

Merton Clinical Commissioning Group Constitution

[29 May] 2012

Merton Clinical Commissioning Group Constitution

Introduction

Dear Members

CHAIR'S STATEMENT

Merton Clinical Commissioning Group has been created for and by its Member Practices. To achieve our vision of better care and a healthier future for Merton, we will involve and engage our patients in designing services, support them to co-produce systems of care and empower them to look after their own health.

We will measure our success by the improvements we are able to secure in the health of local people and the range and quality of services provided. We will commission services based on evidence of clinical effectiveness, patient experience, and in response to defined local and national strategic priorities.

We are part of the NHS and will ensure that we uphold its principles and values as reflected in the NHS Constitution. We will demonstrate honesty and integrity in all of our work. We will be thoughtful and transparent in our decision-making and governance. We will be responsible stewards of public money, ensuring that we make adequate provision for adverse times.

We are responsible to our fellow Members, the Practices of Merton. As members we will co-operate to ensure that local services are delivered to the highest standards and that we collectively commission services of high quality, the best value possible and which are responsive to patients' needs. We will work collaboratively with partner organisations to ensure that care is co-ordinated and patient-centred.

We have a responsibility to support our employees, and we will enable individuals and teams to experiment and succeed and to learn and develop. We will treat people with respect and value diversity. We will enable people to fulfil their responsibilities to their families. We will encourage innovation and experiment with new ways of working, learning from mistakes and celebrating successes.

This Constitution lays out the foundations on which Merton Clinical Commissioning Group will build. It defines the rights and responsibilities of Members and establishes the systems of governance which will ensure that we make the right decisions. The Constitution is our commitment to working together.

Dr Howard Freeman

Chair, Merton CCG

Merton Clinical Commissioning Group Constitution

Contents

Constitution

Part 1	Constitution	8
	1.1 This Constitution.....	8
Part 2	9	
The CCG	9	
	2.1 Name.....	9
	2.2 Area.....	9
	2.3 Principal Purpose.....	9
	2.4 Status.....	9
	2.5 Composition	9
	2.6 Vision and Strategic Goals	10
	2.7 Duties.....	11
	2.8 Functions.....	11
	2.9 Principles of Good Governance	11
	2.10 Transparency	12
Part 3	Members and Membership	13
	3.1 Eligibility for Membership.....	13
	3.2 New Applications for Membership	13
	3.3 Register of Members	13
	3.4 Termination of Membership.....	13
	3.5 Member Representatives	14
	3.6 Engagement with Members	14
	3.7 Members' Duties and Responsibilities.....	14
Part 4	Governing Body.....	16
	4.1 The Governing Body	16
	4.2 Composition	16
	4.3 Members of the Governing Body.....	16
	4.4 Appointment/Nomination/Election of members to the Governing Body.....	17
	4.5 Meetings of the Governing Body	17
	4.6 Voting Rights of Members of the Governing Body	17
	4.7 Functions.....	17
	4.8 Exercise of Functions	18
Part 5	Committees	19
	5.1 Committees	19

	5.2	Audit and Governance Committee	19
	5.3	Remuneration Committee	20
Part 6	21		
Commissioning	21		
	6.1	Commissioning Plan	21
	6.2	Consulting on Commissioning Plans.....	21
	6.3	In particular, the CCG shall:.....	21
	6.4	Any Qualified Provider (“AQP”).....	22
Part 7		Annual Report.....	23
	7.1	Annual Report	23
Part 8		Information Governance.....	24
	8.1	Permitted Disclosures of Information	24
Part 9		Third Party Engagement/Collaborative Working.....	25
	9.1	The Commissioning Board Authority.....	25
	9.2	Patients and the Public	25
	9.3	Local Authority.....	25
	9.4	Health and Wellbeing Boards	26
	9.5	Other Clinical Commissioning Groups	26
	9.6	Public Health	27
Part 10		Conflicts of Interest	28
	10.1	Conflicts of Interest.....	28
	10.2	Registers of Interest.....	28
	10.3	Governing Body	28
	10.4	Practice Leads Forum	29
	10.5	Declaration of Interests.....	29
Part 11		Employment, Remuneration and Expenses	31
	11.1	Staff.....	31
	11.2	Governing Body	31
	11.3	Accountable Officer	31
	11.4	Finance Officer	32
	11.5	Additional Powers in Respect of Payment of Allowances	32

Schedules

Schedule 1	Definitions.....	34
Schedule 2	Constitution	39
Schedule 3	CCG Duties, Responsibilities and Powers	40
Schedule 4	Membership: Eligibility and Termination of Membership	46
Schedule 5	Composition of the Governing Body	47
Schedule 6	Additional information for Governing Body Membership.....	49
Schedule 7	The Seven Principles of Public Life (the Nolan Principles)	52
Schedule 8	CCG Functions.....	53
Schedule 9	Annual Report: Contents and Publication.....	54
Schedule 10	The NHS Commissioning Board Authority	55

Appendices

Appendix 1	Area	57
Appendix 2	Register of Members	58
Appendix 3	Members Forum Terms of Reference	60
Appendix 4	Governing Body Terms of Reference	61
Appendix 5	Audit and Governance Committee Terms of Reference	62
Appendix 6	Remuneration Committee Terms of Reference	63
Appendix 7	Conflict of Interests Policy	64
Appendix 8	Standing Orders.....	72
Appendix 9	Prime Financial Policies	75

Merton Clinical Commissioning Group Constitution

Constitution

Part 1

Constitution

1.1 **This Constitution**

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

the CCG's Standing Orders which set out the arrangements for meetings and the appointment processes to elect the CCG's representatives and appoint to the CCG's committees, including the Governing Body;

the Scheme of Reservation and Delegation which sets out those decisions which are the responsibility of the CCG, its Governing Body, its committees and sub-committees, individual members and employees; and

Prime Financial Policies which sets out the arrangements for managing the CCG's financial affairs.

Part 2

The CCG

2.1 **Name**

This Constitution sets out the governance arrangements adopted by Merton Clinical Commissioning Group (the "CCG").

2.2 **Area**

The CCG shall carry out its functions in respect of the geographical area known as the London Borough of Merton as delineated on the map at Appendix 1: Merton Borough.

2.3 **Principal Purpose**

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

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

2.3.3 The duties of the CCG are set out at paragraph 2.7 and Schedule 3.

2.4 **Status**

The legal status of the CCG is as follows:

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

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

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

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

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

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

2.5 **Composition**

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

Subject to the requirements set out in this Constitution:

All Practices in the Area shall be eligible to become members of the CCG in accordance with Part 3 of this Constitution;

The executive functions of the CCG shall be exercised by the Governing Body, which is composed of appointed and elected and nominated members;

The Members shall form an unincorporated association known as the Practice Leads Forum;

Each Member shall be represented on a Practice Leads Forum by a Practice Lead nominated by each Member;

The Practice Leads shall be entitled to attend and vote at meetings of the Practice Leads Forum; and

The Practice Leads Forum shall elect clinicians to the Governing Body's clinical leadership team as described in Part 4.

2.6 **Vision and Strategic Goals**

2.6.1 The vision of the CCG is to improve the health outcomes for the population of Merton by commissioning services *tailored* to the needs of individual patients whilst addressing the diverse health needs of the population.

2.6.2 The CCG aims to improve patient experiences and health outcomes in a financially and clinically sustainable way by:

2.6.3 Achieving better value through ensuring the people are able to access the right care they need, in the right setting, at the right time;

2.6.4 Using an understanding of patient needs to shape services and their experiences to drive performance improvement;

2.6.5 Developing integrated primary, community, mental health and social care through sustainable partnerships;

2.6.6 Making 'better healthcare closer to home' real for delivering local population health outcomes;

2.6.7 Agreeing, communicating and implementing an achievable vision for patient-centred healthcare services across Merton; and

2.6.8 Acting as a clinically-led and managerially efficient membership organisation.

2.6.9 We will achieve our vision and strategic goals by:

using a blend of clinical and managerial skill to ensure that we commission in a way that is better than and different from what has gone before. Our commissioning strategies will be evidence-based. We will capture ideas for population health improvement, blend these with local and national priorities and develop an annual business plan that has broad consensus. With a leaner and more fluid structure, we aim to be faster at converting good ideas into reality;

making holistic commissioning decisions alongside our commissioning and provider colleagues, reflecting the challenge of co-morbidities and promoting integrated responses to patient needs.

