for inclusion on the agenda of a meeting must be notified to the chair or the Governing Body or relevant committee at least ten days before the date of the meeting.
12. Supporting papers for such items need to be submitted at least seven days before the meeting takes place.
13. The agenda and papers for the meeting will be circulated to members and observers, at least five days before the date of the meeting.
14. Late papers may be submitted to the meeting at the sole discretion of the chair of the meeting.

### ***Minutes and Committee Papers***

15. The minutes of committee meetings shall be formally recorded by the designated Clerk and submitted to the body to which this body reports. The chair of the committee shall draw to the attention of that body any issues that require disclosure to another group, the full Governing Body, or which require executive action.
16. When minutes of a meeting are submitted to the Governing Body or any other body, care shall be taken to ensure that where matters have been discussed in private session (part II meetings) those minutes are considered in private session unless the reason for privacy no longer applies.

### ***Decision Making/Policy and Best Practice***

17. In making decisions the committee will apply best practice in the decision making processes.

### ***Authorisation***

18. The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

19. Subject to the CCGs' scheme of delegation, the Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. Minutes of each meeting will be presented to the next meeting of the Governing body for Information.

### **Virtual Meetings**

20. The body may choose to meet virtually either by use of video/teleconferencing facilities or, at the discretion of the chair, by electronic circulation of a matter for discussion/decision.

## **1. Terms of Reference**

The following terms of reference govern the operation of the Audit and Risk Committee.

<b>Date of adoption:</b>	<b>INSERT DATE</b>
<b>Approved by:</b>	Governing Body of NHS Southend CCG
<b>Responsible to:</b>	Governing Body of NHS Southend CCG
<b>Date at which Terms of Reference will be reviewed:</b>	<b>INSERT REVIEW DATE</b>

## **2. Membership**

The membership of the group was approved by the Governing Body of NHS Southend CCG on **INSERT DATE OF APPROVAL..** The last change of membership took place on **INSERT DATE**

The names of the members of the body are listed below

<b>Full members of the body</b>	All Lay Members 1 GP Board member (not the Chair) Secondary Care Consultant
<b>Chair</b>	Lay Member for Governance & Performance CPR
<b>Vice Chair</b>	Lay Member for Governance & Workforce Southend
<b>Executive Lead</b>	Chief Finance Officer
<b>Clerk</b>	EA to Chief Finance Officer
<b>Others who should be invited to meetings</b>	Accountable Officer Chief Finance Officer Senior officer with responsibility for performance

	<p>Internal Audit</p> <p>External Audit</p> <p>Counter-Fraud Specialist</p>
<p><b>Others who should be sent the minutes and papers of meetings</b></p>	<p>All the above</p> <p>All CCG Exec Leads</p> <p>Chief Nurse</p> <p>Executive Assistants</p> <p>Committee Secretary</p>
<p><b>Substitutes</b></p>	<p>Substitutes at deputy level will be permitted. Such deputies should be at an appropriate level to both represent and make decisions on behalf of their respective organisation.</p>

***NB: The table above should be a list of named individuals, not posts and titles.***

### 3. Common Provisions

#### **Committee Management – General Provisions**

1. Each of the listed committees, and any other body established within the CCG structure, is obliged to abide by these general provisions for committee management set out in this schedule and any specific provisions set out within the relevant committee section.
2. The Committee will conduct its business in accordance with National Guidance, and relevant codes of conduct / good governance practices for example Nolan's seven principles of public life and the agreed vision and values of the two CCGs.

#### **Membership**

3. The Committee shall be appointed by the CCG Governing Body as set out in the constitution and may include (with the exception of the Remuneration Committee) individuals who are not on the governing body.
4. The Accountable Officer and other executive directors or senior officers of the CCG may be required to attend upon request of the committee, particularly when the Committee is discussing issues that are the responsibility of that director.
5. The Executive Lead shall designate a member of staff to be Clerk to the Committee.
6. The Clerk to the Committee shall collate and prepare the agenda and supporting papers for meetings of the committee and attend to take minutes of the meeting and provide appropriate support to the Chair and committee members during and outside of committee meetings.

#### **Committee Chair**

7. Unless there is specific provision in the individual committee's terms of reference, in the event of the chair of the committee being unable to attend all or part of the meeting, he or she may nominate a replacement from within the membership to deputise for that meeting. In the absence of any such notification, the members of the committee present shall agree who shall take the chair for the meeting.
8. In the event of a vote being taken and the result of the vote being tied, the person chairing the meeting will have a second, casting, vote which they can use as wish.

#### **Lead Executive**

9. The nominated officer who shall act as Lead Executive is recorded in the terms of reference for each committee. The Lead Executive will be responsible for supporting the chair in the planning and management of committee business and for drawing the committee's attention to best practice, national guidance and other relevant documents as appropriate.
10. In executive bodies, the Lead Executive may also be the chair, this should not be the case in governance bodies.

### **Notice of meetings**

11. Items of business for inclusion on the agenda of a meeting must be notified to the chair or the Governing Body or relevant committee at least ten days before the date of the meeting.
12. Supporting papers for such items need to be submitted at least seven days before the meeting takes place.
13. The agenda and papers for the meeting will be circulated to members and observers, at least five days before the date of the meeting.
14. Late papers may be submitted to the meeting at the sole discretion of the chair of the meeting.

### **Minutes and Committee Papers**

15. The minutes of committee meetings shall be formally recorded by the designated Clerk and submitted to the body to which this body reports. The chair of the committee shall draw to the attention of that body any issues that require disclosure to another group, the full Governing Body, or which require executive action.
16. When minutes of a meeting are submitted to the Governing Body or any other body, care shall be taken to ensure that where matters have been discussed in private session (part II meetings) those minutes are considered in private session unless the reason for privacy no longer applies.

