



Castle Point and Rochford  
Clinical Commissioning Group

# **NHS CASTLE POINT & ROCHFORD CLINICAL COMMISSIONING GROUP**

## **CONSTITUTION**

Executive Lead: Director of Strategy and Planning

Operational Lead: Associate Director of Assurance

## NHS Castle Point & Rochford Clinical Commissioning Group Constitution

Version	Effective Date	Changes
V3	TBC following NHSE approval	Standard model

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# 1 Introduction

## 1.1 Name

1.1.1 The name of this clinical commissioning group is NHS Castle Point & Rochford Clinical Commissioning Group (“the CCG”).

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

## 1.2 Statutory Framework

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

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

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

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

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

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

### **1.3 Status of this Constitution**

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

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

**1.3.3** The constitution is published on the CCG website:  
<https://castlepointandrochfordccg.nhs.uk/about-us/key-documents/1683-castle-point-and-rochford-ccg-constitution/file>

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

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

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

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

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

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

- 1.4.4 In the case of members approval being sought at a meeting then the Accountable Officer shall ensure that adequate notice of the meeting and the details of the proposed variation is given to all members together with any necessary explanatory material. The consent of three-quarters of members attending the meeting shall be necessary for the application to be submitted for approval from NHS England.
- 1.4.5 If members approval is sought by circulation, then the Accountable Officer shall ensure that the details of the proposed variation together with any necessary explanatory material are circulated to all members by post or electronic communication. The proposal must have the support of three-quarters of those members responding within four weeks of the date of circulation of the proposal for the application to be submitted for approval from NHS England.
- 1.4.6 This constitution may be varied without agreement or consent if the variation is deemed necessary as a result of any enactment, law or regulation, or Direction of the Secretary of State. In these circumstances an application to and approval from NHS England will still be required.
- 1.4.7 Subsidiary documents contained within the CCG Governance Handbook may be amended by decision of the CCG, the Governing Body or other bodies in accordance with the scheme of delegation.
- 1.4.8 Any proposed variation shall not take effect until it has been approved by NHS England.

## 1.5 Related documents

- 1.5.1 This Constitution is also informed by a number of documents which provide further details on how the CCG will operate. With the exception of the Standing Orders and the Standing Financial Instructions (see Appendix 3 &4), these documents do not form part of the Constitution for the purposes of 1.4 above. They are the CCG's:
- a) **Standing orders** – which set out the arrangements for meetings and the selection and appointment processes for the CCG's Committees, and the CCG Governing Body (including Committees). See Appendix 3/4.
  - b) **The Scheme of Reservation and Delegation** – sets out those decisions that are reserved for the membership as a whole and those decisions that have been delegated by the CCG or the Governing Body. See Appendix 3/4.
  - c) **Prime financial policies** – which set out the arrangements for managing the CCG's financial affairs.

d) **Standing Financial Instructions** – which set out the delegated limits for financial commitments on behalf of the CCG. See Appendix 3/4.

e) **The CCG Governance Handbook** (see Castle Point & Rochford CCG website: <https://castlepointandrochfordccg.nhs.uk/about-us/key-documents/ccg-constitution/4254-castle-point-and-rochford-ccg-governance-induction-handbook/file> ) which sets out other binding provisions for the governance and management of the CCG. These do not form part of the constitution, and include:

- **Terms of Reference** for the non statutory committees established by the Governing Body under the terms of Appendix 2;
- **Details of membership** of the Governing Body and its committees and the terms of office which apply to that membership;
- The **Scheme of Reservation and Delegation** – sets out those decisions that are reserved for the membership as a whole and those decisions that have been delegated by the CCG or the Governing Body;
- **Conflict of Interest Policy** – which includes the arrangements the CCG has made for the management of conflicts of interest. The conflict of interest policy can be found on the CCG website <https://castlepointandrochfordccg.nhs.uk/about-us/key-documents/policies/1-cpr-ccg-corporate-policies/3347-cprccg-cp07-conflict-of-interest-policy/file>

## 1.6 **Accountability and transparency**

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

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

- f) procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;
- g) involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG's Patient and Public Engagement Strategy (which can be found on the CCG website: <https://castlepointandrochfordccg.nhs.uk/about-us/key-documents/policies/1-cpr-ccg-corporate-policies/3346-cprccg-cp06-communications-and-engagement-strategy/file> .
- h) When discharging its duties under section 14Z2, the CCG will ensure that it:
  - **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements.
  - Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the **NHS Constitution**.
- i) comply with local authority health overview and scrutiny requirements;
- j) meet annually in public to present an annual report which is then published;
- k) produce annual accounts which are externally audited;
- l) publish a clear complaints process;
- m) comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the CCG;
- n) provide information to NHS England as required; and
- o) be an active member of the local Health and Wellbeing Board.

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

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

- Publishing its principal commissioning and operational policies e.g. a policy about funding exceptional cases;
- Holding engagement events;

- Publishing, with the annual report, the Governing Body report and statements by the Accountable Officer including the annual Governance Statement.

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

## **1.7 Liability and Indemnity**

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

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

1.7.3 No member or former member, nor any person who is at any time a proprietor, officer or employee of any member of former member, shall be liable on any winding-up or dissolution of the CCG to contribute to the assets of the CCG, whether for the payment of its debts and liabilities or the expenses of its winding-up or otherwise.