We will achieve a better balance in the health system so we can justify where we spend our resources on health care services for population health improvement;

being open and transparent in how we work. We will strive to achieve consensus for clinical change and couple clinical priorities with local democracy, working with the local authority to ensure our population has confidence in our commissioning decisions.

- 2.6.10 The strategic goals will be subject to annual checks and consultation with key partners to ensure fit for purpose to achieve the vision.

2.7 **Duties**

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

2.8 **Functions**

- 2.8.1 The CCG shall carry out the functions described in the NHS Act 2006, including, but not limited to:

Commissioning certain health services (where the Commissioning Board Authority is not under a duty to do so) that meet the reasonable needs of:

all people registered with Member Practices; and

people who are usually resident within the Area and are not registered with a member of any other clinical commissioning group.

Commissioning emergency care for anyone present in the Area.

Determining the remuneration and travelling or other allowances of members of the Governing Body.

Paying its employees remuneration, fees and allowance in accordance with the determinations made by the Governing Body and determining any other terms and conditions of service of the CCG's employees.

In discharging its functions the CCG shall act consistently with the discharge by the Secretary of State and the Commissioning Board Authority of their duty to promote a comprehensive health service and with the objectives and requirements placed on the NHS Commissioning Broad through the mandate published by the Secretary of State before the start of each financial year as set out in this constitution.

2.9 **Principles of Good Governance**

- 2.9.1 The CCG Shall conduct its business at all times in accordance with such generally accepted principles of good governance, including but not limited to:

the highest standards of probity involving impartiality, integrity and objectivity in relation to the stewardship of public funds;

the Nolan Principles (Schedule 8);

the Good Governance Standard for Public Services;

the seven key principles of the NHS Constitution; and
the Equality Act 2010.

2.10 **Transparency**

- 2.10.1 All communications issued by the CCG, including the Commissioning Plan, Annual Report, notices of procurements, public consultations, reports, Governing Body meeting dates, times, venues and papers will be published on the CCG's website.
- 2.10.2 The CCG may use other means of communication, including circulating information by post, or making information available in venues or services accessible to the public.

Part 3

Members and Membership

The CCG is a membership body, comprising GP Practice Members. Those Members are entitled to nominate representatives (Practice Leads) who may attend and vote at meetings of the Practice Leads Forum. The Practice Leads Forum will engage with the Governing Body to ensure commissioning decisions reflect the needs of the patients and the public in the Area.

3.1 **Eligibility for Membership**

A Practice may become a Member of the CCG if it is situated within the Borough of Merton and it holds a contract for the provision of primary medical services.

3.2 **New Applications for Membership**

3.2.1 New applications for membership of the CCG (New members are defined as those Practices wanting to become members after 01st July 2012) should be made in writing to the Governing Body.

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

in the opinion of the Governing Body is eligible to become a Member;

has, to the satisfaction of the Governing Body completed the Membership application process determined by the Governing Body, including the submission to the Governing Body of a declaration, signed on behalf of the Practice, that the Practice shall comply and be bound by the terms of this Constitution for the period of its Membership;

has had its application approved by the Governing Body; and

has had its name entered on the Register of Members by the Governing Body.

Comment [d1]: Where will we describe the process of working in localities? Perhaps best in the practice member agreement

3.3 **Register of Members**

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

3.3.2 The Register of Members as amended from time to time by the Governing Body will be appended to this Constitution at Appendix 2.

3.4 **Termination of Membership**

3.4.1 A Member may terminate its Membership of the CCG on giving 6 months' notice to the Governing Body of such intention, in which case the Member's Membership shall terminate at the expiry of such notice period, or such later date set out in the notice, and that Member shall be removed from the Register of Members by the Governing Body.

3.4.2 A Member shall immediately cease to be a Member and shall be removed from the Register of Members and their Practice Leads shall cease to be eligible to attend/vote at meetings of the Practice Leads Forum if:

the Practice ceases to be eligible to be a Member; and/or

in the opinion of the Governing Body that Member has failed to comply with any material provision of this Constitution.

Further provisions detailing the eligibility requirements for Membership and the circumstances in which Membership may be terminated are described in Schedule 4.

3.5 **Member Representatives**

- 3.5.1 Each Member Practice shall nominate an individual who is a GP to represent the Member as a Practice Lead on the Practice Leads Forum.
- 3.5.2 A Member may replace its Practice Lead from time to time by notice in writing to the Governing Body.
- 3.5.3 The CCG shall be entitled to consider that the Practice Lead has the authority to act on behalf of a Member until it receives notification of the replacement of that Practice Lead in accordance with paragraph 3.6.2 above.
- 3.5.4 Each Member shall authorise its Practice Lead to act on behalf of the Member as follows:

attend and receive notice of any meetings of the Practice Leads Forum;

vote at meetings of the Practice Leads Forum on behalf of the Member in accordance with this Constitution;

sign any written resolution on behalf of the Member;

receive any notices from the CCG on behalf of the Member and any notice delivered by the CCG to the Practice Lead shall be deemed to have been made or served on the Member;

appoint a proxy; and

approve or provide any consent required of the Member by the CCG in respect of the powers and duties of the Member described in this Constitution.

3.6 **Engagement with Members**

- 3.6.1 The CCG shall establish a strategy for engaging with its Members (the "Member Engagement Strategy"). The Member Engagement Strategy will include details of how the CCG will gather and collate information from its Members and how that information will be incorporated into commissioning decisions taken by the Governing Body.
- 3.6.2 A copy of the Member Engagement Strategy shall be published on the CCG's website.

3.7 **Members' Duties and Responsibilities**

- 3.7.1 The duties of each Member are detailed in the Inter-Practice Agreement under the following headings:

Duty to co-operate;

Duty to act in good faith;

Compliance with Standing Orders and Standing Financial Instructions;

Attendance at meetings;

Improving quality, innovation, prevention and productivity across the Merton health economy;

Commissioning Strategy Plan (CSP);

Annual Report;

Commissioning and Delegated Budgets; and

Public/Patient Engagement.

Part 4

Governing Body

4.1 **The Governing Body**

- 4.1.1 The CCG must have a governing body to oversee the delivery of the CCG's Commissioning Plan, lead and set the strategy for the CCG and to be accountable for the delivery by the CCG of its functions as a statutory body. Member Practices will be entitled, through their Practice Lead, to elect members to the Governing Body to ensure the Members are represented and can contribute clinical expertise at the highest level within the CCG.
- 4.1.2 The NHS Act 2006 requires the CCG to establish a Governing Body. The CCG's Governing Body shall be known as the Merton CCG Governing Body.
- 4.1.3 The practice and procedure of the Governing Body is set out in the Governing Body Terms of Reference appended to this Constitution at Appendix 5.

4.2 **Composition**

- 4.2.1 The CCG shall have a Governing Body comprising of no more than 12 voting members, comprising initially the following 10 members:

Clinical Chair;

Chief Operating Officer (as Accountable Officer);

Chief Financial Officer;

At least 2 lay members [including one to chair the Audit Committee, and one to act as Deputy Chair and to represent the interests of patients and the public]

2 GPs who currently practice within Merton

Secondary Care Consultant

Registered Nurse

Director of Public Health

Up to two other members may be appointed if deemed necessary for the Governing Body to carry out its functions.

- 4.2.2 The Governing Body will have a clinical majority and be chaired by GP.
- 4.2.3 The Composition of the Governing Body is set out in Schedule 5.

4.3 **Members of the Governing Body**

- 4.3.1 The following may become members of the Governing Body:

a Member of the CCG who is an individual;

an individual appointed by virtue of Regulations in the Act;

individuals who are Health Care Professionals; and

individuals who are Lay Persons;

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

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

4.4.1 Appointed Members

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

Chair;

Chief Operating Officer (as Accountable Officer);

Chief Financial Officer;

Together referred to as the 'Appointed Members'.

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

4.4.2 Elected Members

Members of the CCG shall elect the Chair and two GPs, all of whom shall be GPs from Merton. Each member practice will have one vote per role.

