

NHS CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP

CONSTITUTION

Approved by CCG Governing Body 06.07.21

Ratified by NHSE/I: 27.07.21

NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) Constitution

Version 13 Revisions

Changes received and approved by Governing Body – 12.01.21		
Page Number	Section	Revision
22	5.5 (5.5.3) <i>Composition of the Governing Body</i>	<i>Replaced Chief Operating Officer with Director of Primary Care</i>
60/61	<i>Appendix 3 (Standing Orders – Section 2.2.2: Member ship of the Governing Body</i>	<i>Replaced Chief Operating Officer with Director of Primary Care</i>
39-44	<i>Appendix 2a – Audit Committee ToR</i>	<i>Minor amendments following annual review</i>
45-51	<i>Appendix 2b – Remuneration & Terms of Service Committee ToR</i>	<i>Minor amendments following annual review</i>
52-59	<i>Primary Care Commissioning Committee ToR</i>	<i>Minor amendments following annual review</i>
Changes made post review by NHSE/I – May/June 2021		
Throughout	Various	Removed any references to NHS Commissioning Board and replaced with NHS England
6	Introduction	Indicated that name Cambridgeshire and Peterborough Clinical Commissioning Group hereafter referred to as 'the CCG'
7	1.5 – Related Documents	Scheme of Reservation and Delegations - Appendixes 4a removed from Constitution and transferred to CCG Governance Handbook. Standing Financial instructions (Financial Limits Section) moved from CCG Handbook and included in Constitution as new Appendix 4. Full SFIs (Excluding Financial Limits) document remains in Governance Handbook Related references in Constitution amended
9 - 10	1.6.1 – Accountability & transparency	Minor amendments made to text following review
10	1.6.2 – (f)	Removed final bullet – not required.
11-12	2.1– Area Covered by CCG 2.2	Confirmed CCG fully co-terminus with Cambridgeshire and Peterborough Local Authorities. Included list of Lower-layer Super Output Areas (LSOAs) pertinent to parts of Northants County Council & Herts County Council areas covered by CCG here (Removed full list of LSOAs at Appendix 6 – as not required).
12	3.3 – List of Member Practices	Updates made aligned to version published in 20/21 Annual report as at 01.04.21
15	4.3 - Functions	Caveat (in italics) re-located within section
20	5.1.1 – Scheme of Reservation and Delegation	Indicated now transferred to Governance Handbook
21	5.3 – Standing Financial Instructions (Financial Limits)	Referenced that Financial Limits had been added to the Constitution as Appendix 4 – Full SFIs documents located in Governance Handbook
21	5.4.2 – The Governing Body: Its Role and Functions	Removed following para as not required: 5.4.2 <i>The CCG has also delegated the following additional functions to the Governing Body which are also set out in the SoRD. Any delegated functions must be exercised within the procedural framework established by the CCG and primarily set out in the Standing Orders and SFIs:</i>
24	5.9.4 – Remuneration Committee	Further clarified role of its sub-committees
28-29	5.12.5 – 15.26	Paragraph number references amended
29	5.13.2 – Joint Commissioning Arrangements with NHSE	Deleted para as not required: <i>The CCG delegates its powers and duties under 5.13 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements</i>
37	App 1 – Definition of Terms used in This Constitution	Revised STP definition to one for ICS
39 - 59	Appendix 2 – Statutory Committee Terms of Reference	Minor amendments to ToR for Audit Committee, Remuneration Committee and Primary Care Commissioning Committee

60 - 75	Standing Orders	Mainly Minor amendments made throughout – at suggestion of NHSE - more substantive amendments at section 3 (Appointment Process – Governing Body Roles – role and appointment processes expanded on.
75 - 85	New Appendix 4 – Standing Financial Instructions (Financial Limits	Moved from Governance Handbook to Constitution.
N/a	Appendix 4a – Scheme of Reservation & Delegation	Removed from Constitution and included in CCG Governance Handbook
86	Appendix 5 – CCG Area Map	Appendix removed
N/a	Appendix 6 – List of C&P CCG Lower-layer Super Output Areas (LSOAs)	Appendix removed