### **Decision Making/Policy and Best Practice**

17. In making decisions the committee will apply best practice in the decision making processes.

### **Authorisation**

18. The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
19. Subject to the CCGs' scheme of delegation, the Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. Minutes of each meeting will be presented to the next meeting of the Governing body for Information.

### **Virtual Meetings**

20. The body may choose to meet virtually either by use of video/teleconferencing facilities or, at the discretion of the chair, by electronic circulation of a matter for discussion/decision.

## **4. Minutes and Committee Papers**

The minute of any item taken in private session will be presented to the Governing Body while it is in private session if the reason for the committee considering the matter in private session still applies.

## 5. Reporting & Review

The Committee will report to the Governing Body annually on its work. The Committee will conduct an annual self-assessment of its effectiveness and report the findings of the assessment to the Governing Body.

## 6. Remit

In line with the requirements of the NHS Audit Committee Handbook, NHS Codes of Conduct and Accountability, and more recently the Higgs report, the Audit Committee must provide the CCG Governing Body with an independent and objective review on its financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS.

The Committee is authorised by the Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

## 7. Purpose of the Committee

The remit and the responsibilities of the Committee can be categorised as follows:

### A. *Governance, risk management and internal Control*

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

In particular, the Committee will review the adequacy and effectiveness of:

All risk and control related disclosure statements (in particular the Annual Governance • Statement and declarations of compliance with the Regulations of the Health and Social Care Act and registration with the Care Quality Commission), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Governing Body.

The underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self certification.

The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by NHS Counter Fraud Authority.

Assurances provided by the Commissioning Support Unit (CSU).

The governance arrangements relating to the management of Conflicts of Interest.

In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

#### **B. *Internal audit***

The Committee shall ensure that there is an effective internal audit function that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to Clinical Chief Officer and Governing Body. This will be achieved by:

Consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal.

Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Governing Body Assurance Framework.

Considering the major findings of internal audit work (and management's response), and ensuring co-ordination between the internal and external auditors to optimise audit resources.

Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation.

An annual review of the effectiveness of internal audit.

#### **C. *External audit***

The Committee shall review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

Consideration of the appointment and performance of the external auditors, as far as rules governing the appointment permit.

Discussion and agreement with the external auditors, before the audit commences, of the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy.

Discussion with the external auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee.

Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Governing Body and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

#### ***D. Other assurance functions***

The Audit and Risk Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation. These will include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators/inspectors (for example, the Care Quality Commission, NHS Litigation Authority, etc.) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges, accreditation bodies, etc.)

In addition, the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit and Risk Committee's own scope of work. In particular, this will include the Quality, Finance and Performance Committee.

In reviewing the work of the Quality, Finance and Performance Committee, and issues around clinical risk management, the Audit and Risk Committee will wish to satisfy itself on the assurance that can be gained from the quality and patient safety function.

#### ***E. Counter Fraud***

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

#### ***F. Security Management***

The Committee shall satisfy itself that the organisation has adequate arrangements in place for security management and shall review the outcomes of security management work.

## **G. Management**

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

The Committee may also request specific reports from individual functions within the organisation (for example, clinical audit) as they may be appropriate to the overall arrangements.

## **H. Financial reporting**

The Audit and Risk Committee shall monitor the integrity of the financial statements of the CCG and any formal announcements relating to the CCG's financial performance.

The Committee should ensure that the systems for financial reporting to the Governing Body, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Governing Body. The Audit and Risk Committee shall review the annual report and financial statements before submission to the Governing Body, focusing particularly on:

The wording in the Statement on Internal Control and other disclosures relevant to the terms of reference of the Committee.

Changes in, and compliance with, accounting policies, practices and estimation techniques.

Unadjusted miss-statements in the financial statements.

Significant judgements in preparation of the financial statements.

Significant adjustments resulting from the audit.

Letter of representation.

Qualitative aspects of financial reporting.

## **I. Other matters**

The minutes of Audit Committee meetings shall be formally recorded by the designated Clerk for the committee and submitted to the Governing Body. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the full Governing Body, or require executive action.

The Committee will report to the Governing Body at least annually on its own effectiveness, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and 'embeddedness' of risk management in the organisation, the integration of governance arrangements, the appropriateness of the evidence compiled to demonstrate fitness to

register with the CQC and the robustness of the processes behind the quality accounts.

#### **J. Responsibility**

The Committee will prepare and operate to an annual work plan that will be determined in order to provide assurance to the CCG's Governing Body on the matters within its remit.

#### **K. Authorisation**

The committee has delegated to it the authority to constitute any sub-committees or working groups it deems appropriate to support the discharge of its Terms of Reference. The committee may not delegate executive powers to any sub-committee.

### **8. Conduct and Conflicts of Interest**

The CCG's rules on the management of conflicts of interest as set out in the CCG Constitution, Standing Orders and Standing Financial Instructions apply to the work of this Committee.

Members or those in attendance must, at the outset of the meeting, declare any interest that they may have in a matter and withdraw from the discussion on that item.

In order to promote the highest standards of conduct and transparency and openness in the use of public funds, the Committee shall ensure that it conducts its business in such a way that any potential conflict of interests that might arise are minimised and that the actions taken by the Committee to manage those conflicts are recorded.

### **9. Delegated Authority**

The Committee has delegated authority to approve primary care spend within the parameters of the primary care allocation as agreed by the Governing Body.