4.4.3 Other Members

Director of Public Health

Any other nominees at the discretion of the Governing Body

4.5 **Meetings of the Governing Body**

Meetings of the Governing Body must be held in public, except where the CCG has resolved that it would not be in the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings to permit members of the public to attend a meeting or part of a meeting. Further provisions describing the practice and procedure of the Governing Body are set out in the Governing Body's Terms of Reference appended to this Constitution at Appendix 5.

4.6 **Voting Rights of Members of the Governing Body**

Subject to the provisions of the Governing Body Terms of Reference, all members of the Governing Body shall be entitled to vote at meetings of the Governing Body.

4.7 **Functions**

- 4.7.1 The core functions of the Governing Body are to:

4.7.2 ensure that the CCG has made appropriate arrangements to:

exercise its functions effectively, efficiently and economically; and

comply with such generally accepted principles of good governance as are relevant to it. In particular, the Governing Body shall ensure that appropriate arrangements are put in place to ensure the CCG complies with the Seven Principles of Public Life as described by the Nolan Committee (the 'Nolan Principles') which are set out at Schedule 7 to this Constitution.

4.7.3 determine the remuneration, fees and allowances payable to the employees of the CCG or to other persons providing services to it;

determine the allowances payable under a pension scheme established under the Act; and

such other functions connected with the exercise of its main function as may be determined by the CCG and set out in this Constitution at Schedule 8.

4.7.4 The Governing Body shall have regard to any Guidance published by the Commissioning Board Authority in respect of the exercise by the Governing Body of the functions described at paragraph 4.7.3 above.

4.8 **Exercise of Functions**

4.8.1 The functions of the Governing Body may be exercised by any of the following on behalf of the Governing Body:

any committee or sub-committee of the Governing Body;

a member of the Governing Body; or

a Member of the CCG who is an individual (but is not a member of the Governing Body).

4.8.2 In discharging its functions the Governing Body (and its committees and individuals must):

comply with the principles of good governance described in this Constitution;

operate in accordance with the CCG's Scheme of Reservation and Delegation;

comply with the CCG's Standing Orders;

comply with the CCG's arrangements for discharging its statutory duties; and

where appropriate ensure that Member Practices have had the opportunity to contribute to the CCG's decision making process.

Part 5

Committees

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

5.1 **Committees**

- 5.1.1 The CCG may appoint committees or sub-committees. The committees or sub-committees may consist of or include persons other than Members or employees of the CCG.
- 5.1.2 The CCG shall ensure that each committee or sub-committee adopts and complies with terms of reference detailing the duties and responsibilities of the committee or sub-committee and the procedure of that committee or sub-committee.
- 5.1.3 The CCG shall ensure that any duties and responsibilities delegated to a committee of the CCG are described in the CCG's Scheme of Delegation and Reservation.
- 5.1.4 The Governing Body shall delegate responsibilities to committees or subcommittees, as laid out in the relevant Appendices to this Constitution. The Governing Body shall have at least the following two Committees:

Audit and Governance Committee (Appendix 6)

Remuneration Committee (Appendix 7)

5.2 **Audit and Governance Committee**

- 5.2.1 The Governing Body shall establish an Audit and Governance Committee. The composition of the Audit and Governance Committee will accord with any published national guidance.
- 5.2.2 The Audit and Governance Committee is accountable to the Governing Body, shall be chaired by a Lay Person Member and shall perform such financial monitoring, reviewing and other functions as are considered appropriate by the Governing Body. The duties and responsibilities of the Audit and Governance Committee shall include:

assisting the CCG in discharging its functions under paragraph 4.7.1 above;

carrying out such other functions connected with the exercise of its main function at paragraph 4.7.1 above as may be determined by the Governing Body and which are set out in the Audit and Governance Committee Terms of Reference which are appended to this Constitution at Appendix 6 and (where necessary) delegated to the Audit and Governance Committee under the CCG's Scheme of Delegation and Reservation;

identifying strategic risks;

monitoring compliance;

providing assurance; and

assuring adherence to the principles of good governance, as described in paragraph 2.10.1.

5.3 **Remuneration Committee**

5.3.1 The Governing Body shall establish a Remuneration Committee. The composition of the Remuneration Committee shall accord with any published national guidance.

5.3.2 The Remuneration Committee shall be chaired by a Lay member, and the duties and responsibilities of the Remuneration Committee shall include:

making recommendations to the Governing Body as to the discharge of its functions under paragraphs 4.7.3 and 0 above; and

carrying out such other functions connected with the exercise of the functions described at paragraph 4.7.1 above as may be determined by the Governing Body and which are set out in the Remuneration Committee Terms of Reference which is appended to this Constitution at Appendix 7 and (where necessary) are delegated to the Remuneration Committee under the CCG's Scheme of Delegation and Reservation.

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

Part 6

Commissioning

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

6.1 **Commissioning Plan**

6.1.1 The CCG shall prepare a commissioning plan before the start of each Financial Year in accordance with the Act (the “Commissioning Plan”) and any guidance published by the NHS Commissioning Board Authority. The Commissioning Plan must set out how the CCG proposes to exercise its functions during the relevant Financial Year. The Commissioning Plan must, in particular, explain how the CCG proposes to discharge its responsibilities in relation to its duties to: improve the quality of the Services; reduce inequalities; ensure public involvement and consultation, its financial duties in relation to expenditure; and additional controls on resource use.

6.1.2 The CCG shall publish the Commissioning Plan and supply a copy to the NHS Commissioning Board Authority before any date specified by the NHS Commissioning Board Authority in a direction and to any Relevant Health and Wellbeing Board.

6.1.3 The CCG may revise the Commissioning Plan after it has been published. Following a revision, the CCG must prepare and publish a document detailing the changes it has made to the Commissioning Plan. The CCG shall supply a copy of the revised Commissioning Plan to the NHS Commissioning Board Authority before any date specified by them and to any Relevant Health and Wellbeing Board. If the CCG revises the Commissioning Plan in a way in which the CCG considers to be significant, the CCG must also publish a copy of the revised Commissioning Plan.

6.1.4 A copy of the Commissioning Plan as amended from time to time shall be available at the CCG’s place of business and shall be published on the CCG’s website.

6.2 **Consulting on Commissioning Plans**

6.2.1 Where the CCG is preparing a Commissioning Plan or revising a Commissioning Plan in a way which the CCG considers significant, the CCG must:

consult individuals for whom it has responsibility for the purposes of Section 3 of the NHS Act 2006; and

involve any relevant Health and Wellbeing Board in revising or preparing the Commissioning Plan.

6.3 **In particular, the CCG shall:**

6.3.1 6.3.1 give the Merton Health and Wellbeing Board a draft of the Commissioning Plan or, as the case may be, a copy of the revised Commissioning Plan; and

6.3.2 6.3.2 consult the Merton Health and Wellbeing Board on whether the draft Commissioning Plan takes proper account of each Joint Health and Wellbeing Strategy published by the Merton

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

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

a summary of the views expressed by individuals consulted under 6.2 above;

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

a statement of the final opinion of each Relevant Health and Wellbeing Board consulted in relation to the Commissioning Plan under paragraphs 6.2 and 6.3 above.

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

6.4 **Any Qualified Provider (“AQP”)**

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

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

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

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

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

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

will meet the Terms and Conditions of the NHS Standard Contract which includes a requirement to have regard to the NHS Constitution, relevant guidance and law;

accept NHS prices;

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

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

Part 7

Annual Report

7.1 **Annual Report**

- 7.1.1 In every Financial Year, save for its first Financial Year, the CCG shall prepare an Annual Report in accordance with the Act and any directions given to the CCG by the NHS Commissioning Board Authority on how it has discharged its functions in the previous Financial Year.
- 7.1.2 Provisions describing the contents of and the procedures in respect of the publication of the Annual Report are set out in Schedule 9.

Part 8

Information Governance

8.1 **Permitted Disclosures of Information**

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

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

made in accordance with any enactment or court order;

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

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

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

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

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

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

8.1.2 The CCG's right to disclose information under paragraphs 8.1.1 above may be exercised notwithstanding any rule of common law which would otherwise prohibit or restrict the disclosure.

Part 9

Third Party Engagement/Collaborative Working

9.1 **The Commissioning Board Authority**

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

9.1.2 The CCG will be accountable to the Commissioning Board Authority.

9.2 **Patients and the Public**

9.2.1 The Governing Body shall make arrangements to ensure that patients and the public are involved in the planning and development of the Commissioning Plan. Such arrangements shall include service commissioning in accordance with its duty at paragraph 13 of Schedule 3 of this constitution.