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

## **2 Area Covered by the CCG**

**2.1** The geographical area covered by the CCG is coterminous with Essex County Council area.

**2.2** The CCG has determined that it will operate with two localities and four Primary Care Networks (PCNs). These localities are coterminous with the local authority contained within the CCG area. They are:

- Castle Point (covering the area of Castle Point Borough Council)
- Rayleigh and Rochford (covering the area of Rochford District Council)

PCNs are:

- Benfleet
- Canvey
- Rayleigh & District
- Rochford

### 3 Membership Matters

#### 3.1 Membership of the Clinical Commissioning Group

3.1.1 The CCG is a membership organisation.

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

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

Practice Name	Address	Phone number
<a href="#">Dr M R Khan</a>	91 Rushbottom Lane, Benfleet, Essex SS7 4EA	01268 209269
<a href="#">Dr P A Patel</a>	85 Hart Road, Thundersley, Essex SS7 3PR	01268 757981
<a href="#">The Hollies</a>	41 Rectory Road, Hadleigh, Essex SS7 2NA	01702 416966
<a href="#">Essex Way Surgery</a>	34 Essex Way, Benfleet, Essex SS7 1LT	01268 792203
<a href="#">R J Baker &amp; Partners</a>	91 Rushbottom Lane, Benfleet, Essex SS7 4EA	01268 209269
<a href="#">High Road Family Doctors</a>	119 High Road, Benfleet, Essex SS7 5LN	01268 753591
<a href="#">Benfleet Surgery</a>	12 Constitution Hill, Benfleet, Essex SS7 1ED	01268 566400
<a href="#">Third Avenue Health Centre</a>	Third Avenue, Canvey Island, Essex SS8 9SU	01268 683758

<a href="#"><u>Oaklands Surgery</u></a>	Central Canvey Primary Care Centre, Long Road, Canvey Island, Essex SS8 0JA	01268 209339
<a href="#"><u>The Surgery Hawkesbury Road</u></a>	1a Hawkesbury Road, Canvey Island, Essex SS8 0EX	01268 682303
<a href="#"><u>Canvey Village Surgery</u></a>	391 Long Road, Canvey Island, Essex SS8 0JH	01268 510520
<a href="#"><u>The Island Surgery</u></a>	Central Canvey Primary Care Centre, Canvey Island, Essex SS8 0JA	01268 686190
<a href="#"><u>Dr Chaudhury's Practice</u></a>	Central Canvey Primary Care Centre, Canvey Island, Essex SS8 0JA	01268 686160
<a href="#"><u>William Harvey Surgery</u></a>	83 London Road, Rayleigh, Essex SS6 9HR	01268 784003
<a href="#"><u>Audley Mills</u></a>	57 Eastwood Road, Rayleigh, Essex SS6 7JF	01268 209309
<a href="#"><u>Church View Surgery</u></a>	Burley House, 15-17 High Street, Rayleigh, Essex SS6 7DY	01268 774477
<a href="#"><u>Downhall Park Surgery</u></a>	49 Rawreth Lane, Rayleigh, Essex SS6 9QD	01268 780408
<a href="#"><u>The Puzey Family Practice</u></a>	Southwell House, Back Lane, Rochford, Essex SS4 1AY	01702 533740
<a href="#"><u>Riverside Medical Centre</u></a>	175 Ferry Road, Hullbridge, Essex SS5 6JH	01702 230555

<a href="#">Greensward Surgery</a>	Greensward Lane, Hockley, Essex SS5 5HQ	01702 202353
<a href="#">Great Wakering Medical Centre</a>	274 High Street, Great Wakering, Essex SS3 0HX	01702 216545
<a href="#">The Practice Leecon Way</a>	1 Leecon Way, Ashingdon Gardens, Essex SS4 1TU	01702 547828
<a href="#">Ashingdon Medical Centre</a>	57 Lascelles Gardens Ashingdon, Essex SS4 3BW	01702 414970

## **3.2 Nature of Membership and Relationship with CCG**

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

### **3.2.2 Eligibility**

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

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

- is a holder of a primary medical contract;
- is a provider of primary care services in the CCG area;
- has completed an application for membership to the CCG;
- has submitted an application to NHS England and had its application approved; and
- has been entered into the register of members in section 3.1.3 of this constitution.

### **3.2.3 Termination of Membership**

- Subject to the agreement of NHS England, a member will cease to be a member of the CCG if that member no longer satisfies the eligibility criteria set out in Section 3.2.2
- Any member who ceases to meet the eligibility criteria set out in Section 3.2.2 shall notify NHS England and the CCG's Governing Body in writing, as soon as practicable, and shall formally request that its membership of the CCG is terminated.
- Following the termination of any member's membership of the CCG, the CCG shall amend the register of members under section 3.1.3 in accordance with the process set out in this constitution.
- NHS England shall be entitled to terminate a Practice's membership of the CCG, if it becomes aware of any of the circumstances as set out within this section and as applicable to any current Member practice.
- Any Member Practice, if served with a notice of termination of membership shall have the right of appeal against that decision by application to NHS England.
- The decision of NHS England on consultation with the CCG, Local Medical Committee and any other relevant party shall be final.

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

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

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

### **3.4 Members' Meetings**

#### **3.4.1 Annual General Meeting & Members Forum**

**3.4.1.1** The Governing Body will hold an Annual General Meeting of Members and within fifteen months of the previous such meeting.