### **10. Emergency Decisions**

Should there be a requirement to make decisions between meetings the following process should be followed:

Full details of the decision required will be set out in a clear proposal with rationale as to why an urgent decision is needed

Proposal will be submitted via e-mail to Committee members from the lead Executive Director or Accountable Officer

Minimum support required from at least 4 members of the Committee including the Chair (or alternative lay member should the Chair not be available) and at least 1 clinical member. If there is a financial implication support is needed from the Chief Finance Officer (or senior finance manager should the Chief Finance Officer not be available)

Report of the decision made presented to next scheduled meeting for endorsement.

## **11. Conduct of Meetings**

The Committee will meet no less than five times per annum on dates to be agreed by the Committee.

It is expected that most meetings will be held in common with the equivalent committee of NHS Castle Point and Rochford CCG, but should matters require discussion that are only of relevance to NHS Southend CCG arrangements will be made for a separate meeting of this committee to be held.

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

The committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

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

Members of the committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the committee in which event these shall be observed.

## **12. Quoracy and Voting**

In the event that a scheduled meeting is not quorate then the meeting shall stand adjourned until a future date but any urgent matters may, with the agreement of the chair, be referred to the procedure for emergency decisions set out above.

The aim of the committee will be to reach decisions by discussion and agreement but where necessary the chair may determine that a vote should

be taken. Each member of the committee shall have one vote. The committee shall reach decisions by a simple majority of members present, but with the chair of the meeting having a second and deciding vote, if necessary.

### 13. Structure of Membership

<b>Members of the body</b>	All lay members 1 GP Board member (not the Chair) Secondary Care Consultant
<b>Others in Attendance (to be invited to the meeting but not as full members)</b>	Accountable Officer Chief Finance Officer Senior officer with responsibility for performance Internal Audit External Audit Counter-Fraud Specialist
<b>Circulation list</b>	All the above Other members of the Governing Body Other members of the CCG executive management team
<b>Chaired by ...</b>	Lay Member with responsibility for governance
<b>Vice Chair</b>	Another Lay Member to be determined by the Chair
<b>Lead Executive</b>	Chief Finance Officer
<b>Clerk</b>	EA to Chief Finance Officer
<b>Quorum</b>	Chair and 2 others one of which must be a Lay Member

## Primary Care Committee

### 1. Terms of Reference

The following terms of reference govern the operation of the Primary Care Committee.

<b>Date of adoption:</b>	<b>INSERT DATE</b>
<b>Approved by:</b>	Governing Body of NHS Southend CCG
<b>Responsible to:</b>	Governing Body of NHS Southend CCG
<b>Date at which Terms of Reference will be reviewed:</b>	<b>INSERT REVIEW DATE</b>

### 2. Membership

The membership of the group was approved by the Governing Body of NHS Southend CCG on **INSERT DATE OF APPROVAL..** The last change of membership took place on **INSERT DATE**

The names of the members of the body are listed below

<b>Full members of the body</b>	<p>The Lay Members responsible for Primary Care, Patient and Public Engagement and Governance.</p> <p>The Governing Body's Secondary Care Consultant member</p> <p>The CCG Director with executive responsibility for Primary Care</p> <p>Accountable Officer</p> <p>Chief Finance Officer</p> <p>Chief Nurse</p> <p>A GP whose practice is not within the boundaries of either NHS Castle Point and Rochford CCG or NHS Southend CCG.</p>
<b>Chair</b>	Lay Member for Primary Care and Patient & Public Engagement
<b>Vice Chair</b>	Director of Primary Care & Operations
<b>Executive Lead</b>	Director of Primary Care & Operations

<b>Clerk</b>	EA to Director of Primary Care & Operations
<b>Others who should be invited to meetings</b>	<p>Two GP members of the Governing Body (non-voting members with right to attend and speak at the committee subject to provisions for conflict of interest)</p> <p>Local authority representative with responsibility for public health</p> <p>A representative of NHS England</p> <p>A representative of the Essex Health and Wellbeing Board</p> <p>A representative of Healthwatch</p> <p>A representative of the LMC</p>
<b>Others who should be sent the minutes and papers of meetings</b>	<p>All the above</p> <p>Other members of the Governing Body</p> <p>Executive Management Team</p>
<b>Substitutes</b>	Substitutes at deputy level will be permitted. Such deputies should be at an appropriate level to both represent and make decisions on behalf of their respective organisation.

***NB: The table above should be a list of named individuals, not posts and titles.***

## Common Provisions

### **Committee Management – General Provisions**

1. Each of the listed committees, and any other body established within the CCG structure, is obliged to abide by these general provisions for committee management set out in this schedule and any specific provisions set out within the relevant committee section.
2. The Committee will conduct its business in accordance with National Guidance, and relevant codes of conduct / good governance practices for example Nolan's seven principles of public life and the agreed vision and values of the two CCGs.

### **Membership**

3. The Committee shall be appointed by the CCG Governing Body as set out in the constitution and may include (with the exception of the Remuneration Committee) individuals who are not on the governing body.
4. The Accountable Officer and other executive directors or senior officers of the CCG may be required to attend upon request of the committee, particularly when the Committee is discussing issues that are the responsibility of that director.
5. The Executive Lead shall designate a member of staff to be Clerk to the Committee.
6. The Clerk to the Committee shall collate and prepare the agenda and supporting papers for meetings of the committee and attend to take minutes of the meeting and provide appropriate support to the Chair and committee members during and outside of committee meetings.