9.3 **Local Authority**

9.3.1 The CCG will work in partnership with Merton Borough Council to reduce health and social inequalities.

9.3.2 Partnership working between the CCG and Merton Borough Council might include joint commissioning. In this instance, the CCG may make arrangements with Merton Borough Council in respect of:

Delegating any of the CCG's commissioning functions to the Council;

Exercising any of the commissioning functions jointly

9.3.3. For purposes of the arrangements described in 9.3.2., the CCG may:

Agree formal and legal arrangements to make payments to, or receive payments from the Council, or pool funds for the purpose of joint commissioning;

Make the services of its employees or any other resources available to the Council; and

Receive the services of the employees or the resources from the Council.

9.3.4. Where the CCG makes an agreement with the Council as described in 9.3.2., 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;

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 both parties, including details of assets, employees and equipment to be used under the joint working arrangements; and

the liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to 9.3.2; and similarly, the liability of the Council to carry out its functions will not be affected where the Council enters in said arrangements.

9.4 **Health and Wellbeing Boards**

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

- 9.4.1 The CCG shall act in partnership with the Local Authority, Public Health and other agencies with a commitment to promoting the health and well-being of the Merton population to develop a shared vision and ambition for health improvement and health and social care services.

9.5 **Other Clinical Commissioning Groups**

- 9.5.1 The CCG may wish to work together with other Clinical Commissioning Groups in the exercise of its Commissioning Functions.
- 9.5.2 The CCG may make arrangements with one or more Clinical Commissioning Groups in respect of:
- delegating any of the CCG's Commissioning Functions to another Clinical Commissioning Group;
 - exercising any of the Commissioning Functions of another Clinical Commissioning Group; or
 - exercising jointly the Commissioning Functions of the CCG and another Clinical Commissioning Group.
- 9.5.3 For the purposes of the arrangements described at paragraph 9.5.2, the CCG may:
- make payments to another Clinical Commissioning Group
 - receive payments from another Clinical Commissioning Group; or
 - make the services of its employees or any other resources available to another Clinical Commissioning Group; or
 - receive the services of the employees or the resources available to another Clinical Commissioning Group.
- 9.5.4 For the purposes of the arrangements described at paragraph 9.5.2 above, the CCG may establish and maintain a pooled fund made up of contributions by any of the Clinical Commissioning Groups working together pursuant to paragraph 9.5.2 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the Commissioning Functions in respect of which the arrangements are made.

9.5.5 Where the CCG makes arrangements with another Clinical Commissioning Group as described at paragraph 9.5.2. above, the CCG shall develop and agree with that Clinical Commissioning Group an Agreement setting out the arrangements for joint working including details of:

how the parties will work together to carry out their Commissioning Functions;

the duties and responsibilities of the parties;

how risk will be managed and apportioned between the parties;

financial arrangements, including payments towards a pooled fund and management of that fund;

contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements; and

The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 9.5.2 above.

9.6 **Public Health**

9.6.1 The CCG will develop a Memorandum of Understanding with Public Health Merton that outlines:

Public Health input into joint commissioning with the Local Authority/CCG with regards to core Public Health functions.

Public Health specialist support and capacity into the CCG.

CCG support and capacity into the commissioning elements of Public Health core functions.

9.7 Local Medical Committee

9.7.1 The CCG will engage with the Local Medical Committee (LMC) as local statutory representatives of the profession where relevant and appropriate.

Part 10

Conflicts of Interest

10.1 **Conflicts of Interest**

- 10.1.1 The Governing Body shall develop and maintain a conflicts of interest policy (the "Conflicts of Interest Policy").
- 10.1.2 A copy of the Conflicts of Interest Policy as amended from time to time by the Governing Body will be published on the CCG's website and shall be appended to this Constitution.

10.2 **Registers of Interest**

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

Members;

Members of the Governing Body;

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

CCG employees

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

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

- 10.2.2 The CCG shall make arrangements to ensure that:

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

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

any such declaration is included in the Registers of Interests.

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

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

10.3 **Governing Body**

- 10.3.1 The CCG shall collate and maintain a Register of Interests of each Member of the Governing Body. The Register of Interests shall include all relevant personal or business interests as defined by the CCG's Conflicts of Interest Policy, held by a Governing Body Member.

- 10.3.2 All Members of the Governing Body must comply with the provisions of the Conflicts of Interest Policy, which includes a provision requiring Members of the Governing Body to notify the CCG of a relevant interest or a change to an existing interest noted on the Register of Interests. Failure by a Governing Body Member to so notify the CCG or to comply with the Conflicts of Interest Policy, may lead to the suspension and/or removal of the Governing Body Member from the Governing Body.
- 10.3.3 Where the business of the Governing Body requires a decision on an area in which a member holds a significant conflict of interest, the Chair of the Governing Body shall ensure that the Member Representative in question takes no part in the discussion or subsequent decision making. The CCG's Conflicts of Interest Policy states what could be considered a conflict of interest and the procedure for evaluating proposals where more than one member of the Governing Body holds a significant interest pertaining to the business of the Governing Body.
- 10.3.4 Should the Chair of the Governing Body have a conflict of interest, then the Chair shall take no part in the discussion or subsequent decision making, and the Deputy Chair (Lay Member) shall chair the discussion and subsequent decision making.
- 10.4 **Practice Leads Forum**
- 10.4.1 The CCG shall collate and maintain a Register of Interests of each member of the Members Forum. The register of interests shall include all relevant personal or business interests as defined by the CCG's Conflicts of Interest Policy, held by a Practice Lead on the Practice Leads Forum.
- 10.4.2 All Practice Leads of the Practice Leads Forum must comply with the provisions of the Conflicts of Interest Policy, which includes a provision requiring members of the Practice Leads Forum to notify the CCG of a relevant interest or a change to an existing interest noted on the register. Failure by a Practice Lead to so notify the CCG or to fail to comply with the Conflicts of Interest Policy, may lead to the suspension and/or removal of the Practice Lead from the Practice Leads Forum.
- 10.4.3 Where the business of the Practice Leads Forum requires a decision on an area in which a Practice Lead holds a significant conflict of interest, the Chair of the Governing Body, working with the chair of the Practice Leads Forum, shall ensure that the Practice Lead in question takes no part in the discussion or subsequent decision making. The CCG's Conflicts of Interest Policy describes examples of interests that are likely to be considered 'significant'.
- 10.5 **Declaration of Interests**
- 10.5.1 Each Governing Body member, Practice Lead, CCG employee or any other person working on behalf of the CCG shall declare any personal or business interest as defined in the CCG's Conflicts of Interest Policy immediately on becoming aware of such interest. The CCG's Conflicts of Interest Policy shall set out the procedure for making the declaration. Such declaration shall include details of the nature and extent of the interest, including details of any benefit already received or which is expected to be received.
- 10.5.2 Any question of whether an interest is a conflict of interest or potential conflict of interest as defined by the CCG's Conflicts of Interest Policy or whether an interest should be recorded or removed from the Register of Interests shall be for the consideration of the Accountable Officer.

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

Part 11

Employment, Remuneration and Expenses

11.1 **Staff**

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

11.1.2 The CCG must:

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

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

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

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

11.2 **Governing Body**

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

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

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

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

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

11.3 **Accountable Officer**

11.3.1 The CCG must have an Accountable Officer.

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

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

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

11.4 **Finance Officer**

11.4.1 The CCG must have a Finance Officer.

11.4.2 The Finance Officer is to be appointed by the NHS Commissioning Board Authority.

11.4.3 The CCG may, for or in respect of its Finance Officer, make arrangements for providing remuneration and travelling or other allowances, pensions, allowances or gratuities, including arrangements for the provision of pensions, allowances or gratuities by way of compensation to or in respect of the Finance Officer where that Finance Officer suffers loss of office or loss or diminution of emoluments.