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

**3.4.1.3** The agenda for the meeting will include:

- The presentation of a report to members on the work of the CCG over the previous twelve months;
- An outline of the plan of work for the CCG for the twelve months ahead, and an indication of how this work plan fits into the longer term strategy to meet the health needs of the CCG population.
- The submission of the schedule of committee arrangements for the forthcoming year, and an account of any amendments to those arrangements that have been made during the previous year or are proposed (as set out in the Governance Handbook, which can be found on the CCG website: <https://castlepointandrochfordccg.nhs.uk/about-us/key-documents/ccg-constitution/4254-castle-point-and-rochford-ccg-governance-induction-handbook/file> ).
- Any proposed resolutions properly submitted for the consideration of the Members Meeting.
- An opportunity for member practices to express their views on the progress of the CCG and to ask questions of the Governing Body and the executive.

- 3.4.1.4 Attendance at the meeting will be open to all employees of the CCG or of members of the CCG or any individual contracted to work on their behalf. In the event of a vote being called, only the identified practice representatives shall cast a vote.
- 3.4.1.5 If a practice representative is unable to attend the meeting, they may provide written authority for a proxy to vote on behalf of their practice by completing the appropriate form in the CCG Governance Handbook and either submitting it to the Accountable Officer in advance of the meeting or providing a hard copy at the meeting itself.
- 3.4.1.6 The Governing Body may submit a resolution to the Members Meeting by agreeing to do so at a properly constituted meeting of the Governing Body.
- 3.4.1.7 Member Practices may submit resolutions for consideration at the members meeting if the proposed resolution is proposed by a Practice Representative in writing fourteen days in advance of the meeting, and seconded by at least four further practice representatives no later than seven days before the date of the meeting.
- 3.4.1.8 The Governing Body may call additional member meetings at their discretion in order to ensure effective engagement with the members of the CCG or to bring matters of concern to the notice of the members of the CCG.
- 3.4.1.9 An Emergency General Meeting (EGM) of members will be convened by the Accountable Officer if they receive a requisition for such a meeting signed by the Practice Representatives of at least 10 member practices and provided the requisition specifies the subject matter to be discussed at the proposed EGM.
- 3.4.1.10 On receiving such a requisition, the Accountable Officer shall make arrangements for the EGM to take place no later than 42 days from the date the requisition is received.
- 3.4.1.11 No business other than that detailed in the requisition can be discussed at an EGM.
- 3.4.2 Regular Meetings**
- 3.4.2.1 All Member Practices will receive at least one visit per year from representatives of the CCG to discuss practice level commissioning issues and priorities.
- 3.4.2.2 In addition to the AGM, there will be at least two other CCG meetings for all Member Practices that do not have the public in attendance.

3.4.2.3 The CCG Governance Handbook sets out the arrangements in place to manage devolved commissioning and the regular meetings to be held within the localities at which all Member Practices are invited to attend. These will be in the form of quarterly Members Forum meetings.

### **3.4.3 Power of Recall**

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

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

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

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

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

## **3.5 Practice Representatives**

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

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

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

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

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

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

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

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

### **4.1 Good Governance**

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

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

### **4.2 General**

**4.2.1** The CCG will:

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

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

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

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

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

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

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

- any Member of the Governing Body;
- a Committee or Sub-Committee of the Governing Body;

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

## **5 Procedures for Making Decisions**

### **5.1 Scheme of Reservation and Delegation**

5.1.1 The CCG has agreed a scheme of reservation and delegation (SoRD) which is published in full on the CCG's website:

<https://castlepointandrochfordccg.nhs.uk/about-us/key-documents/policies/3878-cpr-ccg-standing-orders-scheme-of-delegation/file>

5.1.2 The CCG's SoRD sets out:

- those decisions that are reserved for the membership as a whole;
- those decisions that have been delegated by the CCG, the Governing Body or other individuals.

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

### **5.2 Standing Orders**

5.2.1 The CCG has agreed a set of standing orders (see Appendix 3 &4) which describe the processes that are employed to undertake its business. They include procedures for:

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

5.2.2 A full copy of the standing orders can be found on the CCG website: <https://castlepointandrochfordccg.nhs.uk/about-us/key-documents/policies/3878-cpr-ccg-standing-orders-scheme-of-delegation/file> .

The standing orders form part of this constitution and can be found in Appendix 3.

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

5.3.1 The CCG has agreed a set of SFIs which include the delegated limits of financial authority set out in the SoRD. See Appendix 3&4

- 5.3.2 A copy if the SFIs can be found on the CCGs website.  
<https://castlepointandrochfordccg.nhs.uk/about-us/key-documents/policies/3878-cpr-ccg-standing-orders-scheme-of-delegation/file>

## 5.4 The Governing Body: Its Role and Functions

5.4.1 The Governing Body has statutory responsibility for:

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

5.4.2 The CCG has also delegated the following additional functions to the Governing Body which are also set out in the SoRD. Any delegated functions must be exercised within the procedural framework established by the CCG and primarily set out in the Standing Orders and SFIs (see Appendix 3 & 4):

- Ensuring that the CCG has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the CCG's *principles of good governance* (its main function).
- Holding to account the Executive, Governing Body Members and Member Practices for the performance of the CCG in delivering its strategic objectives;
- Determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act.
- Annually receiving and approving a commissioning strategy which takes into account financial targets and forecast limits of available resources as described in the Standing Financial Instructions and approve consultation arrangements for the CCG's commissioning plan.
- Approving prior to the start of the financial year budgets for the coming period as described in the Standing Financial Instructions.
- Periodically reviewing the financial position of the CCG against its allotments, including reviews of expenditure against budgets and implement relevant controls to ensure it delivers its statutory financial obligations as described in the Standing Financial Instructions.