### **Committee Chair**

7. Unless there is specific provision in the individual committee's terms of reference, in the event of the chair of the committee being unable to attend all or part of the meeting, he or she may nominate a replacement from within the membership to deputise for that meeting. In the absence of any such notification, the members of the committee present shall agree who shall take the chair for the meeting.
8. In the event of a vote being taken and the result of the vote being tied, the person chairing the meeting will have a second, casting, vote which they can use as wish.

### **Lead Executive**

9. The nominated officer who shall act as Lead Executive is recorded in the terms of reference for each committee. The Lead Executive will be responsible for supporting the chair in the planning and management of committee business and for drawing the committee's attention to best practice, national guidance and other relevant documents as appropriate.
10. In executive bodies, the Lead Executive may also be the chair, this should not be the case in governance bodies.

### **Notice of meetings**

11. Items of business for inclusion on the agenda of a meeting must be notified to the chair or the Governing Body or relevant committee at least ten days before the date of the meeting.

12. Supporting papers for such items need to be submitted at least seven days before the meeting takes place.
13. The agenda and papers for the meeting will be circulated to members and observers, at least five days before the date of the meeting.
14. Late papers may be submitted to the meeting at the sole discretion of the chair of the meeting.

#### **Minutes and Committee Papers**

15. The minutes of committee meetings shall be formally recorded by the designated Clerk and submitted to the body to which this body reports. The chair of the committee shall draw to the attention of that body any issues that require disclosure to another group, the full Governing Body, or which require executive action.
16. When minutes of a meeting are submitted to the Governing Body or any other body, care shall be taken to ensure that where matters have been discussed in private session (part II meetings) those minutes are considered in private session unless the reason for privacy no longer applies.

#### **Decision Making/Policy and Best Practice**

17. In making decisions the committee will apply best practice in the decision making processes.

#### **Authorisation**

18. The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
19. Subject to the CCGs' scheme of delegation, the Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. Minutes of each meeting will be presented to the next meeting of the Governing body for Information.

#### **Virtual Meetings**

20. The body may choose to meet virtually either by use of video/teleconferencing facilities or, at the discretion of the chair, by electronic circulation of a matter for discussion/decision.

#### **Minutes and Committee Papers**

At the discretion of the chair of the Primary Care Committee, minutes may be redacted to exclude any items that may cause a conflict of interest to GP members of the Governing Body.

The minute of any item taken in private session will be presented to the Governing Body while it is in private session if the reason for the committee considering the matter in private session still applies.

## Framework

- 1 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Southend CCG (“the CCG”).
2. The CCG has established the NHS Southend CCG Primary Care Commissioning Committee (“the committee”). The committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.
3. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions in accordance with section 13Z of the NHS Act.
4. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
  - Management of conflicts of interest (section 14O)
  - Duty to promote the NHS Constitution (section 14P)
  - Duty to exercise its functions effectively, efficiently, and economically (section 14Q)
  - Duty as to improvement of the quality of services (section 14R)
  - Duty in relation to quality of primary medical services (section 14S)
  - Duties as to reducing inequalities (section 14T)
  - Duty to promote the involvement of each patient (section 14U)
  - Duty as to patient choice (section 14V)
  - Duty as to promoting integration (section 14Z1)
  - Public involvement and consultation (section 14Z2)
5. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act.
6. The members acknowledge that the committee is subject to any directions made by NHS England or by the Secretary of State.

## Reporting & Review

The Committee will report to the Governing Body annually on its work. The Committee will conduct an annual self-assessment of its effectiveness and report the findings of the assessment to the Governing Body.

## **Remit**

The Primary Care Committee is established in accordance with the constitution of NHS Southend Clinical Commissioning Group (CCG), its standing orders and scheme of delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the CCG's Constitution and Standing Orders. The Committee is a standing committee of the CCG Governing Body.

The functions of the committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

## **Purpose of the Committee**

### **A. Objective**

The overall objective of the Committee is to provide oversight of the duties delegated to the CCG in respect of contract management of GP practices in line with the delegation agreement with NHS England.

- Support the delivery of the strategic vision for the commissioning of primary care (general practice) in Southend.
- Oversee the performance management of the Primary Medical Service contractors.
- Ensure that appropriate links are made between the implementation of the primary care strategy and the work of the CCG
- Work with the CCG's committee responsible for quality and patient safety to overseeing the performance development process for all independent contractor groups and through this and other relevant mechanisms provide assurance to the Governing Body on the quality of primary care.

### **Exclusions**

The remit of the Committee does not include:

- Decisions regarding the procurement of primary care services which will be carried out by a separate Procurement Committee.
- Developing the Primary Care Commissioning strategy which will be carried out by the Clinical Executive Committee

All references made to Primary Care within the terms of reference should be taken to mean Primary Medical Care.

### **Responsibility**

The Committee will prepare and operate to an annual work plan that will be determined in order to support the delivery of the CCG's Primary Care Strategy.

The Committee should assure itself that any commissioning cases for proposed new services have been fully considered by the Clinical Executive Committee prior to approval.

Within the context of the CPR CCG Vision, Strategic Plan, and Primary Care Strategy the Committee will:

Ensure that national policy is implemented at the local level in respect of primary care.