*Previous versions amendments are set out at Annex A

CONTENTS

1	Introduction	6
1.1	<i>Name.....</i>	6
1.2	<i>Statutory Framework</i>	6
1.3	<i>Status of this Constitution.....</i>	7
1.4	<i>Amendment and Variation of this Constitution.....</i>	7
1.5	<i>Related documents.....</i>	7
1.6	<i>Accountability and transparency.....</i>	8
1.7	<i>Liability and Indemnity.....</i>	10
2	Area Covered by the CCG	11
3	Membership Matters	11
3.1	<i>Membership of the Clinical Commissioning Group.....</i>	11
3.2	<i>Nature of Membership and Relationship with CCG</i>	13
3.3	<i>Speaking, Writing or Acting in the Name of the CCG</i>	13
3.4	<i>Members' Meetings</i>	14
3.5	<i>Practice Representatives.....</i>	14
4	Arrangements for the Exercise of our Functions.....	14
4.1	<i>Good Governance</i>	14
4.2	<i>General.....</i>	15
4.3	<i>Functions.....</i>	15
4.4	<i>General Duties.....</i>	15
4.5	<i>General Financial Duties.....</i>	20
4.6	<i>Authority to Act: the CCG</i>	20
4.7	<i>Authority to Act: the Governing Body.....</i>	20
5	Procedures for Making Decisions	21
5.1	<i>Scheme of Reservation and Delegation</i>	21
5.2	<i>Standing Orders</i>	21
5.3	<i>Standing Financial Instructions (SFIs).....</i>	21
5.4	<i>The Governing Body: Its Role and Functions</i>	21
5.5	<i>Composition of the Governing Body</i>	22
5.6	<i>Additional Attendees at the Governing Body Meetings.....</i>	23

5.7	<i>Appointments to the Governing Body</i>	23
5.8	<i>Committees and Sub-Committees</i>	24
5.9	<i>Committees of the Governing Body</i>	24
5.10	<i>Collaborative Commissioning Arrangements</i>	25
5.11	<i>Joint Commissioning Arrangements with Local Authority Partners</i>	26
5.12	<i>Joint Commissioning Arrangements – Other CCGs</i>	27
5.13	<i>Joint Commissioning Arrangements with NHS England</i>	29
6	Provisions for Conflict of Interest Management and Standards of Business Conduct	31
6.1	<i>Conflicts of Interest</i>	31
6.2	<i>Declaring and Registering Interests</i>	32
6.3	<i>Training in Relation to Conflicts of Interest</i>	32
6.4	<i>Standards of Business Conduct</i>	33
7	The CCG as an Employer	33
	Appendix 1: Definitions of Terms Used in This Constitution	35
	Appendix 2: Committee Terms of Reference	38
	<i>Audit Committee</i>	39
	<i>Remuneration Committee</i>	45
	<i>Primary Care Commissioning Committee</i>	52
	Appendix 3: Standing Orders	60
	Appendix 4: Standing Financial Instructions (Financial Limits)	76
	Appendix 5: Schedule of Previous Amendments	86

1 Introduction

1.1 Name

The name of this clinical commissioning group is NHS Cambridgeshire and Peterborough Clinical Commissioning Group (hereafter in the constitution referred to as 'the CCG')

1.2 Statutory Framework

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

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

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

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

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

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

1.3 Status of this Constitution

1.3.1 This CCG was first authorised on 1 April 2013.

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

1.3.3 The constitution is published on the CCG website at www.cambridgeshireandpeterboroughccg.nhs.uk

1.4 Amendment and Variation of this Constitution

1.4.1 This constitution can only be varied in two circumstances.

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

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

- Changes are thought to have a material impact
- Changes are proposed to the reserved powers of the members
- At least half (50%) of all the Governing Body Members formally request that amendments be put before the membership for approval.