- The Governing Body shall within the first 12 months of the CCG's establishment, undertake a review into different approaches to the management of out-patient referrals, and clarify the strategic direction for the CCG as a whole.
- Providing assurance to the member practices that its committees are undertaking their functions in accordance with this constitution.
- Oversee the delivery of the Quality Innovation Productivity and Prevention ("QIPP") initiative.
- Approving any functions of the CCG that are specified in regulations.

The detailed procedures for the Governing Body, including voting arrangements, are set out in the standing orders (see Appendix 3&4).

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

## 5.5 Composition of the Governing Body

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

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

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

5.5.3 The CCG has agreed the following additional members:

- a) A third lay member and Chair of the Primary Care Commissioning Committee
- b) 7 elected GP members from each of the localities, including the CCG's Chair, drawn from member practices

5.5.4 **Quorum:** The Governing body is quorate when 8 Governing Body members including 5 clinicians are present.

## **5.6 Additional Attendees at the Governing Body Meetings**

- 5.6.1** The CCG Governing Body may invite other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit. Any such person may be invited by the chair to speak and participate in debate, but may not vote.
- 5.6.2** The CCG Governing Body will regularly invite the following individuals to attend any or all of its meetings as attendees:
- Director of Strategy and Planning
  - Director of Integrated Partnerships
  - A representative of the local authority responsible for social care;
  - A representative of the local authority responsible for public health;
  - A representative drawn from the CCGs public participation forum
  - An individual designated by the Accountable Officer to take the minutes of the meeting.

## **5.7 Appointments to the Governing Body**

- 5.7.1** The process of appointing GPs to the Governing Body, the selection of the Chair, and the appointment procedures for other Governing Body Members are set out in the standing orders (see Appendix 3 & 4).
- 5.7.2** Also set out in standing orders are the details regarding the tenure of office for each role and the procedures for resignation and removal from office.

## **5.8 Committees and Sub-Committees**

- 5.8.1** The CCG may establish Committees and Sub-Committees of the CCG.
- 5.8.2** The Governing Body may establish Committees and Sub-Committees.
- 5.8.3** Each Committee and Sub-Committee established by either the CCG or the Governing Body operates under terms of reference and membership agreed by the CCG or Governing Body as relevant. Appropriate reporting and assurance mechanisms must be developed as part of agreeing terms of reference for Committees and Sub-Committees.
- 5.8.4** With the exception of the Remuneration Committee, any Committee or Sub-Committee established in accordance with Section 5.8 may consist of or include persons other than Members or employees of the CCG.

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

### **5.8.6 CCG Localities**

5.8.6.1 In order to ensure that the work of the CCG reflects the range of needs of the different communities within the CCG area, the CCG has defined two localities as set out in Section 2.2 of this constitution.

5.8.6.2 If in the view of the CCG's Governing Body, it would be beneficial to the objectives of the CCG to establish or to discontinue Locality Commissioning Groups then it may propose to do so as part of the schedule of committee arrangements submitted to the General Meeting of Members described in Section 3.4.1.3 above. Any such proposal will not take effect until and unless it is approved at a General Meeting of Members.

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

5.8.6.4 Articles 5.9.1 to 5.11.1 shall have effect only if the CCG has established Locality Commissioning Groups in accordance with Section 5.8.6.2 of this constitution.

## **5.9 Delegated Authority**

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

5.9.2 The CCG is able to delegate some of its functions, decision making powers and associated budgets to Locality Commissioning Groups. The extent to which functions are devolved may vary and will be specifically defined within the CCG's Standing Orders and Standing Financial Instructions, Appendix 3 & 4 of this constitution and any associated terms of reference.

## **5.10 Governance of the LCGs**

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

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

fulfil their responsibilities as defined in Section 3.2 and the Memorandum of Agreement.

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

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

## **5.11 Accountability**

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

## **5.12 Committees of the Governing Body**

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

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

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

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

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

- 5.12.6 Primary Care Commissioning Committee.** This committee is required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to the Governing Body and to NHS England. Membership of the Committee is determined in accordance with the requirements of *Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017*. This includes the requirement for a lay member Chair and a lay Vice Chair.
- 5.12.7** None of the above Committees may operate on a joint committee basis with another CCG(s).
- 5.12.8** The terms of reference for each of the above committees are included in Appendix 2.
- 5.12.9** The Governing Body has also established a number of other Committees to assist it with the discharge of its functions. These Committees are set out in the SoRD and further information about these Committees, including terms of reference, are published in: The CCG's Governance Handbook which is published on the CCG's website:  
<https://castlepointandrochfordccg.nhs.uk/about-us/key-documents/ccg-constitution/4254-castle-point-and-rochford-ccg-governance-induction-handbook/file>

## **5.13 Collaborative Commissioning Arrangements**

- 5.13.1** The CCG wishes to work collaboratively with its partner organisations in order to assist it with meeting its statutory duties, particularly those relating to integration. The following provisions set out the framework that will apply to such arrangements.
- 5.13.2** In addition to the formal joint working mechanisms envisaged below, the Governing Body may enter into strategic or other transformation discussions with its partner organisations, on behalf of the CCG.
- 5.13.3** The Governing Body must ensure that appropriate reporting and assurance mechanisms are developed as part of any partnership or other collaborative arrangements. This will include:
- reporting arrangements to the Governing Body, at appropriate intervals;
  - engagement events or other review sessions to consider the aims, objectives, strategy and progress of the arrangements; and
  - progress reporting against identified objectives.

