



**North Cumbria**  
Clinical Commissioning Group

# NHS North Cumbria Clinical Commissioning Group Constitution

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## **FOREWORD**

Clinical Commissioning Groups (CCGs) were established on 1 April 2013 as the lead commissioners to plan and buy local health services for their population. The core purpose of a CCG is “to commission the majority of healthcare safely, to discharge responsibly their stewardship of the majority of the NHS budget and exercise their functions in relation to improving quality, reducing inequality and being efficient, and hence delivering better outcomes within their resource”.

Following a fundamental and wide ranging review of the way in which health care services are provided in Cumbria the former NHS Cumbria CCG and NHS Lancashire North CCG took the decision to change their boundaries. General Practices previously within the Furness and South Lakes Localities transferred to the new NHS Morecambe Bay CCG. Practices in the former localities of Allerdale, Carlisle, Copeland and Eden were retained in the renamed NHS North Cumbria CCG. These changes were supported by NHS England and came into effect from 1 April 2017. The revised boundaries also aligned with the Sustainability and Transformation Partnerships which have been developed for Lancashire and South Cumbria and West, North and East Cumbria.

The priority of NHS North Cumbria CCG continues to be securing safe and sustainable health care in North Cumbria, including joining up health and care services and tailoring services to meet the needs of local communities. The CCG will develop work to involve communities in service improvement and change through working together in ‘co-production’.

The CCG will continue to work closely with its GP membership in North Cumbria. This Constitution sets out the structure of the CCG and its governance processes.

**Jon Rush**  
**Lay Chair**  
**1 April 2017**

## **PREAMBLE**

This is the constitution for NHS North Cumbria Clinical Commissioning Group (the CCG). The CCG is a membership organisation of 40 practices within the Allerdale, Carlisle, Copeland (the Millom Practice is a member of NHS Morecambe Bay CCG) and Eden areas of Cumbria.

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

The Constitution includes:

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

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

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

## 1. INTRODUCTION AND COMMENCEMENT

### 1.1. Name

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

### 1.2. Statutory Framework

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

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

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

### 1.3. Status of this Constitution

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

### 1.4. Amendment and Variation of this Constitution

1.4.1. This Constitution can only be varied in two circumstances.<sup>ix</sup>

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

## 2. AREA COVERED

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

2.2. There are 40 practices in NHS North Cumbria CCG, all of which are Alternative Provider of Medical Services (APMS), Provider of Medical Services (PMS) or General Medical Services (GMS) practices:

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





### 3. MEMBERSHIP

#### 3.1. Membership of the CCG

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

Practice Name	Practice Code	Address
Alston Medical Practice	A82004	The Surgery Cottage Hospital Alston Cumbria CA9 3QX
Appleby Medical Practice	A82006	The Riverside Building Chapel Street Appleby Cumbria CA16 6QR
Aspatia Medical Group	A82055	Aspatia Medical Group West Street Aspatia Cumbria CA7 3HH
Beechwood Group Practice	A82048	57 John Street Workington Cumbria CA14 3FT
Birbeck Medical Group	A82035	Penrith Health Centre Bridge Lane Penrith Cumbria CA11 8HW
Brampton Medical Practice	A82012	4 Market Place Brampton Cumbria CA8 1NL
Caldbeck Surgery	A82014	Friar Row Caldbeck Wigton Cumbria CA7 8DS
Carlisle Healthcare	A82016	Carlisle Healthcare Spencer House St Paul's Square Carlisle CA1 1DG