11.5 **Additional Powers in Respect of Payment of Allowances**

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

Members of the CCG who are individuals;

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

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

Clinical Commissioning Group Constitution

Schedules

This document contains 10 Schedules

Schedule 1

Definitions

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

Accountable Officer	An individual who is appointed to be accountable for the exercise by the CCG of any of its functions by the NHS Commissioning Board Authority in accordance with the Act and whose duties and responsibilities are set out in this Constitution.
Annual Report	The report prepared by the CCG at the end of each Financial Year, save for its first Financial Year, describing how the CCG has discharged its functions in the previous Financial Year.
Appointed Members	Members appointed to the Governing Body in accordance with paragraph 4.4.
Area	The geographical area to be covered by the CCG described in paragraph 2.2.
Audit Committee	The committee established by the Governing Body in accordance with paragraph 5.2.
Commissioning Board Authority	The body established by the NHS Act 2006 (as amended by the Health and Social Care Act 2012).
Commissioning Functions	The functions of Clinical Commissioning Groups in arranging for the provision of services as part of the Health Service (including the function of making a request to the NHS Commissioning Board Authority for the purposes of Section 1427).
Commissioning Plan	The plan for commissioning prepared by the CCG in accordance with the NHS Act 2006 and pursuant to paragraph 6.
Conflicts of Interest Policy	The policy developed and maintained by the Governing Body pursuant to paragraph 10 and appended to this Constitution at Appendix 9.
Financial Year	Includes the period which begins on the day the CCG is established and ends on the following 31 March.
Governing Body	The CCG Governing Body appointed pursuant to having the responsibilities set out in Part 4.
GP	Means a general practitioner registered on a performers' list of that NHS Commissioning Board Authority.
Guidance	Measuring applicable health or social care guidance, direction or determination which the CCG has a duty to have regard to.
Health and	A committee of the local authority established by the NHS Act 2006 (as

Wellbeing Board	amended by the Health and Social Care Act 2012), on which the CCG will be represented.
Health Care Professional	An individual who is a member of a profession regulated by a body mentioned in Section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.
Health-Related Services	Services that may have an effect on the health of individuals but are not health services or Social Care Services.
Inter-Practice Agreement	The Inter-Practice Agreement described in paragraph 3.6 setting out how the Member Practices will work together to further the objectives of the CCG.
Joint Health and Wellbeing Strategy	A strategy under Section 116A of the Local Government and Public Involvement in Health Act 2007 which is prepared and published by a Health and Wellbeing Board by virtue of Section [195 of the Health and Social Care Act 2010].
Lay Person	An individual who is not: <ul style="list-style-type: none"> (a) a member of the CCG; (b) a Healthcare Professional; or (c) an individual of prescribed description.
Legislation	Laws statutes, statutory instruments, regulations and directions issued from time in respect of the CCG.
Member	A Practice which has successfully completed the application process for Membership of the CCG and whose name is recorded in the Register of Members in accordance with paragraph 3.4 of this Constitution (and "Membership") shall be construed accordingly).
Member Engagement Strategy	A strategy established by the CCGs for engaging with its Members in accordance with paragraph 3.8 of this Constitution.
Practice	An individual or organisation that is a provider of primary medical services pursuant to: a general medical services contract; arrangements under section 83(2) of the Act; or arrangements under section 92 of the Act, for the provision of primary medical services of a prescribed description.
Practice Lead	An individual nominated by a Member to represent that Member on the Practice Leads Forum in accordance with paragraph 3.6.1 of this Constitution.
Practice Leads Forum	A committee composed of Practice Leads that meets at least 2 times per year.
Prime Financial Policies	The Prime Financial Policies described in paragraph 1.1.9.3 and set out in Appendix 12.

Register of Interests	A written register as amended from time to time of the interests of each member of the Governing Body or Members Forum as described in paragraph 10.2 of this Constitution.
Register of Members	A written register as amended from time to time of the names and addresses of the Members of the CCG established and maintained in accordance with paragraph 3.4 of this Constitution and appended to this Constitution at Appendix 2.
Regulations	Any applicable delegated or subordinate legislation or regulation.
Relevant Health and Wellbeing Board	A Health and Wellbeing Board established by a Local Authority whose area is co-terminus with, or includes the whole or any part of the Area of the CCG.
Remuneration Committee	The committee established by the Governing Body in accordance with paragraph 5.3.
Social Care Services	Services that are provided in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970).
Standing Orders	The Standing Orders described in paragraph 1.1.9.1 and set out in Appendix 11.
The Local Government Act	The Local Government and Public Involvement in Health Act 2007 as amended from time to time.
The NHS Constitution	The NHS Constitution published on 21 January 2009 as amended from time to time.
The Nolan Principles	The Seven Principles of Public Life expounded by the Nolan Committee and set out at Schedule 7 of this Constitution.

- 1.2. Unless the context otherwise requires, words in the singular shall include the plural and in the plural shall include the singular.
- 1.3. Unless the context otherwise requires, a reference to one gender shall include a reference to the other gender.
- 1.4. A reference to a statute or statutory provision is a reference to it as amended, extended or re-enacted from time to time.
- 1.5. A reference to a statute or statutory provision shall include all subordinate legislation made from time to time under that statute or statutory provision.
- 1.6. A reference to 'writing' or 'written' includes faxes [and e-mail], but not text messages or messages conveyed by way of social media websites.
- 1.7. Any words following the terms 'including', 'include', 'in particular' or any similar expression shall be construed as illustrative and shall not limit the sense of the words, description, definition, phrase or term preceding those terms.

2. General Provisions

2.1. Confidential Information

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

2.2. Notices

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

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

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

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

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

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

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

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

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

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

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

Comment [d2]: See comment above.

2.3. **No Partnership or Agency**

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

Schedule 2

Constitution

Guidance

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

Publication

The CCG shall publish this Constitution on the CCG's website. If this Constitution is varied, the CCG must publish the Constitution as so varied. The CCG shall develop its own website for April 1st 2013.

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

Variation

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

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

Schedule 3

CCG Duties, Responsibilities and Powers

The CCG's Duties

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

The following is a list of the statutory duties of the CCG under the Act. The CCG shall put in place arrangements to ensure it exercises its duties in accordance with Legislation and directions by the NHS Commissioning Board Authority and having regard to any Guidance documenting them as necessary in this constitution, the CCG's scheme of reservation and delegation and other relevant CCG policies and procedures.

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

1 Duty to promote the NHS Constitution

1.1 The CCG shall adhere to the NHS Constitution's seven principles which are as follows:

- 1.1.1 The NHS provides a comprehensive service, available to all;
- 1.1.2 Access to NHS services is based on clinical need, not an individual's ability to pay;
- 1.1.3 The NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on the patient experience;
- 1.1.4 NHS services must reflect the needs and preferences of patients, their families and their carers;
- 1.1.5 The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population;
- 1.1.6 The NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources; and
- 1.1.7 The NHS is accountable to the public, communities and patients it serves.

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

- 1.2.1 act with a view to securing that health services are provided in a way which promotes the NHS Constitution; and
- 1.2.2 promote awareness of the NHS Constitution amongst patients, staff and members of the public.

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

2 Duty as to Efficiency

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

3 Duty as to Improvement in Quality of Services

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

3.1.1 effectiveness of the services;

3.1.2 safety of the services; and

3.1.3 quality of the experience undergone by patients.

4 Duty in relation to Quality of Primary Medical Services

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

5 Duties as to Reducing Inequalities and the Equality Duty

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

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

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

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

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

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

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

5.2 The Equality Delivery System (“EDS”) or future variation shall be used to enable the CCG to meet its requirements in relation to the public sector Equality Duty and aspects of the NHS Constitution and the NHS Outcomes Framework.

- 5.3 The CCG shall champion the use of the EDS to embed areas for improvement within commissioned services.
- 5.4 The Board will agree a number of equality objectives for the CCG to implement annually, which will be derived from stakeholder consultation. These will be published on the CCG's website and will form the basis of an action plan for the CCG to improve performance against equality standards and outcomes.

6 Duty to Promote Involvement of each Patient

- 6.1 The CCG shall in the exercise of its functions, promote the involvement of patients, and their carers and representatives (if any), in decisions which relate to:
 - 6.1.1 the prevention or diagnosis of illness in the patients, or
 - 6.1.2 their care or treatment.
- 6.2 The CCG shall have regard to any guidance published by the NHS Commissioning Board Authority in respect of its duty under paragraph 6.1 above.
- 6.3 The CCG must have regard to any Guidance issued by the NHS Commissioning Board Authority in respect of this duty.
- 6.4 All Clinical Reference Groups terms of reference and subsequent plans for re-design will include patient education and self management.
- 6.5 Outcomes to achieve in respect of self management will be included within service specifications and be monitored according to the contract.