5.13.4 When delegated responsibilities are being discharged collaboratively, the collaborative arrangements, whether formal joint working or informal collaboration, must:

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

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

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

5.14.2 Partnership working between the CCG and its Local Authority partners might include collaborative commissioning arrangements, including joint commissioning under section 75 of the 2006 Act, where permitted by law. In this instance, and to the extent permitted by law, the CCG delegates to the

Governing Body the ability to enter into arrangements with one or more relevant Local Authority in respect of:

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

5.14.3 For purposes of the arrangements described in 5.14.2, the Governing Body may:

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

5.14.4 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.14.2 above.

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

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

- 5.15.2** The CCG delegates its powers and duties under 5.15 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.
- 5.15.3** The CCG may make arrangements with one or more other CCGs in respect of:
- a) delegating any of the CCG's commissioning functions to another CCG;
  - b) exercising any of the Commissioning Functions of another CCG; or
  - c) exercising jointly the Commissioning Functions of the CCG and another CCG.
- 5.15.4** For the purposes of the arrangements described at 5.15.3, the CCG may:
- a) make payments to another CCG;
  - b) receive payments from another CCG; or
  - c) make the services of its employees or any other resources available to another CCG; or
  - d) receive the services of the employees or the resources available to another CCG.
- 5.15.5** Where the CCG makes arrangements which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions.
- 5.15.6** For the purposes of the arrangements described above, the CCG may establish and maintain a pooled fund made up of contributions by all of the CCGs working together jointly pursuant to paragraph 5.15.3 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.
- 5.15.7** Where the CCG makes arrangements with another CCG as described at paragraph 5.15.3 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working including details of:
- a) how the parties will work together to carry out their commissioning functions;
  - b) the duties and responsibilities of the parties, and the legal basis for such arrangements;
  - c) how risk will be managed and apportioned between the parties;
  - d) financial arrangements, including payments towards a pooled fund and management of that fund;

- e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

**5.15.8** The responsibility of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to Section 5.15.1 above.

**5.15.9** The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.15.1 above.

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

**5.15.11** The Governing Body shall require, in all joint commissioning arrangements, that the lead Governing Body Member for the joint arrangements:

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

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

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

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

- STP Joint Committee with Basildon & Brentwood CCG, Mid Essex CCG, Thurrock CCG, and Southend CCG.
- Joint committee structures and Committee's in Common executive management arrangements, including shared support teams with NHS Southend CCG.

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

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

**5.16.2** The CCG delegates its powers and duties under 5.16 to the Governing Body and all references in this part to the CCG should be read as the Governing

Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.

- 5.16.3** In terms of either the CCG's functions or NHS England's functions, the CCG and NHS England may make arrangements to exercise any of their specified commissioning functions jointly.
- 5.16.4** The arrangements referred to in Section 5.16.3 above may include other CCGs, a combined authority or a local authority.
- 5.16.5** Where joint commissioning arrangements pursuant to Section 5.16.3 above are entered into, the parties may establish a Joint Committee to exercise the commissioning functions in question. For the avoidance of doubt, this provision does not apply to any functions fully delegated to the CCG by NHS England, including but not limited to those relating to primary care commissioning.
- 5.16.6** Arrangements made pursuant to Section 5.16.3 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 5.16.7** Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at Section 5.16.2 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
- a) how the parties will work together to carry out their commissioning functions;
  - b) the duties and responsibilities of the parties, and the legal basis for such arrangements;
  - c) how risk will be managed and apportioned between the parties;
  - d) financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
  - e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 5.16.8** Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to Section 5.16.3 above. Similarly, where the arrangements relate to NHS England's functions, the liability of NHS England to carry out its functions will not be affected where it and the CCG enter into joint arrangements pursuant to Section 5.16.
- 5.16.9** The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.

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

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

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

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

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

### **6.1 Conflicts of Interest**

**6.1.1** As required by section 14O of the 2006 Act, the CCG has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without being unduly influenced by external or private interest.

**6.1.2** The CCG has agreed policies and procedures for the identification and management of conflicts of interest. (Conflict of Interest Policy can be found under Corporate Policies on the CCG Website: <https://castlepointandrochfordccg.nhs.uk/about-us/key-documents/policies/1-cpr-ccg-corporate-policies/3347-cprccg-cp07-conflict-of-interest-policy/file>)

**6.1.3** Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will comply with the CCG policy on conflicts of interest. Where an individual, including any individual directly involved with the business or decision-making of the CCG and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution and the Standards of Business Conduct Policy.

**6.1.4** The CCG has appointed the Audit and Risk Committee Chair to be the Conflicts of Interest Guardian. In collaboration with the CCG's governance lead, their role is to:

- a) Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
- b) Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to conflicts of interest;
- c) Support the rigorous application of conflict of interest principles and policies;
- d) Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation
- e) Provide advice on minimising the risks of conflicts of interest.