Castlegate & Derwent Surgery	A82021	Cockermouth Community Hospital & Health Centre Isel Road Cockermouth Cumbria CA13 9HT
Castlehead Medical Centre	A82028	Ambleside Road Keswick Cumbria CA12 4DB
Court Thorn Surgery	A82631	Low Hesketh Carlisle Cumbria CA4 0HP
Dalston Medical Group	A82022	Townhead Road Dalston Cumbria CA5 7PZ
Eden Medical Group	A82020	Port Road Carlisle Cumbria CA2 7AJ
Fellview Healthcare Ltd	A82044	Cleator Moor Health Centre Birks Road Cleator Moor CA25 5HP
Fusehill Medical Practice	A82019	Fusehill Medical Centre Fusehill Street Carlisle Cumbria CA1 2HE
Glenridding Health Centre	A82620	Greenside Road Glenridding Cumbria CA11 0PD
Hinnings Road Surgery	A82023	Hinnings Road Distington Cumbria CA14 5UR
James Street Group Practice	A82047	James Street Workington Cumbria CA14 2DL
Kirkoswald Surgery	A82617	Ravenghull Kirkoswald Cumbria CA10 1DQ

Longtown Medical Practice	A82646	Longtown Medical Centre Moor Road Longtown Cumbria CA6 5XA
Lowther Medical Centre	A82041	1 Castle Meadows Whitehaven Cumbria CA28 7RG
Mansion House Surgery	A82075	19/20 Irish Street Whitehaven Cumbria CA28 7BU
Maryport Group Practice	A82032	Alneburgh House Ewanrigg Road Maryport Cumbria CA15 8EL
Orchard House Surgery	A82049	Ann Burrow Thomas Health Centre South Williams Street Workington Cumbria CA14 2EW
Oxford Street Surgery	A82050	20 Oxford Street Workington Cumbria CA14 2AJ
Queen Street Medical Practice	A82058	Richard Benedict House 149 Queen Street Whitehaven Cumbria CA28 7BA
Seascale Health Centre	A82024	Gosforth Road Seascale Cumbria CA20 1PN
Shap Medical Practice	A82031	Shap Health Centre Peggy Nut Croft Shap Cumbria CA10 3LW
Silloth Group Medical Practice	A82037	Lawn Terrace Silloth-on-Solway Cumbria CA7 4AH

Solway Health Services	A82623	Workington Community Hospital Park Lane Workington Cumbria CA14 2RW
Spencer Street Surgery	A82018	10 Spencer Street Carlisle Cumbria CA1 1BP
Temple Sowerby Medical Practice	A82038	Linden Park Temple Sowerby Cumbria CA10 1RW
The Croft Surgery	A82029	Kirkbride Cumbria CA7 5JH
The Lakes Medical Practice	A82036	Penrith Health Centre Bridge Lane Penrith Cumbria CA11 8HW
Upper Eden Medical Practice	A82013	The Health Centre Silver Street Kirkby Stephen Cumbria CA17 4RB
Warwick Road Surgery	A82015	65 Warwick Road Carlisle Cumbria CA1 1EB
Warwick Square Group Practice	A82654	Warwick Square Carlisle Cumbria CA1 1LB
Westcroft House	A82064	66 Main Street Egremont Cumbria CA22 2DB
Whitehaven Medical Centre	A82060	Catherine Street Whitehaven CA28 7PA
Wigton Group Medical Practice	A82045	Southend Wigton Cumbria CA7 9PZ