7 Duty as to Patient Choice

- 7.1 The CCG must, in the exercise of its functions, act with a view to enabling patients to make choices with respect to aspects of health services provided to them.
- 7.2 The CCG will uphold the principles of patient choice in ensuring that every service it directly commissions promotes patient choice.
- 7.3 The CCG will ensure its Complaints function supports patients with issues over patient choice.

8 Duty to obtain Appropriate Advice

- 8.1 The CCG must obtain advice appropriate for enabling it effectively to discharge its functions from persons who together have a broad range of professional expertise in the prevention, diagnosis and treatment of illness and the protection or improvement of public health.
- 8.2 The CCG must have regard to any Guidance issued by the NHS Commissioning Board Authority in respect of this duty.
- 8.3 The CCG will obtain appropriate specialist (e.g. legal) advice when required in order to execute its legislative requirements fully.

9 Duty to Promote Innovation

- 9.1 The CCG must, in the exercise of its functions, promote innovation in the provision of health services (including innovation in the arrangements made for their provision).
- 9.2 The CCG will promote continuous improvement in its commissioned services. This will ensure better health outcomes are attained.
- 9.3 The CCG will promote health outcomes through a commitment to increasing the use of alternatives to block contracts, for example, payment by outcomes.

10 Duty in Respect of Research

- 10.1 The CCG must, in the exercise of its functions, have regard to the need to promote research on matters relevant to the health service and the use of the health service of evidence obtained from research.
- 10.2 The CCG will work with local providers and across organisational boundaries to understand how the latest evidence can be commissioned within its contracts.

11 Duty as to Promoting Integration

- 11.1 The CCG must exercise its functions with a view to securing that health services are provided in an integrated way where it considers that this would:
 - 11.1.1 improve the quality of those services (including the outcomes that are achieved from their provision)
 - 11.1.2 reduce inequalities between persons with respect to their ability to access those services; or
 - 11.1.3 reduce inequalities between persons with respect to the outcomes achieved for them by the provision of those services.
- 11.2 The CCG will work with local stakeholders and across organisational boundaries to develop needs and evidence based services.
- 11.3 The CCG will ensure understanding of whole-system pathways and explore opportunities for integration to improve overall outcomes.
- 11.4 The CCG must exercise its functions with a view to securing that the provision of health services is integrated with the provision of Health-Related Services or Social Care Services where the CCG considers that such integration would:
 - 11.4.1 improve the quality of the health services (including the outcomes that are achieved from the provision of those services);
 - 11.4.2 reduce inequalities between persons with respect to their ability to access those services; or
 - 11.4.3 reduce inequalities between persons with respect to the outcomes achieved for them by the provision of those services.

12 Duty as to promoting education and training

12.1 The CCG shall in exercising its functions, have regard to the need to promote education and training for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State of the duty under section 1F(1) of the Act.

13 Public Involvement

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

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

13.1.2 in the development and consideration of proposals by the CCG for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them; and

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

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

13.3 The CCG will develop and maintain annually a Patient and Public Involvement/Engagement plan. The plan will outline:

13.3.1 how the CCG will work with HealthWatch and other patient organisations; and

13.3.2 how the CCG will ensure that the views of patients and their carers will inform commissioning decisions

14 Financial Duties

14.1 Expenditure

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

14.2 Quality Payments

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

14.3 Use of Resources

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

15 Additional Powers of the CCG

15.1 Mergers

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

15.2 Dissolution

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

15.3 Raising Additional Income

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

15.4 Grants

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

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

16 Emergency Planning

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

17 Procurement, Patient Choice and Competition

17.1 The CCG shall:

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

Schedule 4

Membership: Eligibility and Termination of Membership

1. Who may become a Member of the CCG?

CCG Membership will be composed of GP practices and not individual GPs. To become a member of the CCG, a GP practice must hold a contract with NHS Sutton and Merton for 2012/13 and thereafter the NHS Commissioning Board for the provision of primary care services such as a GMS, PMS, APMS contract or another Primary Care contract and must have their Primary site located within the Borough of Merton. For further details on eligibility for membership of the CCG and the process for approval of Members by the Governing Body of the CCG please see the CCG Constitution.

2. Membership Conditions

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

- is eligible for Membership under the Constitution;
- carries out the Member Responsibilities described at section 14 of this Agreement;
- operates within the delegated budgets described in section 14.8 of this Agreement;
- undertakes any remedial action requested by the Governing Body in accordance with section 15 of this Agreement; and
- achieves the objectives of the CCG as described at section 14.5.

Membership is dependent on Practices retaining their GP contract with NHS Sutton and Merton for 2012/13 and the NHS Commissioning Board thereafter and acting in accordance with the responsibilities of that contract.

Members will need to commit to meeting the outcomes of the CCG's Operating Plan

Failure by a Member to comply with any of the Membership Conditions may, at the absolute discretion of the Governing Body, result in the Member having sanctions imposed on it, the most severe being a Member losing its membership status from the Clinical Commissioning Group.

Schedule 5

Composition of the Governing Body

11.5.2 The CCG shall have a Governing Body comprising of no more than 12 voting members, comprising initially of the following 10 members:

Clinical Chair;

Chief Operating Officer (as Accountable Officer);

Chief Financial Officer;

At least 2 lay members [including one to chair the Audit Committee, and one to act as Deputy Chair and to represent the interests of patients and the public]

2 GPs who currently practice within Merton

Secondary Care Consultant

Registered Nurse

Director of Public Health

Up to two other members may be appointed if deemed necessary for the Governing Body to carry out its functions.

11.5.3 The following may become members of the Governing Body:

a Member of the CCG who is an individual;

an individual appointed by virtue of Regulations in the Act;

individuals who are Health care Professionals; and

individuals who are Lay Persons;

11.5.4 Appointed Members

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

Chair, who shall also be elected by the Members;

Chief Operating Officer (as Accountable Officer); and

Chief Financial Officer.

11.5.5 Elected members will be two GPs from Merton. Candidates are only eligible if they are a practicing GP in Merton, work a minimum of 2 clinical sessions per week.

11.5.6 Nominated members of the CCG are:

Director of Public Health

Any other nominees at the discretion of the Governing Body

Schedule 6

*Additional information for Governing Body
Membership*

CCG Governing Body Terms of Office

Terms of Office

- 1.1 The Chair shall serve a two-year term, after which time an election will be held. The incumbent Chair shall be eligible for re-election.
- 1.2 The election shall be open to any GP within Merton providing they are a Partner, a Sessional GP or Locum of a Practice within Merton who works a minimum of 2 clinical sessions per week in a Merton CCG Member Practice and is on the Merton Performers List.
- 1.3 Each member practice shall have one vote.
- 1.4 **Terms of office for clinical and Lay Person members of the Governing Body:**
 - 1.4.1 Appointed Clinical and Lay Person members of the Governing Body shall serve for a two two-year terms and will be eligible for re-appointment following a public process;

2 GPs on the Governing Board

- 2.1.1 Two GPs elected to the Governing Body by the membership shall each have a two-year term of office. Each will be eligible for re-election.
- 2.1.2 Each member practice shall have one vote for each GP role.
- 2.1.3 To be eligible to stand for election to the Governing Body a GP must be a GP on the Merton Performers list and work a minimum of 2 Clinical Sessions a week in a Member Practice.
- 2.1.4 The term of office will commence at a time stipulated by the Chair of the Governing Body, and this is expected to be communicated ahead of any appointments and/or election process for stated posts.

Disqualification of members of the Governing Body

- 2.2 Members of the Governing Body shall vacate their office if any of the following occurs:
 - 2.2.1 if an elected GP ceases to work within the Area for a minimum of two clinical sessions per week;
 - 2.2.2 if an elected GP is suspended from providing primary medical services;
 - 2.2.3 if in the opinion of the Governing Body (having taken appropriate professional advice in cases where it is deemed unnecessary) the member becomes or is deemed to be of unsound mind; or
 - 2.2.4 If the member has behaved in a manner or exhibited conduct which has or is likely to be detrimental to the honour and interest of the Governing Body or the CCG and is likely to bring the Governing Body or the CCG into disrepute. This includes but it is not limited to dishonesty, misrepresentation (either knowingly or fraudulently), defamation of any member of the Governing Body (being slander or libel), abuse of position, non declaration of a known conflict of interest, seeking to manipulate a decision of the Board in a manner that would ultimately be in favour of that member whether financially or otherwise.