## **6.2 Declaring and Registering Interests**

- 6.2.1** The CCG will maintain registers of the interests of those individuals listed in the CCG's policy.
- 6.2.2** The CCG will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality of decision making staff at least annually on the CCG website and make them available at our headquarters upon request.
- 6.2.3** All relevant persons for the purposes of NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.
- 6.2.4** The CCG will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually. All persons required to, must declare any interests as soon as reasonable practicable and by law within 28 days after the interest arises.
- 6.2.5** Interests (including gifts and hospitality) of decision making staff will remain on the public register for a minimum of six months. In addition, the CCG will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The CCG's published register of interests states that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to submit a request for this information.
- 6.2.6** Activities funded in whole or in part by 3<sup>rd</sup> parties who may have an interest in CCG business such as sponsored events, posts and research will be managed in accordance with the CCG policy to ensure transparency and that any potential for conflicts of interest are well-managed.

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

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

## **6.4 Standards of Business Conduct**

- 6.4.1** Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will at all times comply with this

Constitution and be aware+ of their responsibilities as outlined in it. They should:

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

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

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

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

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

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

## Appendix 2: Committee Terms of Reference

### 1.2. Committees of the Governing Body

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

- Audit and Risk Committee
- Remuneration Committee

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

- Primary Care Commissioning Committee

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

1.2.4 Under the terms of Section 5.8 the Governing Body may establish such further committees as it sees fit in order to further the purposes of the CCG. The schedule of committees which have been appointed and their terms of reference shall be contained within the CCG Governance Handbook which shall be made available on the CCG's website.

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

1.3.1 Each of the committees listed under Section 1.2.1. and 1.2.2 shall be empowered to meet as a 'meeting in common' alongside their counterpart in NHS Southend CCG.

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

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

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

1.3.5 All standing committees, and any other body established under Section 1.2.1 and 1.2.2 shall work within the standing (see Appendix 3&4) orders and overall governance processes of the CCG set out in this constitution and associated documents.

- 1.3.6 Each standing committee shall be given an annual work plan by the Governing Body which sets out its objectives for the year in question.
- 1.3.7 This work plan may be drafted by the relevant committee subject to its authorisation by the Governing Body and will set out how the committee will deliver its terms of reference in a manner which furthers the strategic objectives of the CCG and ensures that the core purpose of the committee is met.
- 1.3.8 The audit committee may include individuals who are not members of the Governing Body. The other committees of the Governing Body (other than the remuneration committee) may include individuals who are:
- Members, officers or Governing Body members of the Group or another clinical commissioning group;
  - Partners or employees of members of the Group or another clinical commissioning group;
  - Officers of the NHS England.

## Common Provisions

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

### *Committee Management – General Provisions*

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

### *Membership*

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

### *Committee Chair*

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

### *Lead Executive*

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

### *Notice of meetings*

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

### *Minutes and Committee Papers*

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

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

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

### *Authorisation*

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

### *Virtual Meetings*

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

## Audit & Risk Committee

### 1. Terms of Reference

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

<b>Date of adoption:</b>	26 <sup>th</sup> September 2019
<b>Approved by:</b>	Governing Body of NHS Castle Point & Rochford CCG
<b>Responsible to:</b>	Governing Body of NHS Castle Point & Rochford CCG
<b>Date at which Terms of Reference will be reviewed:</b>	Annually

### 2. Membership

The membership of the group was approved by the Governing Body of NHS Castle Point & Rochford CCG on 26<sup>th</sup> September 2019. The last change of membership took place on 1<sup>st</sup> October 2019

The names of the members of the body are listed below

<b>Full members of the body</b>	Lay Member for Governance Lay Member for Primary Care Lay Member for Patient Engagement Secondary Care Consultant
<b>Chair</b>	Joint Lay Member for Governance
<b>Vice Chair</b>	Joint Lay Member for Primary Care or Patient Engagement
<b>Executive Lead</b>	Chief Finance Officer
<b>Clerk</b>	EA to Chief Finance Officer
<b>Others who should be invited to meetings</b>	Accountable Officer (to attend annually) Chief Finance Officer Director of Strategy & Planning Internal Audit External Audit Counter-Fraud Specialist 1 GP Board member (not the Chair)
<b>Others who should be sent the minutes and papers of meetings</b>	All of the above  All CCG Exec Leads
<b>Substitutes</b>	Substitutes at deputy level will be permitted. Such deputies should be at an appropriate level to both represent and make decisions on behalf of their respective organisation.
<b>Quorum</b>	Chair and 2 others one of which must be a Lay Member

## 1. Minutes and Committee Papers

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

## 2. Reporting & Review

The Committee will report to the Governing Body any points for escalation after each meeting and a formal report on its work will be submitted annually. The Committee will conduct an annual self-assessment of its effectiveness and report the findings of the assessment to the Governing Body.

## 3. Remit

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

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

## 4. Purpose of the Committee

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

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

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

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

- All risk and control related disclosure statements (in particular the Annual Governance

- Statement and declarations of compliance with the Regulations of the Health and Social Care Act and registration with the Care Quality Commission), together with any accompanying Head of Internal Audit Opinion, external audit opinion or other appropriate independent assurances, prior to endorsement by the Governing Body.
- The underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self certification.
- The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by NHS Counter Fraud Authority.
- Assurances provided by the Commissioning Support Unit (CSU) and other providers.
- The governance arrangements relating to the management of Conflicts of Interest.
- Review waivers
- Review of losses and special payments

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

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

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

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

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

- Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Governing Body Assurance Framework.
- Considering the major findings of internal audit work (and management's response), and ensuring co-ordination between the internal and external auditors to optimise audit resources.
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation.
- An annual review of the effectiveness of internal audit.
- Meet privately with external audit.
- Meet privately with the lay members on an annual basis.