### **3.2. Eligibility**

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

### **3.3 Applications for membership**

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

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

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

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

### **3.4. Termination of membership**

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

### **3.5. Appeal process**

3.5.1. On termination of membership the respective practice shall have access to appeal to the full Council of Members.

### **3.6. The LMC**

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

## 4. VISION AND VALUES

### 4.1 Vision, Purpose and Objectives

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



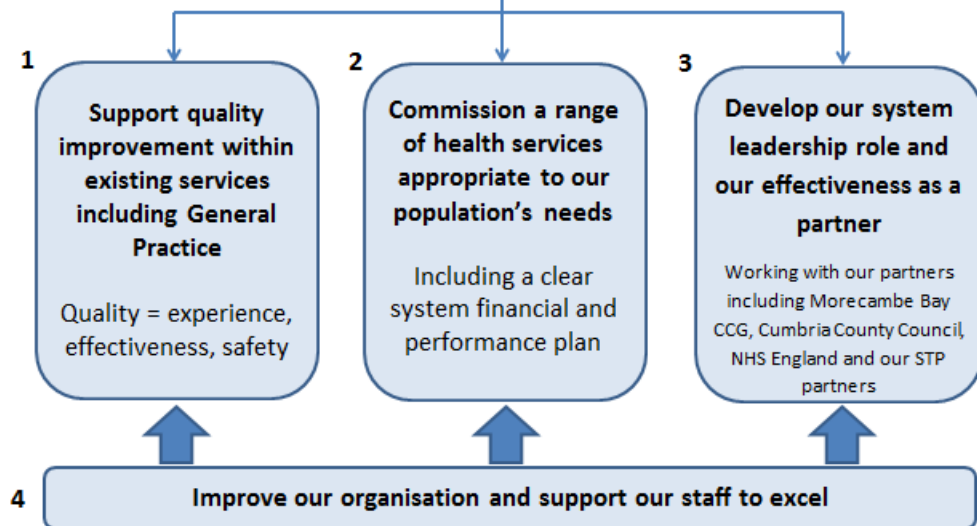
#### Our Vision

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

#### Our Purpose

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

#### Our Four Objectives



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

## 4.2 Values

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

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



# Our values



**Kindness:** we always remember we are here for our community



**Fairness:** we are accountable, honest and inclusive



**Ambition:** we never stop improving



**Spirit:** we are energetic, resourceful and determined

## 4.3 Principles of Good Governance

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

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

#### 4.4 Accountability

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

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

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

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

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



## 5. FUNCTIONS AND GENERAL DUTIES

### 5.1. Functions

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

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

5.1.2. In discharging its functions the CCG will:

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

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

- i) being members of the Cumbria Health and Wellbeing Board, which will act as the focus of leadership and coordination of health and wellbeing activity and the advantages and opportunities of joint working
- ii) assessing with the Health and Wellbeing Board the extent to which the CCG Annual Commissioning Plan or equivalent as required by the National Commissioning Board takes proper account of the Joint Health and Wellbeing Strategy and JSNA, published by the Health and Wellbeing Board

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

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

**Statement of Principles**

*The CCG is committed to ensuring that individuals receiving, or who may receive, health services are involved (whether by being consulted or provided with information in other ways) –*

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

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

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

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

5.2.2. **Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and regard to the NHS Constitution<sup>xxiii</sup>** by:

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

5.2.3. **Act effectively, efficiently and economically<sup>xxiv</sup>** by:

- a) delegating responsibility to the Governing Body to oversee how it discharges this duty, including:
  - I. ensuring that the CCG operates within the corporate governance framework (i.e., its standing orders, scheme of delegation and standing financial instructions)
    - ii) establishing an Audit Committee to assist the Governing Body in delivering its responsibilities for the conduct of public business, and the stewardship of funds under its control. In particular, providing assurance to the Governing Body that an appropriate system of internal control is in place to ensure that business is conducted in accordance with the law and proper standards;
    - public money is safeguarded and properly accounted for;
    - affairs are managed to secure economic, efficient and effective use of resources;
    - reasonable steps are taken to prevent and detect fraud and other irregularities.
  - III. ensuring the CCG establishes a corporate performance framework which will oversee the CCG's financial performance and quality, innovation, productivity and prevention (QIPP) agenda
  - IV. holding Part 1 meetings of the Full Council of Members and the Governing Body in public to ensure appropriate scrutiny and accountability. Members of the press and public will be excluded from Part 2 meetings under Section 1(2) Public Bodies (Admission to Meetings) Act 1960.
  - V. publishing via the CCG's website and other media regular information about the aims, ambitions and performance of the CCG
  - VI. publishing, at least annually, sufficient information to demonstrate compliance with this general duty across all functions
  - VII. holding an Annual General Meeting (AGM) in public
  - VIII. having regard to any guidance or requirements published by the NHS Commissioning Board.