Make decisions in relation to the management of Primary Medical Services Contracts, including but not limited to the following activities:

- decisions in relation to Enhanced Services;
- decisions in relation to Local Incentive Schemes (including the design of such schemes);
- decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
- decisions about 'discretionary' payments;
- decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
- Oversee the implementation of appropriate remedial action and contract termination
- Approve practice mergers;
- Plan primary medical care services in the area, including carrying out needs assessments, assessing list closures etc;
- Undertake reviews of primary medical care services in the area;
- Make decisions in relation to the management of poorly performing GP practices as highlighted by the committee responsible for quality and patient safety and supporting decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
- Manage delegated funds in the area;
- Manage Premises Costs Directions functions;
- Co-ordinate a common approach to the commissioning of primary care services with other commissioners in the area where appropriate; and
- Manage such other ancillary activities that are necessary in order to exercise the delegated functions.
- Keep all services provided in primary care – whether through SLAs, Enhanced Services, incentive schemes or secondary to primary care shift schemes – under review to ensure appropriate quality, cost effectiveness and value for money
- Oversee the Emergency Assignment process to secure temporary high quality alternative support mechanisms for general practice in order to maintain continuity of care for patients in the event of an unforeseen short term break in provision

- Oversee the management of the primary care budget ensuring that financial risk to the CCG is understood and mitigated.
- Delegate these and any other appropriate matters to sub-groups as required.
- Public Voice

NHS Southend CCG is committed to ensuring the public voice is reflected in the decisions taken through primary care co-commissioning. This committee will therefore take steps to promote the role of Patient Participation Groups and other groups whose role is to enhance patient involvement and engagement. This is enabled through attendance at this committee and through the intrinsic approach taken by the CCG to engage local people in the development of local services.

### **Authorisation**

The committee has delegated to it the authority to constitute any sub-committees or working groups it deems appropriate to support the discharge of its Terms of Reference. The committee may not delegate executive powers to any sub-committee.

### **Conduct and Conflicts of Interest**

The CCG's rules on the management of conflicts of interest as set out in the CCG Constitution, Standing Orders and Standing Financial Instructions apply to the work of this Committee.

Members or those in attendance must, at the outset of the meeting, declare any interest that they may have in a matter and withdraw from the discussion on that item.

In carrying out its remit, the Committee shall ensure that it is able to benefit from the best available clinical advice by:

receiving the advice of the clinically qualified members of the committee and its regular attendees who have not declared any conflict and

Receiving reports on the performance of the various primary care providers whose services have already been procured by the CCG and making recommendations about any necessary response to issues arising from those reports.

Ensuring that all conflicts of interest are declared and recorded and that any clinicians with a conflict of interest are excluded from the decision making process in line with the CCG's conflict of interest policy <https://southendccg.nhs.uk/news-events/governing-body-papers/march-2019/2763-item-16-appendix-4-conflict-of-interest-policy-270319/file>.

In order to promote the highest standards of conduct and transparency and openness in the use of public funds, the Committee shall ensure that it conducts its business in such a way that any potential conflict of interests that might arise are minimised and that the actions taken by the Committee to manage those conflicts are recorded.

## **Delegated Authority**

The Committee has delegated authority to approve primary care spend within the parameters of the primary care allocation as agreed by the Governing Body.

## **Emergency Decisions**

Should there be a requirement to make decisions between meetings the following process should be followed:

Full details of the decision required will be set out in a clear proposal with rationale as to why an urgent decision is needed

Proposal will be submitted via e-mail to Committee members from the lead Executive Director or Accountable Officer

Minimum support required from at least 4 members of the Committee including the Chair (or alternative lay member should the Chair not be available) and at least 1 clinical member. If there is a financial implication support is needed from the Chief Finance Officer (or senior finance manager should the Chief Finance Officer not be available)

Report of the decision made presented to next scheduled meeting for endorsement.

## **Conduct of Meetings**

### ***B. Frequency***

The Committee will meet at least six times a year on dates to be agreed by the Committee.

It is expected that most meetings will be held in common with the equivalent committee of NHS Southend CCG, but should matters require discussion that are only of relevance to NHS Southend CCG arrangements will be made for a separate meeting of this committee to be held.

### ***Meetings in Public***

Meetings of the committee shall, subject to the application of 29(b), be held in public.

The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

### ***Conduct of Meetings***

Members of the committee have a collective responsibility for the operation of the committee. They will participate in discussion, review evidence and provide objective

expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

The committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

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

Members of the committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the committee in which event these shall be observed.

### **Quoracy and Voting**

In the event that a scheduled meeting is not quorate then the meeting shall stand adjourned until a future date but any urgent matters may, with the agreement of the chair, be referred to the procedure for emergency decisions set out above.

The aim of the committee will be to reach decisions by discussion and agreement but where necessary the chair may determine that a vote should be taken. Each member of the committee shall have one vote. The committee shall reach decisions by a simple majority of members present, but with the chair of the meeting having a second and deciding vote, if necessary.

## Structure of Membership

<p><b>Members of the body</b></p>	<p>The Lay Members responsible for Primary Care, Patient and Public Engagement and Governance.</p> <p>The Governing Body's Secondary Care Consultant member</p> <p>The CCG Director with executive responsibility for Primary Care</p> <p>Accountable Officer</p> <p>Chief Finance Officer</p> <p>Chief Nurse</p> <p>A GP whose practice is not within the boundaries of either NHS Castle Point and Rochford CCG or NHS Southend CCG.</p>
<p><b>Others in Attendance (to be invited to the meeting but not as full members)</b></p>	<p>Two GP members of the Governing Body (non-voting members with right to attend and speak at the committee subject to provisions for conflict of interest)</p> <p>Local authority representative with responsibility for public health</p> <p>A representative of NHS England</p> <p>A representative of the Essex Health and Wellbeing Board</p> <p>A representative of Healthwatch</p> <p>A representative of the LMC</p>
<p><b>Circulation list</b></p>	<p>All the above</p> <p>Other members of the Governing Body</p> <p>Other members of the CCG executive management team</p>
<p><b>Chaired by ...</b></p>	<p>Lay Member with responsibility for primary care</p>
<p><b>Vice Chair</b></p>	<p>Lay Member Patient and Public Engagement or the Director responsible for Primary Care.</p>
<p><b>Lead Executive</b></p>	<p>Director responsible for Primary Care.</p>
<p><b>Clerk</b></p>	<p>EA to Director of Primary Care &amp; Operations</p>
<p><b>Quorum</b></p>	<p>The Committee will be quorate with four members present, at least one of which must be a Lay Member of the Governing Body and one of which must be clinically qualified.</p>

## 1. Terms of Reference

The following terms of reference govern the operation of the Remuneration Committee.