1.5 Related documents

1.5.1 This Constitution is also informed by a number of documents which provide further details on how the CCG will operate. With the exception of the Standing Orders and the Standing Financial Instructions (Financial Limits), these documents do not form part of the Constitution for the purposes of 1.4 above. They are the CCG's:

- a) **Standing orders** – which set out the arrangements for meetings and the selection and appointment processes for the CCG's Committees, and the CCG Governing Body (including Committees)
- b) **The Scheme of Reservation and Delegation** – sets out those decisions that are reserved for the membership as a whole and those

decisions that have been delegated by the CCG or the Governing Body

- c) **Prime financial policies** – which set out the arrangements for managing the CCG’s financial affairs (Included in the CCGs Governance Handbook)
- d) **Standing Financial Instructions** (Excluding the Financial Limits) – which set out the delegated limits for financial commitments on behalf of the CCG.
- e) **Conflicts of Interest Policy** -which sets out how the CCG will effectively manage conflicts of interest in the commissioning system. Link to policy published on website below.
- f) **The CCG Governance Handbook** – which includes:
 - i) Governance Framework;
 - ii) Terms of Reference for Committees of the Governing Body;
 - iii) Roles and Responsibilities of Governing Body Members;
 - iv) Prime Financial Policies
 - v) The Scheme of Reservation and Delegation
 - vi) Standing Financial Instructions (Excluding the financial limits)
 - vii) CCG Supporting Policies.

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/corporate-documents-and-policies/>

1.6 **Accountability and transparency**

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

- a) publish our constitution and other key documents including our:
 - i) Governance Handbook;
 - ii) Annual Report, Annual Governance Statement and Annual Accounts;
 - iii) Key policies; and
 - iv) Governing Body Declaration of Interest Register and all other relevant registers.
- b) appoint independent lay members and non-GP clinicians to our Governing Body;
- c) manage actual or potential conflicts of interest in line with NHS England’s statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* and expected standards of good practice (see also part 6 of this constitution);

- d) hold Governing Body meetings in public (except where we believe that it would not be in the public interest);
- e) publish an annual commissioning strategy that takes account of priorities in the health and wellbeing strategy;
- f) procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;
- g) involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG's Communications, Engagement and Membership Strategy published on our website:
<https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/g/etresource.axd?assetid=16597&type=0&servicetype=1>
- h) When discharging its duties under section 14Z2, the CCG will ensure the following:
 - (i) that appropriate time is allowed for the planning of activities and commissioning arrangements;
 - (ii) proactively seeking engagement with the communities which experience the greatest health inequalities and poorest health outcomes;
 - (iii) commencing patient and public involvement as early as possible and allowing appropriate time for it;
 - (iv) to use plain language, and share information as openly as is reasonably practicable;
 - (v) treat with equality and respect all patients and members of the public who wish to express views;
 - (vi) to carefully listen to, consider and have due regard to all such views;
 - (vii) provision of clear feedback on the results of patient and public involvement.
- i) compliance with local authority health overview and scrutiny requirements;
- j) meet annually in public to present an annual report which is then published;

- k) produce annual accounts which are externally audited;
- l) publish a clear complaints process;
- m) comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the CCG;
- n) provide information to NHS England as required; and
- o) be an active member of the local Health and Wellbeing Board.

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

- a) ensuring the corporate, clinical and financial governance duties of the CCG are fulfilled;
- b) ensuring there are clear accountability and performance management arrangements in place;
- c) ensuring there is a CCG Annual Plan setting out how the CCG will improve health outcomes, tackle inequalities and achieve quality, performance and financial requirements;
- d) ensuring arrangements for staffing are managed efficiently within permitted running cost limits,
- e) ensuring relationships with NHS England Health & Well-Being Boards, Health Watch and other relevant regional / national bodies are managed effectively;

1.7 Liability and Indemnity

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

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

No Member or former Member, or any person who is at any time a proprietor, officer or employee of any Member of former Member, shall be liable on any winding-up or dissolution of the CCG to contribute to the assets of the CCG, whether for the payment of its debts and liabilities or the expenses of its winding-up or otherwise.

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

2 Area Covered by the CCG

2.1 The geographical area covered by the CCG is fully co-terminus with the area of Cambridgeshire County Council and Peterborough City Council. The CCG also covers parts of the Northamptonshire County Council and Hertfordshire County Council areas.