5.2.4. Act with a view to **securing continuous improvement to the quality of services<sup>xxv</sup>** by:

- a. developing and implementing a comprehensive quality strategy that sets out how the CCG will be assured that commissioned services are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything the CCG does
- b. ensuring the principles of quality assurance and governance are integral to performance monitoring arrangements for all CCG commissioned services, and are embedded within

consultation, service development and redesign, evaluation of services and decommissioning of services

- c. leading the development and implementation the CCG quality strategy and quality assurance framework
- d. providing regular reports to the Governing Body at agreed intervals covering the activities of the committee and demonstrating progress
- e. having regard to any guidance or requirements published by the NHS Commissioning Board.

5.2.5 Assist and support the NHS Commissioning Board in relation to the Board's duty to **improve the quality of primary medical services**<sup>xxvi</sup> by:

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

5.2.6 Have regard to the need to **reduce inequalities**<sup>xxvii</sup> by:

implementing a commissioning strategy that sets out how the CCG will commission services in line with the needs of the local population and the strategic objectives of the CCG in order to reduce health inequalities. This will include ensuring that commissioning and decommissioning of services is evidence based and is inclusive of national and local requirements by:

- a) monitoring progress of delivery of the duty through the CCGs performance reporting mechanisms
- b) having regard to any guidance or requirements published by the NHS Commissioning Board.

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

- a) actively seeking the views of patients, carers and the wider community about the services they need and how they can be improved
- b) ensuring that patients, carers and representatives are given the right to choose a GP and change to another if they are not happy; the right to choose which hospital they go to if referred to a specialist; and the right to be involved in decisions about their healthcare and to be given the information they need to do this;
- c) having regard to any guidance or requirements published by the NHS Commissioning Board.

5.2.8 **Obtain appropriate advice**<sup>xxx</sup> from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

- a) ensuring that the CCG has a properly constituted Governing Body which includes a mix of clinical and non-clinical expertise, including but not limited to GPs, secondary care clinicians, a nurse, experienced and capable officers and independent lay members with a range of skills and expertise
- b) ensuring that local healthcare professionals and others with experience and expertise are widely consulted on the development of the CCG's commissioning plan and in the

- development and implementation of any other commissioning or decommissioning plans
- c) ensuring that the views of a range of clinicians from different specialisms and areas of expertise are taken into account when considering issues relating to quality and quality improvement.

5.2.9 **Promote innovation<sup>xxxix</sup> and Promote research and the use of research<sup>xxxix</sup>** by:

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

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

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

5.2.11 Act with a view to **promoting integration** of both health services with other health services and health services with health-related and social care services where the CCG considers that this would improve the quality of services or reduce inequalities<sup>xxxix</sup> by:

- a) improving the quality of services, including the outcomes that are achieved from their provision
- b) reducing inequalities between persons with respect to their ability to access those services or with respect to the outcomes achieved for them by the provision of those services.
- c) having regard to any guidance or requirements published by the NHS Commissioning Board.

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

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

- a) delegating responsibility to the Chief Finance Officer in line with the role outlined in paragraph 7.8

- b) ensuring that an appropriate system of internal control is in place to ensure that:
  - i) business is conducted in accordance with the law and proper standards;
  - ii) public money is safeguarded and properly accounted for;
  - iii) financial statements are prepared in a timely fashion, and give a true and fair view of the financial position of the CCG;
  - iv) affairs are managed to secure economic, efficient and effective use of resources;
  - v) reasonable steps are taken to prevent and detect fraud and other irregularities.
- c) monitoring progress of delivery of the duty through the CCGs finance and performance reporting mechanisms
- d) having regard to any guidance or requirements published by the NHS Commissioning Board.

## **5.4 Other Relevant Regulations, Directions and Documents**

### **5.4.1 The CCG will**

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

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

## 6 DECISION MAKING: THE GOVERNING STRUCTURE

### 6.1 Authority to act

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

- a) any of its members
- b) its Governing Body
- c) employees
- d) a committee or sub-committee of the CCG.

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

- a) the CCG's scheme of delegation, and
- b) for committees or sub-committees, the terms of reference.