<b>Date of adoption:</b>	<b>INSERT DATE</b>
<b>Approved by:</b>	Governing Body of NHS Southend CCG
<b>Responsible to:</b>	Governing Body of NHS Southend CCG
<b>Date at which Terms of Reference will be reviewed:</b>	<b>INSERT REVIEW DATE</b>

## 2. Membership

The membership of the group was approved by the Governing Body of NHS Southend CCG on **INSERT DATE OF APPROVAL**. The last change of membership took place on **INSERT DATE**

The names of the members of the body are listed below

<b>Full members of the body</b>	Four Lay Members of the Governing Body Secondary Care Consultant
<b>Chair</b>	Lay Member who does not chair Audit
<b>Vice Chair</b>	Lay Member Primary Care and Patient & Public Engagement
<b>Executive Lead</b>	Accountable Officer
<b>Clerk</b>	EA to AO
<b>Others who should be invited to meetings</b>	GB Chair Accountable Officer Senior officer with responsibility for Human Resources (if required) Cathy
<b>Others who should be sent the minutes and papers of meetings</b>	Restricted members of the Committee
<b>Substitutes</b>	Substitutes are not permitted.

**NB: The table above should be a list of named individuals, not posts and titles.**

## Common Provisions

### **Committee Management – General Provisions**

1. Each of the listed committees, and any other body established within the CCG structure, is obliged to abide by these general provisions for committee management set out in this schedule and any specific provisions set out within the relevant committee section.
2. The Committee will conduct its business in accordance with National Guidance, and relevant codes of conduct / good governance practices for example Nolan's seven principles of public life and the agreed vision and values of the two CCGs.

### **Membership**

3. The Committee shall be appointed by the CCG Governing Body as set out in the constitution and may include (with the exception of the Remuneration Committee) individuals who are not on the governing body.
4. The Accountable Officer and other executive directors or senior officers of the CCG may be required to attend upon request of the committee, particularly when the Committee is discussing issues that are the responsibility of that director.
5. The Executive Lead shall designate a member of staff to be Clerk to the Committee.
6. The Clerk to the Committee shall collate and prepare the agenda and supporting papers for meetings of the committee and attend to take minutes of the meeting and provide appropriate support to the Chair and committee members during and outside of committee meetings.

### **Committee Chair**

7. Unless there is specific provision in the individual committee's terms of reference, in the event of the chair of the committee being unable to attend all or part of the meeting, he or she may nominate a replacement from within the membership to deputise for that meeting. In the absence of any such notification, the members of the committee present shall agree who shall take the chair for the meeting.
8. In the event of a vote being taken and the result of the vote being tied, the person chairing the meeting will have a second, casting, vote which they can use as wish.

### **Lead Executive**

9. The nominated officer who shall act as Lead Executive is recorded in the terms of reference for each committee. The Lead Executive will be responsible for supporting the chair in the planning and management of committee business and for drawing the committee's attention to best practice, national guidance and other relevant documents as appropriate.
10. In executive bodies, the Lead Executive may also be the chair, this should not be the case in governance bodies.

**Notice of meetings**

11. Items of business for inclusion on the agenda of a meeting must be notified to the chair or the Governing Body or relevant committee at least ten days before the date of the meeting.
12. Supporting papers for such items need to be submitted at least seven days before the meeting takes place.
13. The agenda and papers for the meeting will be circulated to members and observers, at least five days before the date of the meeting.
14. Late papers may be submitted to the meeting at the sole discretion of the chair of the meeting.

**Minutes and Committee Papers**

15. The minutes of committee meetings shall be formally recorded by the designated Clerk and submitted to the body to which this body reports. The chair of the committee shall draw to the attention of that body any issues that require disclosure to another group, the full Governing Body, or which require executive action.
16. When minutes of a meeting are submitted to the Governing Body or any other body, care shall be taken to ensure that where matters have been discussed in private session (part II meetings) those minutes are considered in private session unless the reason for privacy no longer applies.

**Decision Making/Policy and Best Practice**

17. In making decisions the committee will apply best practice in the decision making processes.

**Authorisation**

18. The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
19. Subject to the CCGs' scheme of delegation, the Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. Minutes of each meeting will be presented to the next meeting of the Governing body for Information.

**Virtual Meetings**

20. The body may choose to meet virtually either by use of video/teleconferencing facilities or, at the discretion of the chair, by electronic circulation of a matter for discussion/decision.

**Minutes and Committee Papers**

The minute of any item taken in private session will be presented to the Governing Body while it is in private session if the reason for the committee considering the matter in private session still applies.

## **Reporting & Review**

The Committee will report to the Governing Body annually on its work. The Committee will conduct an annual self-assessment of its effectiveness and report the findings of the assessment to the Governing Body.

## **Remit**

The Committee will make recommendations to the Governing Body on determinations about pay and remuneration for Very Senior Manager (VSM) employees of the CCG, and their allowances under the pension scheme. Reviews will take place at least annually in accordance with terms and conditions.