2.2 As the area of the CCG is not fully co-terminus with a local authority it is necessary to define any partial local authority areas using Lower-layer Super Output Areas (LSOAs). The list of LSOAs relevant to the CCG are listed below:

- **Northamptonshire County Council**

E01023654	E01023657	E01023660	E01023597
E01023655	E01023658	E01023661	E01023598
E01023656	E01023659	E01023662	

- **Hertfordshire County Council**

E01027031	E01027044	E01027048	
E01027033	E01027046	E01027049	
E01027043	E01027047	E01027050	

3 Membership Matters

3.1 Membership of the Clinical Commissioning Group

3.1.1 The CCG is a membership organisation.

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

3.1.3 The practices which make up the membership of the CCG are listed below (85 as at 1 April 2021):

	Practice Name	Address
1	Acorn Surgery	Acorn Surgery, 1 Oak Drive, Huntingdon, PE29 7HN
2	Ailsworth Medical Practice	32 Main Street, Ailsworth, Peterborough, PE5 7AF
3	Alconbury and Brampton	Alconbury Surgery, School Lane, Huntingdon, PE28 4EQ
4	Almond Road Surgery	Almond Road, St Neots, PE19 1DZ
5	Arbury Road Surgery	114 Arbury Road, Cambridge, CB4 2JG
6	Boroughbury Medical Practice	63 Lincoln Road, Peterborough, PE1 2SF & 1 North Street, Peterborough, PE1 2RA
7	Botolph Bridge Community Health Centre	Sugar Way, Peterborough, PE2 9RT
8	Bottisham Medical Practice	Tunbridge Lane, Bottisham, Cambridge, CB25 9DU
9	Bourn Surgery	25 Alms Hill, Bourn, Cambridge CB23 2SH
10	Bridge Street Medical Centre	2 All Saints Passage, Cambridge, CB2 3LS
11	Buckden and Little Paxton Surgeries	Mayfield St Neots PE19 5SZ
12	Burwell Surgery	Newmarket Road, Burwell, Cambridge, CB25 0AE
13	Cambridge Access Surgery	125 Newmarket Road, Cambridge, CB5 8HB
4	Cathedral Medical Centre	Lynn Road, Ely, CB6 1DN
15	Central Medical Centre	St Martins Street, Lincoln Road, Peterborough, PE1 3BF
16	Charles Hicks Medical Centre	75 Ermine Street, Huntingdon, PE29 3EZ
17	Cherry Hinton & Brookfields Medical Centre	34 Fishers Lane, Cherry Hinton, Cambridge, CB1 9HR
18	Clarkson Surgery	De Havilland Road, Wisbech, PE13 3AN
19	Comberton Surgery	58 Green End, Comberton, Cambridge, CB23 7DY
20	Cornerstone Practice	26 Elwyn Road, March, PE15 9BF
21	Cornford House Surgery	364 Cherry Hinton Road, Cambridge, CB1 8BA
22	Cottenham Medical Practice	Lewis House, 188 High Street, Cottenham, Cambridge, CB24 8SE
23	East Barnwell Health Centre	Ditton Lane, Cambridge, CB5 8SP
24	Fenland Group Practice	Cathedral View, Manea, March, PE15 0JJ
25	(The) Firs House Surgery	Station Road, Histon, Cambridge, CB24 9NP
26	George Clare Surgery	Swan Drive, New Road, Chatteris, PE16 6EX
27	Grange Medical Centre	144 Mayors Walk, Peterborough, PE3 6HA
28	Granta Medical Practices	Sawston Medical Centre London Road, Cambridge CB22 3HU
29	Great Staughton Surgery	57 The Highway, Great Staughton, St Neots, PE19 5DA
30	Grove Medical Practice, St Ives	Cromwell Place St Ives PE27 5JD
31	Haddenham Surgery	The Green, Haddenham, Ely CB6 3TA
32	Hampton Health Centre	Unit 6B, Serpentine Green Shopping Centre, PE7 8DR
33	Harston Surgery	11 Church Street, Harston, Cambridge, CB22 7NP
34	Huntingdon Road Surgery, Cambridge	1 Huntingdon Road, Cambridge, CB3 0DB
35	Kimbolton Medical Centre	Hunters Way, Kimbolton, Huntingdon, PE28 0JF
36	Lakeside Healthcare at New Queen Street Surgery and Stanground Surgery, Whittlesey	Syers Lane Peterborough PE7 1AT
37	Lakeside Healthcare at Oundle	Glaphorn Road, Oundle, Peterborough, PE8 4JA
38	Lakeside Healthcare at St Neots	14 Huntingdon Street St Neots PE19 1BQ
39	Lakeside Healthcare at Yaxley	The Health Centre Landsdowne Road, Yaxley, Peterborough PE7 3JL .
40	Lensfield Medical Practice, Cambridge	48 Lensfield Road, Cambridge, CB" 1EH
41	Maple Surgery, Bar Hill	Hanover Close, Bar Hill, Cambridge, CB23 8EH
42	Mercheford House Surgery, March	28 Elwyn Road, March, PE15 9BY
43	Mill Road Surgery, Cambridge	281 Mill Road, Cambridge, CB1 3DG
44	Milton Surgery	Coles Road, Milton, Cambridge, CB24 6BL