### 6.2 Scheme of Delegation<sup>xi</sup>

6.2.1 The CCG's scheme of delegation sets out:

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

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

### 6.3 General

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

- a) comply with the CCG's principles of good governance<sup>xli</sup>
- b) operate in accordance with the CCG's scheme of delegation<sup>xlii</sup>
- c) comply with the CCG's standing orders<sup>xliii</sup>
- d) comply with the CCG's arrangements for discharging its statutory duties<sup>xliv</sup>
- e) where appropriate, ensure that member practices have had the opportunity to contribute to the CCG's decision making process.

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

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

- a) identify the roles and responsibilities of those clinical commissioning CCGs who are working together



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

#### **6.4 The Full Council of Members (the Council)**

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

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

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

6.4.3 Standing Orders also set out the facility for member practices or the Governing Body to call an extraordinary meeting of the CCG to consider and agree policy, strategy, representation, current performance or, in exceptional circumstances, call for a vote of confidence in the elected membership of the Governing Body. The detailed mechanism to call an extraordinary meeting is set out in standing orders and provides for a quarter of practices across the whole CCG to jointly call for a meeting.

6.4.4 The voting system for the Full Council of Members is:

- a) Each member practice will have one vote which will be by show of hand and no proxy voting will be permitted. In the case of an equal vote, the person presiding shall have a second and casting vote.
- b) Practice representatives may (if agreed in advance by the Chair in respect of specific issues for decision at a Council meeting) submit votes by post, email or other electronic means, but submission of votes by these means shall not constitute presence in person at a meeting.

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

#### 6.4.6 Functions of the Council – the Council has specific responsibility to:

- a) Determine the arrangements by which the members of the CCG approve those decisions that are reserved for the membership
- b) Consider and approve applications to NHS England on any matter concerning changes to the CCG's Constitution (other than minor amendments and consequential changes)
- c) Approve the arrangements for:
  - i. identifying practice members to represent practice in matters concerning the work of the CCG
  - ii. the appointment of Governing Body Members/the arrangements for identifying the CCG's proposed Chair and Accountable Officer
  - iii. the arrangements for member practices joining and leaving the CCG
  - v. ensuring the publication of the CCG's Annual Report and Annual Accounts.

### 6.5 Joint Commissioning Arrangement with other CCGs

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

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

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

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

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

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

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

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

- How the parties will work together to carry out their commissioning functions
- The duties and responsibilities of the parties
- How risk will be managed and apportioned between the parties
- Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund

- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 6.5.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.6.2 above.
- 6.5.8 The CCG will act in accordance with any further guidance issued by NHSE on co-commissioning.
- 6.5.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.
- 6.5.10 The Governing Body of the CCG shall require, in all joint commissioning arrangements, that the Lead Clinician and the Accountable Officer of the CCG make a written report at least quarterly to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 6.5.11 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement with an agreed period of notice.

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

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

- 6.6.8 The CCG will act in accordance with any further guidance issues by NHSE on co-commissioning.
- 6.6.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.
- 6.6.10 The Governing Body of the CCG shall require, in all joint commissioning arrangements, that the Accountable Officer of the CCG make a written report at least annually to the Governing Body to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 6.6.11 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement with an agreed period of notice.

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

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

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

## **6.8 Joint and Collaborative Commissioning Arrangements**

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

## **6.9 The Governing Body**

- 6.9.1 The Governing Body has the following functions conferred on it by Sections 14L(2) and (3) of the 2006 Act, inserted by Section 25 of the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution.<sup>xlv</sup> The Governing Body may also have functions of the CCG delegated to it. Where the CCG has conferred additional functions on the Governing Body connected with its main functions, or has delegated any of the CCG's functions to its Governing Body, these are set out in paragraph 6.9.3 below.
- 6.9.2 The prime focus of the Governing Body is to ensure that the CCG stays true to its vision and values and in particular:
- a) As a membership organisation actively engages its members in decision making and delivery of its overall vision and objectives
  - b) Puts patients and communities at the heart of everything it does, assessing their needs, building on their experiences and involving them in the design of health services and delivery of better outcomes

- c) Develops constructive and meaningful relationships with its partners and stakeholders in order to deliver high quality, continuously improving services.