Schedule 7

The Seven Principles of Public Life (the Nolan Principles)

SELFLESSNESS

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

INTEGRITY

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

OBJECTIVITY

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

ACCOUNTABILITY

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

OPENNESS

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

HONESTY

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

LEADERSHIP

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

Schedule 8

CCG Functions

1. The statutory functions of the CCG to be exercised on behalf of the CCG by the Governing Body are as follows:
 - 1.1. The Governing Body shall carry out the following functions:
 - 1.1.1. ensuring the Register of Interests is reviewed regularly and updated as necessary;
 - 1.1.2. ensuring that all conflicts of interest or potential conflicts of interest are declared¹
 - 1.1.3. leading the settling of vision and strategy
 - 1.1.4. approving commissioning plans
 - 1.1.5. monitoring performance against plans
 - 1.1.6. providing assurance of strategic risk.

Schedule 9

Annual Report: Contents and Publication

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

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

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

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

Schedule 10

The NHS Commissioning Board Authority

1. **Provision of Documents to the Commissioning Board Authority**

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

2. **Power to Require Explanation**

The CCG must comply with any request by the NHS Commissioning Board Authority under the NHS Act 2006 for the CCG to provide it with an explanation of any matter which relates to the exercise by the CCG of its functions, including an explanation of how the CCG is proposing to exercise any of its functions.

3. **Intervention Powers of the Commissioning Board Authority**

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

Clinical Commissioning Group Constitution

Appendices

This document contains 13 Appendices

Area Appendix 1

INCLUDE A MAP OF MERTON WITH ALL PRACTICES IDENTIFIED

Appendix 2

Register of Members

LIST ALL MEMBER PRACTICES ALPHABETICALLY, THEIR LOCATION/ADDRESS AND THE NAME OF EACH PRACTICE LEAD

Appendix 3

Members Forum Terms of Reference

TO BE DRAFTED AND AGREED WITH THE MEMBERSHIP

Appendix 4

Governing Body Terms of Reference

TO BE DRAFTED: The CCG will comply with National Guidance regarding the Governing Body Terms of Reference

Appendix 5

*Audit and Governance Committee Terms
of Reference*

The CCG will comply with National Guidance regarding the Audit Committee Terms of Reference

Appendix 6

Remuneration Committee Terms of Reference

The CCG will comply with National Guidance regarding the Remuneration Committee Terms of Reference
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April 2012

Appendix 7

Conflict of Interests Policy

Merton CCG

**Conflict of Interests and
Dispute Resolution
policy
Draft Version 1**

1. STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

1.1 Standards of Business Conduct

Comment [d3]: This is directly from Wandsworth.

Employees, members, committee and sub-committee members of the Merton CCG and members of the governing body (and its 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 Merton CCG and should follow the *Seven Principles of Public Life*, set out by the Nolan Principles. The Nolan Principles are incorporated in the constitution.

They must comply with the Merton CCG's policy on business conduct, including the requirements set out in this policy for managing conflicts of interest.

Individuals contracted to work on behalf of the Merton CCG or otherwise providing services or facilities to the Merton 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.

1.2 Conflicts of Interest

1.2.1 As required by section 140 of the 2006 Act, as inserted by section 25 of the 2012 Act, Merton CCG will make arrangements to manage conflicts and potential conflicts of interest that decisions made by the Merton CCG will be taken and seen to be taken without any possibility of the influence of external or private interest.

A conflict of interest will include:

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

1.2.2. Where an individual, i.e. an employee, Merton CCG member, member of the governing body, or a member of a committee or a sub-committee of the Merton CCG or its governing body has an interest, or becomes aware of an interest which could lead to a conflict of interests with the Merton 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 policy and the constitution.

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

1.3 Declaring and Registering Interests

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

- a) the members of the Merton CCG;
- b) the members of its governing body;

April 2012

c) the members of its committees or sub-committees and the committees or sub-committees of its governing body; and

d) its employees.

Individuals will declare any interest that they have, in relation to a decision to be made by Merton CCG, in writing to the governing body, as soon as they are aware of it and in any event no later than 28 days after becoming aware.

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

1.3.3. The governing body will ensure that the register(s) of interest is reviewed regularly, and updated as necessary.

The lay member of the governing body, with particular responsibility for governance, will make themselves available to provide advice to any individual who believes they have, or may have, a conflict of interest.

1.3.4. The governing body will take such steps as it deems appropriate, and request information it deems appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

1.4 Managing Conflicts of Interest: general

1.4.1. Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the Merton CCG's commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from the governing body.

1.4.2. The governing body will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the Merton CCG's decision making processes.

1.4.3. Arrangements for the management of conflicts of interest are to be determined by the governing body and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests or potential conflicts of interests, within a week of declaration.

1.4.4. The arrangements will confirm the following:

a) at what point an individual should withdraw from specified activity, on a temporary or permanent basis;

b) monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.

1.4.5. In any meeting where an individual is aware of an interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair, together with details of arrangements which have been confirmed by the governing body for the management of the conflict of interests or potential conflict of interests. Where no arrangements have been confirmed, the chair may require the individual to withdraw from the meeting or part of it.

1.4.6. Where the chair of any meeting of the Merton CCG, including committees, sub-committees, or the governing body, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the deputy chair will act as chair for the relevant part of the meeting.

1.4.7. Where arrangements have been confirmed with the governing body for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed.

April 2012

1.4.8. Where no arrangements have been confirmed, the deputy chair may require the chair to withdraw from the meeting or part of it. Where there is no deputy chair, the members of the meeting will select one.

1.4.9. Any declarations of interests, and arrangements agreed in any meeting of the Merton CCG, committees, sub-committees, or the governing body, will be recorded in the minutes.

1.4.10. In any transaction undertaken in support of the Merton CCG's commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the governing body, of the transaction.

1.5 Managing Conflicts of Interest: governing body

1.5.1. Individual members of the governing body will comply with the arrangements determined by the governing body for managing conflicts or potential conflicts of interest.

1.5.2. Where a governing body member is aware of an interest which has not been declared, either in the register or orally to the governing body, they will declare this at the start of the meeting. The governing body will then determine how this should be managed and inform the member of their decision. The member will then comply with these arrangements, which must be recorded in the minutes of the meeting.

1.5.3. Where more than 50% of the members of the governing body are required to withdraw from a meeting or part of it, owing to the arrangements agreed by the governing body for the management of conflicts of interests or potential conflicts of interests, the remaining chair will determine whether or not the discussion can proceed.

1.5.4. In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the Merton CCG's standing orders/constitution. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened.

1.5.5. Where a quorum cannot be convened from the membership of the governing body, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair may invite on a temporary basis one or more of the following to make up the quorum so that the Merton CCG can progress the item of business:

- a) a member of the Merton CCG;
- b) an individual appointed by a member to act on its behalf in the dealings between it and the Merton CCG;
- c) a member of a relevant Health and Wellbeing Board;
- d) a member of a governing body of another clinical commissioning group.

1.5.6. These arrangements must be recorded in the minutes.

1.6 Managing Conflicts of Interest: contractors

1.6.1. Anyone seeking information in relation to a procurement, or participating in a procurement, or otherwise engaging with the Merton CCG in relation to the potential provision of services or facilities to the Merton CCG, will be required to make a declaration of interest.

1.6.2. Anyone contracted to provide services or facilities directly to the Merton CCG will be subject to the same provisions of this constitution in relation to managing conflicts of interests.

April 2012

This requirement will be set out in the contract for their services.

1.7. Transparency in Procuring Services

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

1.7.2. The Merton CCG will publish a Procurement Strategy approved by its governing body which will ensure that:

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

April 2012

2.DISPUTE RESOLUTION

2.1 Where disputes arise we would hope that in most cases these could be resolved informally, without recourse to a formal process. If however the dispute cannot be resolved informally, this document sets out the process by which the perceived breach will be handled.