The Committee will make recommendations to the Governing Body about determining the remuneration and conditions of service for members of the Governing Body.

The Committee will make recommendations to the Governing Body about determining the remuneration and conditions of service for clinical lead roles or other appointments of a similar nature.

Where remuneration of lay members is to be considered, a sub-committee of the Remuneration Committee consisting of the members of the committee who are not lay members, the Chairs of the two CCG governing bodies and the CCGs' Accountable Officer or Chief Finance Officer shall convene to consider the matter.

Reviews will take place at least annually in accordance with terms and conditions.

The Committee will make recommendations to the Governing Body after considering severance payments for the Accountable Officer and all other employees.

The Committee will advise the Governing Body on any proposals to alter the remuneration and terms of engagement for the Governing Body Chair.

## **Conduct and Conflicts of Interest**

The CCG's rules on the management of conflicts of interest as set out in the CCG Constitution, Standing Orders and Standing Financial Instructions apply to the work of this Committee.

Members or those in attendance must, at the outset of the meeting, declare any interest that they may have in a matter and withdraw from the discussion on that item.

In order to promote the highest standards of conduct and transparency and openness in the use of public funds, the Committee shall ensure that it conducts its business in such a way that any potential conflict of interests that

might arise are minimised and that the actions taken by the Committee to manage those conflicts are recorded.

### **Emergency Decisions**

Should there be a requirement to make decisions between meetings the following process should be followed:

Full details of the decision required will be set out in a clear proposal with rationale as to why an urgent decision is needed

Proposal will be submitted via e-mail to Committee members from the chair of the committee.

The views of the members of the committee will be taken fully into account by the chair, who may then make a decision on the matter in question.

Report of the decision made presented to next scheduled meeting for endorsement.

### **Conduct of Meetings**

The Committee will meet as required to fulfil its remit..

It is expected that most meetings will be held in common with the equivalent committee of NHS Southend CCG, but should matters require discussion that are only of relevance to NHS Southend CCG arrangements will be made for a separate meeting of this committee to be held.

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

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

Members of the committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the committee in which event these shall be observed.

### **Quoracy and Voting**

In the event that a scheduled meeting is not quorate then the meeting shall stand adjourned until a future date but any urgent matters may, with the agreement of the chair, be referred to the procedure for emergency decisions set out above.

The aim of the committee will be to reach decisions by discussion and agreement but where necessary the chair may determine that a vote should be taken. Each member of the committee shall have one vote. The committee

shall reach decisions by a simple majority of members present, but with the chair of the meeting having a second and deciding vote, if necessary.

### Structure of Membership

<b>Members of the body</b>	Four Lay Members of the Governing Body Secondary Care Consultant
<b>Others in Attendance (to be invited to the meeting but not as full members)</b>	GB Chair Accountable Officer Senior officer with responsibility for Human Resources (if required)
<b>Circulation list</b>	Restricted to members of the Committee  Only circulated to others if there is a direct need to enable the individual to carry out their work
<b>Chaired by ...</b>	Lay Member with responsibility for Governance
<b>Vice Chair</b>	Another Lay Member to be agreed by the Committee
<b>Lead Executive</b>	Accountable Officer
<b>Clerk</b>	EA to AO
<b>Quorum</b>	The Committee will be quorate with three members present, at least one of which must be a Lay Member of the Governing Body.

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#### **1.4.4 Appointment of GPs to Serve as Members of the Governing Body of Clinical Commissioning Group**

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##### **Background**

- 1.5 The provisions of the Health and Social Care Bill require the formation of GP led Clinical Commissioning Groups (CCGs). GP leaders with the requisite skills and a mandate from their colleagues locally, will need to work closely with Member Practices, the CCG and other agencies to deliver the objectives of the CCG.

##### **The Appointment Process**

- 1.6 The appointment of GPs to serve as members of a Governing Body of a CCG must be conducted fairly and impartially. The appointment process agreed in Essex constitutes assessment of candidates against pre-determined criteria followed by election of GPs where necessary.

#### Stage 1 - Advertising the Role

- The application process will be publicised as widely as possible.
- The LMC will write directly to all eligible GPs

#### Stage 2 - Application Process

- Will run for a period of between two and four weeks
- The LMC will write to all eligible GPs seeking applications. A job description and person specification for the role will be included.
- Applicants submit CV and supporting statement (how they meet the requirements of the role)

#### Stage 3 - Assessment Panel

- Assessment Panel - 3 LMC representatives (outside CCG Area), 1 Local Authority representative, 1 secondary care clinician and 1 CCG / NHS England representative.
- Applicants assessed against person specification by panel.

#### Stage 4 - Election

- If more suitable candidates than posts, an election will be conducted.
- LMC will issue ballot papers to the electorate with deadline for voting (2 to 4 weeks)
- Votes received and counted (ballot papers received outside the deadline will be invalid).

#### Stage 5 - Appointment

- Where no election is required, the CCG will appoint the candidate/s on the basis of the LMC panel recommendation.
- Where an election is held, the CCG will appoint the candidate/s voted by the electorate
- The Governing Body will confirm and endorse the appointment.

## Key Principles

- 1.7 The LMC conducts the appointment process based on a number of important principles that govern how the process will work, as follows:

**Eligibility** Any GP working in one of the relevant CCG's Member Practices, irrespective of their contractual status, (partner, salaried or locum) will be eligible to apply.

**Defining the Electorate** In cases where more candidates apply than the number of available posts, the LMC will conduct an election. The LMC will contact all Member practices to ascertain the names of all GPs working with them (irrespective of their contractual status i.e. partner, salaried or locum), including any GPs on maternity / paternity / sick leave as at a date agreed with the CCG.