### **C. External audit**

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

- Consideration of the appointment and performance of the external auditors, as far as rules governing the appointment permit.
- Discussion and agreement with the external auditors, before the audit commences, of the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy.
- Discussion with the external auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee.
- Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Governing Body and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.
- Meet privately with the lay members on an annual basis.
- Meet privately with internal audit
- Meet privately with the CFO.

**D. *Other assurance functions***

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

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

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

**E. *Counter Fraud***

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

**F. *Security Management***

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

**G. *Management***

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

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

## **H. *Financial reporting***

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

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

- The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee.
- Changes in, and compliance with, accounting policies, practices and estimation techniques.
- Unadjusted miss-statements in the financial statements.
- Significant judgements in preparation of the financial statements.
- Significant adjustments resulting from the audit.
- Letter of representation.
- Qualitative aspects of financial reporting.

## **I. *Other matters***

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

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

## **J. Responsibility**

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

## **K. Authorisation**

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

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

The CCG's rules on the management of conflicts of interest as set out in the CCG Constitution, Standing Orders and Standing Financial Instructions apply to the work of this Committee (see Appendix 3 & 4):.

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

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

## **6. Emergency Decisions**

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

- Full details of the decision required will be set out in a clear proposal with rationale as to why an urgent decision is needed
- Proposal will be submitted via e-mail to Committee members from the lead Executive Director or Accountable Officer
- Minimum support required from at least 4 members of the Committee including the Chair (or alternative lay member should the Chair not be available) and at least 1 clinical member. If there is a financial implication support is needed from the Chief Finance Officer (or senior finance manager should the Chief Finance Officer not be available)
- Report of the decision made presented to next scheduled meeting for endorsement.

## **7. Conduct of Meetings**

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

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

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

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

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

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

## **8. Quoracy and Voting**

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

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

## **Primary Care Commissioning Committee Terms of Reference**

### **Introduction**

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.
2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Castle Point and Rochford CCG. The delegation is set out in Schedule 1.
3. The CCG has established the NHS Castle Point and Rochford CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

### **Statutory Framework**

4. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.
5. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.
6. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
  - a) Management of conflicts of interest (section 14O);
  - b) Duty to promote the NHS Constitution (section 14P);
  - c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
  - d) Duty as to improvement in quality of services (section 14R);
  - e) Duty in relation to quality of primary medical services (section 14S);
  - f) Duties as to reducing inequalities (section 14T);
  - g) Duty to promote the involvement of each patient (section 14U);
  - h) Duty as to patient choice (section 14V);
  - i) Duty as to promoting integration (section 14Z1);
  - j) Public involvement and consultation (section 14Z2).
7. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act

8. The Committee is established as a committee of the Governing Body of each named CCG in accordance with Schedule 1A of the “NHS Act”.
9. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

### **Role of the Committee**

10. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Castle Point and Rochford, under delegated authority from NHS England.
11. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Castle Point and Rochford CCG, which will sit alongside the delegation and terms of reference.
12. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.
13. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.
14. This includes the following:
  - GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
  - Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
  - Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
  - Decision making on whether to establish new GP practices in an area;
  - Approving practice mergers; and
  - Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).
15. The CCG will also carry out the following activities:
  - a) Delivery of the South East Essex, Primary Care Strategy, Implementation and Investment Plan approved in June 2018. Monitoring will be undertaken via this Committee.
  - b) To plan, including needs assessment, primary [medical] care services in Castle Point and Rochford;
  - c) To undertake reviews of primary [medical] care services in Castle Point and Rochford;

- d) To co-ordinate a common approach to the commissioning of primary care services generally;
- e) To manage the budget for commissioning of primary [medical] care services in Castle Point and Rochford.

### Geographical Coverage

16. The Committee will comprise the Castle Point & Rochford CCG area.

### Membership

17. The Committee shall consist of:

<b>Full members of the body</b>	The Lay Member responsible for Primary Care The Governing Body's Secondary Care Consultant member The CCG Director with executive responsibility for Primary Care Chief Finance Officer or nominee Chief Nurse A GP whose practice is not within the boundaries of either NHS Castle Point and Rochford CCG or NHS Southend CCG.
<b>Chair</b>	Lay Member for Primary Care
<b>Vice Chair</b>	Lay Member Patient Participation & Engagement
<b>Executive Lead</b>	Director of Integration and Partnerships
<b>Clerk</b>	EA to Director of Integration and Partnerships
<b>Others who should be invited to meetings</b>	Two GP members of the Governing Body (non-voting members with right to attend and speak at the committee subject to provisions for conflict of interest) Local authority representative with responsibility for public health A representative of NHS England A representative of the Essex Health and Wellbeing Board A representative of Healthwatch Essex A representative of the South Essex Local Medical Committee
<b>Others who should be sent the minutes and papers of meetings</b>	All the above Executive Management Team
<b>Substitutes</b>	Substitutes at deputy level will be permitted. Such deputies should be at an appropriate level to both represent and make decisions on behalf of their respective organisation.
<b>Date at which Terms of Reference will be reviewed:</b>	Annually

18. The Chair of the Committee shall be Lay Member for Primary Care, who will have been appointed following the CCG appointment process.