2.2. The design of the procedure is based on the principle that disputes should be resolved at the most local level possible.

2.2.1. The first port of call is the Merton CCG

2.2.2. If the dispute is not successfully resolved at this level, the complaint should then be heard by a The NHS Health and Wellbeing Board.

2.2.3. If the provider is unhappy with the NHS HWB response it should be escalated to the National Commissioning Board.

2.3 Objectives of the procedure

2.3.1. The objectives of the procedure are as follows:

- To provide the Merton CCG with an appropriate mechanism for dealing with reasonable disputes
- To resolve disputes transparently, fairly and consistently.
- To assure providers that the process is fair and transparent.
- To mitigate risks and protect the reputation of the Merton CCG
- To prevent where possible legal challenge/ expensive external referral processes.

2.3.2. When handling disputes, Merton CCG will:

- Commit to transparency
- Communicate the process and decision making criteria widely and in advance
- Engage all relevant stakeholders
- Enforce declarations of interest
- Publish findings within and across the Merton CCG to enable consistency
- Be objective and base the analysis and the decision on objective information and criteria
- Maintain an audit trail

2.4 The Procedure

The Merton CCG dispute resolution procedure is made up of the following stages:

Stage 1: Making the Complaint

Any complaint must be submitted to the Chair of the Merton CCG in writing. The complaint will be acknowledged within five working days.

Stage 2: Triage

Following the receipt of the complaint, the Merton CCG may get in contact with the complainant at this stage and request clarification or further information. If the complaint is not deemed to warrant proceeding further the complainant is notified that the complaint will not progress.

April 2012

If the complaint should be fast tracked to another organisation, the claimant is informed of the course of action.

Where the complaint is in scope and not subject to fast tracking, it will proceed to the next stage. In most cases we would envisage that the triage process will be carried out within five working days.

Stage 3: Chair review

Following the triage, the Merton CCG Chair will review the complaint to determine whether a swift resolution can be achieved without the need to involve the governing body. The Chair may call a meeting of the parties concerned to discuss the matter informally and without prejudice.

Stage 4: The governing body

If the complaint cannot be resolved by the Chair, the governing body will then formally review the complaint and may refer on to the Audit Committee to advise.

Stage 5: The decision

Once the governing body has made the decision, it will write to the complainant notifying them of the decision, explaining the rationale and necessary the course of action. It will also notify the NHS CCB of the dispute and the outcome.

If the complainant does not believe that the case has been satisfactorily resolved it can appeal. The Governing Body may convene a separate forum to advise on the appeal. In most cases, this stage of the process is expected to take no longer than 20 days.

While the timescales set out for each stage above are illustrative, the process as a whole will take no longer than three months.

2.5 Right of Appeal

The expectation is that most complaints will be successfully resolved. However, if the complainant is unsatisfied by the results of this procedure, they can refer the complaint to the NHS CCB process. Appeals to the NHS CCB must be made within 3 months of the complainant being informed of the Merton CCG's decisio



Appendix 8 *Standing Orders*

1. **STATUTORY FRAMEWORK AND STATUS**

1.1. **Introduction**

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

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

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

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

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

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

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

1.3. **Suspension of Standing Orders**

1.3.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS Commissioning Board Authority, any part of these standing orders may be suspended at any meeting, provided [insert number] CCG members are in agreement.

1.3.2. A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

April 2012

- 1.3.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the governing body's audit committee for review of the reasonableness of the decision to suspend standing orders.

1.4. Record of Attendance

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

2. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

2.1. Appointment of committees and sub-committees

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

2.2. Terms of Reference

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

2.3. Delegation of Powers by Committees to Sub-committees

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

2.4. Approval of Appointments to Committees and Sub-Committees

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

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

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

4. USE OF SEAL AND AUTHORISATION OF DOCUMENTS

4.1. CCG's seal

April 2012

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

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

4.2. Execution of a document by signature

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

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

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

5.1. Policy statements: general principles

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

Appendix 9 *Prime Financial Policies*

1. INTRODUCTION

1.1. General

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

1.2. Overriding Prime Financial Policies

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

1.3. Responsibilities and delegation

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

1.4. Contractors and their employees

April 2012

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

1.5. Amendment of Prime Financial Policies

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

2. INTERNAL CONTROL

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

- 2.1. The Governing body is required to establish an audit committee with terms of reference agreed by the Governing Body.
- 2.2. The Accountable Officer has overall responsibility for the CCG's systems of internal control.
- 2.3. The Chief Finance Officer will ensure that:
- a) financial policies are considered for review and update [annually];
 - b) a system is in place for proper checking and reporting of all breaches of financial policies; and
 - c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. AUDIT

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

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

4. FRAUD AND CORRUPTION

POLICY – the CCG requires all staff to always act honestly and with integrity to safeguard the public resources they are responsible for. The CCG will not tolerate any

April 2012

fraud perpetrated against it and will actively chase any loss suffered

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

5. EXPENDITURE CONTROL

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

6. ALLOTMENTS

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

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

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

- 7.1. The Accountable Officer will compile and submit to the [Governing Body] a commissioning strategy which takes into account financial targets and forecast limits of available resources.
- 7.2. Prior to the start of the financial year the chief finance officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the [to be inserted, e.g. Governing Body if delegated].
- 7.3. The Chief Financial Officer shall monitor financial performance against budget and plan, periodically review them, and report to the [to be inserted e.g. Governing Body]. This report should

April 2012

include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.

7.4. The Accountable Officer is responsible for ensuring that information relating to the CCG's accounts or to its income or expenditure, or its use of resources is provided to the NHS Commissioning Board Authority as requested.

7.5. The [insert name] will approve consultation arrangements for the CCG's commissioning plan.

8. ANNUAL ACCOUNTS AND REPORTS

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

8.1. The Chief Finance Officer will ensure the CCG:

- a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the [to be confirmed e.g. Governing Body];
- b) prepares the accounts according to the timetable approved by the [to be confirmed e.g. Governing Body];
- c)
- d) complies with statutory requirements and relevant directions for the publication of annual report;
- e) considers the external auditor's management letter and fully address all issues within agreed timescales; and
- f) publishes the external auditor's management letter on the CCG's website at <http://www.southwestlondon.nhs.uk/About/clinicalcommissioninggroups/Pages/MertonClinicalCommissioningGroup.aspx>.

9. INFORMATION TECHNOLOGY

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

9.1. The Chief Finance Officer is responsible for the accuracy and security of the CCG's computerised financial data and shall

- a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
- b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
- d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the chief finance officer may consider necessary are being carried out.

9.2. In addition the Chief Finance Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to

April 2012

implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

10. ACCOUNTING SYSTEMS

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

10.1. The Chief Finance Officer will ensure:

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

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

11. BANK ACCOUNTS

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

11.1. The Chief Finance Officer will:

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

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

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

POLICY – the CCG will

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

12.1. The Chief Financial Officer is responsible for:

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

April 2012

- d) for developing effective arrangements for making grants or loans.

13. **TENDERING AND CONTRACTING PROCEDURE**

POLICY – the CCG:

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

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

14. **COMMISSIONING**

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

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

15. **RISK MANAGEMENT AND INSURANCE**

April 2012

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

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

16. PAYROLL

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

16.1. The chief finance officer will ensure that the payroll service selected:

- a) is supported by appropriate (i.e. contracted) terms and conditions;
- b) has adequate internal controls and audit review processes;
- c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.

16.2. In addition the chief finance officer shall set out comprehensive procedures for the effective processing of payroll

17. NON-PAY EXPENDITURE

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

17.1. The [to be confirmed] will approve the level of non-pay expenditure on an annual basis and the Accountable Officer will determine the level of delegation to budget managers

17.2. The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

17.3. The Chief Finance Officer will:

- a) advise the [insert] on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation;
- b) be responsible for the prompt payment of all properly authorised accounts and claims;
- c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

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

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

18.1. The Accountable Officer will

- a) ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- b) be responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;

April 2012

- c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges;
- d) be responsible for the maintenance of registers of assets, taking account of the advice of the chief finance officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

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

19. RETENTION OF RECORDS

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

19.1. The Accountable Officer shall:

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

20. TRUST FUNDS AND TRUSTEES

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

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