The list of identified GPs will constitute the electorate, who will each have one vote.

Applications

Practices will be encouraged to inform the LMC if any GP working at the Practice does not receive an application letter to ensure that all eligible GPs are informed and invited to apply.

Election Process

The voting system used will be the first past the post, e.g. In cases where six GPs are to be elected, each eligible GP will be entitled to cast up to six votes. All voting papers will be counted by the Returning Officer and the results communicated to the nominated Accountable Officer of the CCG.

Returning Officer

Will be the Secretary/Chief Executive of North & South Essex Local Medical Committees Limited or his nominee.

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## **1.7.4 Appointment Process for Governing Body members (Excluding GP Members and Ex-Officio Appointments)**

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### **Introduction**

- 1.8 The CCG has established policies and procedures relating to Recruitment and Human Resource Management.
- 1.9 Appointment processes for the executive officers of the CCG and for other appointed members of the Governing Body will therefore follow the established policy and procedure approved by the CCG Governing Body.
- 1.10 If appropriate, the Remuneration Committee will be consulted on the detailed procedure to be followed on the appointment of a specific member of the Governing Body.

### **Assessment and Appointment Processes**

- 1.11 For the appointment of the Lay Members the CCG will follow the process outlined in the best practice resource / practical toolkit for the appointment of lay members of CCGs, contained within the following link  
<http://www.commissioningboard.nhs.uk/tk-appoint-lay-mem-ccg/>

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#### **1.11.4 Dispute resolution procedures**

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##### **Background**

1.12 It is almost inevitable that on occasions practices will disagree with decisions made by their CCG or in some cases, actions taken by other practices that impact on them. It is important that all practices have the ability to appeal against any such decisions and have the right to request that any dispute is resolved by means of an agreed Dispute Resolution Procedure that forms part of the CCG's constitution.

1.13 The arrangements to deal with disputes follow a three staged process.

##### **Stage 1: The Informal Process**

1.14 Informal resolution helps develop and sustain a partnership approach between practices and between practices and CCGs.

1.15 Each party should involve the LMC at this stage in either an advisory or mediation role.

1.16 It is a requirement that the Informal Process must have been exhausted before either party is able to escalate the dispute to Stage 2: The Local Dispute Resolution Panel.

##### **Stage 2: The Local Dispute Resolution Panel Process**

1.17 In cases where either party remains dissatisfied with the outcome of Stage 1, then they have the right to request Formal Local Dispute Resolution in writing, including grounds for the request to the Accountable Office of the CCG.

1.18 Other than in cases, which in the opinion of the Accountable Officer and following consultation with the LMC, are considered to be frivolous or vexatious, a Local Dispute Resolution Panel (LDRP) will be convened to hear the dispute and make a determination.

- Members of the LDRP

1.19 The Panel will consist of:-

- A clinical member of the Governing Body of another CCG.
- A GP conciliator (from a Panel to be established by the LMCs).
- An LMC representative (from a different part of Essex).
- Panel Secretary (non-voting).

1.20 The Panel will agree its own Chairman.

## **The Hearing**

- 1.21 The hearing will be held within 20 working days of the request being lodged. At least 7 working days notice of the hearing date will be given to all participants.

## **Documentation**

- 1.22 All relevant documentation will be provided to all parties and panel members at least 5 working days before the hearing.

## **Procedure at the LDRP Hearing**

- 1.23 The discussion of the Panel will remain confidential. The Panel Secretary will keep a record of the hearing.
- 1.24 The Appellant will be asked to present their case. Members of the Panel will be given the opportunity to ask any questions relevant to the case.
- 1.25 The Respondent will be asked to present their response. Members of the Panel will be given the opportunity to ask any questions relevant to the case.
- 1.26 The Appellant and the Respondent will then withdraw.
- 1.27 Following the presentation of the facts the Panel will deliberate and reach a decision on the case based on a majority of the voting panel members.
- 1.28 The Panel Chair will notify both parties of the decision including any recommendations in writing within 7 days after the hearing.
- 1.29 If either party disputes the decision of the LDRP and the decision relates directly to provisions in its contract, then it may refer the matter to the Family Health Services Appeal Unit (FHSU) of the NHS Litigation Authority in line with relevant NHS Regulations, for dispute resolution under the “NHS Dispute Resolution Procedure”.

## **Stage 3: Appeal to the Secretary of State through the FHSU – NHS Dispute Resolution Procedure**

- 1.30 Written requests must be directed to the FHSU, 1 Trevelyan Square, Boar Lane, Leeds, LS1 6AE within three years beginning on the date on which the matter giving rise to the dispute happened or should reasonably have come to the attention of the party wishing to refer the dispute.
- 1.31 Disputes should be addressed directly to the FHSU and must include:-
- The names and addresses of the parties to the dispute.
  - A copy of the contract.

- A brief statement describing the nature and circumstances of the dispute.

### **Inter Practice Disputes**

- 1.32 It is envisaged that the Stage 2 Formal Process will be used in the main to deal with disputes between individual practices and commissioning groups.
- 1.33 In cases where the dispute is between practices and it is an issue that warrants formal dispute resolution, then the same process and timescales will apply.
- 1.34 The only proposed change is that the LMC representative on the LDRP will be a representative from an LMC outside of Essex. It is extremely unlikely that any disputes between practices will be appropriate for referral to the Secretary of State for determination as detailed in Stage 3.

## **Appendix 3: Standing Orders**

## **Appendix 4: Standing Financial Instructions**

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