19. The Vice Chair of the Committee shall be Lay Member for Patient Participation & Engagement, who will have been appointed following the CCG appointment process.

### Meetings and Voting

20. The Committee will operate in accordance with the CCG's Standing Orders (see Appendix 3 & 4):. The Clerk to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 7 days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.
21. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

### **Emergency Decisions**

22. Should there be a requirement to make decisions between meetings the following process should be followed:
- Full details of the decision required will be set out in a clear proposal with rationale as to why an urgent decision is needed
  - Proposal will be submitted via e-mail to Committee members from the lead Executive Director or Accountable Officer
  - Minimum support required from at least 4 members of the Committee including the Chair (or alternative lay member should the Chair not be available) and at least 1 clinical member. If there is a financial implication support is needed from the Chief Finance Officer (or senior finance manager should the Chief Finance Officer not be available)
  - Report of the decision made presented to next scheduled meeting for endorsement.

### **Quorum**

23. The Committee will be quorate with four members present, at least one of which must be Lay Member of the Governing Body and one of which must be clinically qualified. These arrangements have been designed to manage any potential conflict of interest.

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

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

### **Frequency of meetings**

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

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

25. Meetings of the Committee shall:
  - a) be held in public, subject to the application of 23(b);
  - b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
26. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
27. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest..
28. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
29. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Standing Orders referred to above unless separate confidentiality requirements are set out for the committee in which event these shall be observed.
30. The Committee will present its minutes to NHS England/NHS Improvement - East and the governing body of NHS Castle Point and Rochford CCG each month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 28 above.
31. The CCG will also comply with any reporting requirements set out in its constitution.
32. It is envisaged that these Terms of Reference will be reviewed annually, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

### **Accountability of the Committee**

33. The Committee has delegated authority to approve primary care spend within the parameters of the Primary Care allocation as agreed by the governing body in line with the CCG Scheme of Delegation.

34. The Committee should assure itself that any commissioning cases for proposed new services have been fully considered by the Clinical Executive Committee prior to approval.
35. For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions (see Appendix 3 & 4) of any of the members, the Delegation will prevail.

### **Procurement of Agreed Services**

36. The CCG will make procurement decisions relevant to the exercise of the Delegated Functions and in accordance with the procurement protocol issued and updated by NHS England from time to time.

### **Decisions**

37. The Committee will make decisions within the bounds of its remit.
38. The decisions of the Committee shall be binding on NHS England and NHS Castle Point and Rochford CCG.
39. The Committee will produce an executive summary report which will be presented to NHS England/NHS Improvement - East. The Committee will report to the Governing Body any points for escalation after each meeting and a formal report on its work will be submitted annually. The Committee will conduct an annual self-assessment of its effectiveness and report the findings of the assessment to the Governing Body.

## Remuneration Committee

### 1. Terms of Reference

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

<b>Date of adoption:</b>	26 <sup>th</sup> September 2019
<b>Approved by:</b>	Governing Body of NHS Castle Point & Rochford CCG
<b>Responsible to:</b>	Governing Body of NHS Castle Point & Rochford CCG
<b>Date at which Terms of Reference will be reviewed:</b>	Annually

### 2. Membership

The membership of the group was approved by the Governing Body of NHS Castle Point & Rochford CCG 26<sup>th</sup> September 2019. The last change of membership took place on 1<sup>st</sup> October 2019.

The names of the members of the body are listed below

<b>Full members of the body</b>	Lay Member for Governance Lay Member for Primary Care Lay Member for Patient Engagement
<b>Chair</b>	Lay Member Patient Engagement
<b>Vice Chair</b>	Lay Member for Primary Care
<b>Executive Lead</b>	Accountable Officer
<b>Clerk</b>	EA to AO
<b>Others who should be invited to meetings</b>	GB Chair Accountable Officer  Senior officer with responsibility for Human Resources (if required)
<b>Others who should be sent the minutes and papers of meetings</b>	Restricted members of the Committee
<b>Substitutes</b>	Substitutes are not permitted.
<b>Quorum</b>	The Committee will be quorate with two members present.

## **Minutes and Committee Papers**

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

## **Reporting & Review**

The Committee will report to the Governing Body any points for escalation after each meeting and a formal report on its work will be submitted annually. The Committee will conduct an annual self-assessment of its effectiveness and report the findings of the assessment to the Governing Body.

## **Remit**

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

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

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

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

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

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

Review of disciplinaries

The Committee will make recommendations to the Governing Body about major reorganisations.

## **Conduct and Conflicts of Interest**

The CCG's rules on the management of conflicts of interest as set out in the CCG Constitution, Standing Orders and Standing Financial Instructions (see Appendix 3 & 4) apply to the work of this Committee.

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

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

## **Emergency Decisions**

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

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

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

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

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

## **Conduct of Meetings**

The Committee will meet quarterly as a minimum.

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

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

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

Members of the committee shall respect confidentiality requirements as set out in the Standing Orders (see Appendix 3 & 4) referred to above unless separate confidentiality requirements are set out for the committee in which event these shall be observed.

## **Quoracy and Voting**

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

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

# **Appendix 3 and 4**

## **Standing Orders**

### **Scheme of Reservation & Delegation**

### **Standing Financial Instructions**