### 6.9.3 The Governing Body has responsibility for:

- 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*<sup>xlvi</sup> (its main function)
- b) Approving the vision and values of the CCG, as recommended to it by the Executive Committee
- c) Approving commissioning plans, as recommended by the Executive Committee
- d) Providing assurance (through the Outcomes & Quality Assurance Committee) that quality and outcomes are improving and that health inequalities are reducing
- e) Approving the Financial strategy and annual budget
- f) Providing assurance that safeguarding arrangements are effective
- g) Creating and maintaining a culture of openness and transparency, values and behaviours which support continuous improvements in clinical effectiveness, safety and experience of the services which are commissioned
- h) Assuring the wider CCG, patients and communities that performance is in line with plans and local needs, and that a recovery action is in place where necessary
- i) Ensuring that a register of interests is maintained and reviewed regularly (by the Audit Committee) and updated as necessary
- j) Providing assurance that strategic risk is being effectively managed by the Leadership Team and the Executive Committee
- k) Developing the culture, capacity and capability of the Governing Body to be effective and operate within the prime focus set out in 6.9.2
- l) Ensuring that the CCG works within the NHS Agenda for Change policy to determine the remuneration, fees and other allowances payable to employees
- m) Determining the recommendations of the Remuneration Committee on the terms and conditions of employment for all posts above the top threshold of the National Agenda for Change (AFC) pay-scale, including off-payroll appointments; approving any functions of the CCG that are specified in regulations.<sup>xlvii</sup>

### 6.9.4 **Composition of the Governing Body**

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

- a) The Chair of the CCG (Clinical or Lay Chair)
- b) Non-officer members:
  - Three Lay Members
    - One of which will lead on finance, governance, audit, remuneration and is the Conflicts of Interest Guardian (Lay Member for Finance & Governance)
    - One of which will lead on patient engagement (Lay Member for Public Engagement)
  - A Registered Nurse

- Secondary Care Doctor
- c) Officer members:
- The Accountable Officer
  - The Chief Operating Officer
  - The Chief Finance Officer
  - The Medical Director
  - A minimum of two and a maximum of four GP Leads (separate from a GP fulfilling the role of Accountable Officer or Chair)

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

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

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

- a) **The Outcomes & Quality Assurance Committee** - this committee will focus on innovation and integration and ensure that the CCG is achieving its core aim of improving health and reducing health inequalities, that quality is improving and health inequalities are reducing.
- b) **Audit Committee** – this committee provides the Governing Body with an independent and objective view of the CCG’s financial systems, financial information and compliance with laws, regulations and directions governing the CCG in relation to finance. The committee will be chaired by the Lay Member for Finance & Governance.<sup>xlviii</sup>
- c) **Audit Panel** – is responsible for overseeing the process of appointing the CCG’s external auditor.
- d) **Remuneration Committee** – this committee makes recommendations to the Governing Body on determinations on the terms and conditions of employment for all posts above the top threshold of the National Agenda for Change (AFC) pay-scale, including off-payroll appointments;. The committee will be chaired by a Lay Member of the Governing Body.<sup>xlix</sup>.
- e) **Finance & Performance Committee** – this committee will provide leadership in making recommendations to the Governing Body for the deployment of resources and budgets. It will provide assurance to the Governing Body that the organisation is fulfilling its responsibilities in improving the performance of the health care system against standards, and in managing its contract activity.<sup>1</sup>
- f) **Executive Committee** - this committee will ensure that there is continuous engagement with the CCG’s membership and that members’ views influence and inform the development of the CCG’s commissioning priorities, plans and arrangements for their implementation. It will ensure effective engagement in determining clinical policies. It is

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

- g) **Primary Care Commissioning Committee** - this committee will oversee commissioning activities associated with the commissioning of Primary Care. These commissioning activities include GMS, PMS, and APMS contracts (including design of PMS and AMPS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract); Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”) Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF); Decision making on whether to establish new GP practices in an area; Approving practice mergers; and making decision on ‘discretionary’ payment (e.g. returner/retainer schemes).

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

## 7 ROLES AND RESPONSIBILITIES

### 7.1 Member Practices

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

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

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



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

### **Inter-practice Agreement**

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

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

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

## **7.2. Practice Representatives**

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

- a) To represent the Practice at the CCG Annual General Meeting and any other meeting of the Council
- b) To exercise the right of the Practice (in conjunction with other practices) to call an extraordinary meeting of the full CCG and to table motions or amendments and vote as appropriate
- c) To be a focal point for interaction between the Governing Body, the Executive Committee and the Practice

- d) To act as a champion in the Practice in relation to developing and ensuring awareness of the strategy, aims and objectives of the CCG and delivery of these aims and objectives, and to feedback views on commissioning intentions and opportunities for improving services and patient experience for our registered populations and communities.

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

### **7.3. All Members of the CCG's Governing Body**

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

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

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

### **7.5. The Deputy Chair of the Governing Body**

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

### **7.6. Role of the Accountable Officer**

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

## **7.7. Role of the Chief Executive**

7.7.1 In 2016 the NHS Commissioning Board placed formal directions on NHS Cumbria CCG. Those directions apply to NHS North Cumbria CCG as the successor organisation. The directions included the requirement to strengthen the leadership capacity of the CCG, which led to the appointment of a new post of CCG Chief Executive by NHS England. This post will provide additional very senior leadership capacity within the organisation and will support the Accountable Officer in discharging his/her functions.

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

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

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

## **7.8. Role of the Chief Operating Officer**

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

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

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

## **7.9. Role of the Chief Finance Officer**

7.9.1. The Chief Finance Officer is a member of the Governing Body and is responsible for providing financial advice to the CCG. This includes supervising financial control and accounting systems and is the senior responsible officer for Counter Fraud, Risk Management and Information Governance. This will include being able to advise on the effective, efficient and economic use of

the CCG's financial allocation to remain within the allocation and deliver required financial targets and duties whilst continuously improving services and outcomes to patients.

#### **7.10. Role of the Medical Director**

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

7.10.2 The Medical Director will be responsible for providing high quality clinical insight and leadership which enables the operational delivery of system leadership and primary care development and ensuring the effective supervision and approval of GP Leads for Serious Untoward Incident's (SUIs) and Safeguarding.

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

#### **7.11. Role of the Registered Nurse**

7.11.1. The Nurse member acts as an advisor to the Governing Body, bringing a broader view on health and care issues to underpin the work of the CCG. The focus will be strategic, providing an expert view of the work of the CCG. In particular they will bring to the Governing Body an understanding of the role of nursing and allied health professionals in patient care. The role can either be filled by a Lay or Executive Nurse depending on the needs of the organisation and subject to the requirements of Statutory Instrument 2012 No.1631 Section 11 (3(b)), Section 12 (1).

#### **7.12. Role of the Secondary Care Doctor**

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

#### **7.13. Role of the Independent Lay Members**

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

- Finance, governance, audit, remuneration and conflict of interest matters (including undertaking the role of the Conflict of Interest Guardian)
- Public Engagement – ensuring public, patient, stakeholder and staffing views are heard (including supporting the CCG's 'Freedom to Speak up' policy)
- The third Lay Member role will be determined by the needs of the CCG and will be reviewed at the end of each term of office

7.13.2. Their focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation. Their role will be to oversee key

elements of governance including audit, remuneration and managing conflicts of interest. They will ensure that the Governing Body and the wider CCG behaves with the utmost probity at all times. They will also ensure that in all aspects of the CCG's business the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG and that outcomes and quality are improving.

#### **7.14 The Role of the General Practitioner Members**

The General Practitioner Members will provide further clinical leadership, knowledge and expertise to ensure that the Governing Body makes decisions in the best interests of patients and the population alongside the Medical Director.

## **8. STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST**

### **8.1. Standards of Business Conduct**

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

### **8.2. Conflicts of Interest**

- 8.2.1. As required by Section 140 of the 2006 Act, as inserted by Section 25 of the 2012 Act and the subsequent revision of NHS England's Statutory Guidance for CCGs: Managing Conflicts of Interest 2016, the CCG will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without any possibility of the influence of external or private interest.
- 8.2.2. The CCG's Audit Committee Chair (Lay Member for Finance and Governance) will also undertake the role of the CCG's Conflicts of Interest Guardian, in line with the above Statutory Guidance.
- 8.2.3. Where an individual (i.e. an employee, CCG member, member of the Governing Body, or a member of a committee or a sub-committee of the CCG or its Governing Body) has an interest, or becomes aware of an interest which could lead to a conflict of interest in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict and is subject to the provisions of this constitution.
- 8.2.4. A conflict of interest will include:
- a) a direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services)
  - b) an indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;

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

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

### **8.3. Declaring and Registering Interests**

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

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

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

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

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

8.3.5. The Director responsible for integrated governance and risk, reporting to the Accountable Officer, will ensure that the register of interests is reviewed regularly, and updated as necessary.

### **8.4. Managing Conflicts of Interest: general**

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

8.4.2. The Integrated Governance and Risk Lead (Chief Finance Officer) will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to

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

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

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

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

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

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

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

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

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



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

These arrangements must be recorded in the minutes.

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

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

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

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

## **8.6. Transparency in Procuring Services**

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

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

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

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

## **9. THE CCG AS EMPLOYER**

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

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

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

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

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

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

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

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

## **10. TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS**

### **10.1. General**

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

### **10.2. Standing Orders**

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

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

## **11 CONTACT DETAILS**

### **11.1 NHS North Cumbria Clinical Commissioning Group Contact Details**

All enquiries relating to this Constitution and the governance of NHS North Cumbria CCG should be directed in the first instance to:

Governing Body Support Officer  
NHS North Cumbria CCG  
4 Wavell Drive  
Rosehill  
Carlisle  
CA1 2SE

**E-mail:** [Brenda.thomas@northcumbriaccg.nhs.uk](mailto:Brenda.thomas@northcumbriaccg.nhs.uk)

**Telephone:** 01768 245486

## APPENDIX A

### DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

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

	to it.
<b>Governing Body member</b>	any member appointed to the Governing Body of the CCG
<b>Lay Member</b>	a Lay member of the Governing Body, appointed by the CCG. A Lay Member is an individual who is not a member of the CCG or a healthcare professional. (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
<b>Member</b>	a provider of primary medical services to a registered patient list, who is a member of this CCG (see tables in Chapter 3 and Appendix B)
<b>Practice representatives</b>	an individual appointed by a practice (who is a member of the CCG) to act on its behalf in the dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)
<b>Registers of interests</b>	a register the CCG is required to maintain and make publicly available under section 140 of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: <ul style="list-style-type: none"> <li>• the members of the CCG;</li> <li>• the members of its Governing Body;</li> <li>• the members of its committees or sub-committees and committees or sub-committees of its Governing Body; and</li> <li>• its employees.</li> </ul>
<b>NHS North Cumbria CCG, Central Office</b>	NHS North Cumbria Clinical Commissioning Group 4 Wavell Drive, Rosehill, Carlisle. CA1 2SE Tel: 01768 245486

## NOLAN PRINCIPLES

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

Source: *The First Report of the Committee on Standards in Public Life (1995)*<sup>lii</sup>

## NHS CONSTITUTION

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

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



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

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

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xlvi	See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act
xlviii	See Corporate Governance Document for the terms of reference of the Audit Committee
xlix	See Corporate Governance Document for the terms of reference of the Remuneration Committee
i	See Corporate Governance Document for the terms of reference of the Finance & Performance Committee
	See Corporate Governance Document for the terms of reference of the Outcomes & Quality Assurance Committee
li	Draft <i>clinical commissioning group Governing Body Members – Roles Attributes and Skills</i> , NHSE, March 2012
lii	Available at <a href="http://www.public-standards.gov.uk/">http://www.public-standards.gov.uk/</a>
liii	<a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961</a>