45	Moat House Surgery, Warboys	Beech Close, Warboys, Huntingdon, PE28 2RQ
46	Monkfield Medical Practice, Cambourne	Sackville House, Sackville Way, Great Cambourne, Cambridge, CB23 6HL
47	Newnham Walk Surgery, Cambridge	Wordsworth Grove, Cambridge, CB3 9HS
48	Nightingale Medical Practice, Peterborough	Damson Drive Peterborough PE1 4FS
49	North Brink Surgery, Wisbech	7 North Brink, Wisbech, PE13 1JU
50	Nuffield Road Medical Centre, Cambridge	Nuffield Road, Cambridge, CB4 1GL
51	Octagon Medical Practice, Peterborough	87-89 Princes Street, Peterborough PE1 2QP
52	Old Fletton Surgery, Peterborough	Rectory Gardens, Old Fletton, Peterborough, PE2 8AY
53	Orchard Surgery, Melbourn	New Road, Melbourn, Royston, SG8 6BX
54	Over Surgery	1 Drings Close, Over, Cambridge, CB24 5NZ
55	Papworth Surgery	Chequers Lane, Papworth Everard, CB23 3QQ
56	Parson Drove Surgery, Wisbech	Main Road, Parson Drove, Wisbech, PE13 4LF
57	Paston Health Centre, Peterborough	Chadburn, Paston, Peterborough, PE4 7DG
58	Petersfield Medical Practice, Cambridge	25 Mill Road, Cambridge, CB1 2AB
59	Priors Field Surgery, Sutton	24 High Street, Sutton, Ely CB6 2RB
60	Priory Fields Surgery, Huntingdon	Nursery Road, Huntingdon, PE29 3RL
61	Queen Edith Medical Practice, Cambridge	59 Queen Edith's Way, Cambridge, CB1 8PJ
62	Ramsey Health Centre	Mews Close, Whyefield Road, Ramsey, Huntingdon, PE26 1BP
63	Red House Surgery, Cambridge	96 Chesterton Road, Cambridge, CB4 1ER
64	Riverport Medical Practice, St Ives, Somersham and Fenstanton	Constable Road, St Ives, PE27 3ER
65	Riverside Practice, March	23 Marylebone Road, March, PE15 8BG
66	Roysia Surgery, Royston	Burns Road, Royston, SG8 5PT
67	Spinney Surgery, St Ives	Ramsey Road, St Ives, PE27 3TP
68	St George's Medical Centre, Littleport	Parsons Drove, Littleport, Ely, CB6 1JU
69	St Mary's Surgery, Ely	37 St Mary's Street, Ely, CB7 4HF
70	St Neots Health Centre	24 Moore's Walk, St Neots, PE19 1AG
71	Staploe Medical Centre, Soham	Brewhouse Lane, Soham, Ely CB7 5JD
72	Swavesey Surgery	58 Boxworth End, Swavesey, Cambridge, CB24 4RA
73	The Health Centre Practice, Royston	Melbourn Street, Royston, Hertfordshire SG8 7BS
74	Thistle Moor Medical Centre, Peterborough	6 – 8 Thistle Moor Road, Peterborough, PE1 3HP
75	Thorpe Road Surgery, Peterborough	64 Thorpe Road, Peterborough, PE3 6AP
76	Trinity Surgery, Wisbech	29 St Augustines Road, Wisbech, PE13 3UZ
77	Trumpington Street Medical Practice,	56 Trumpington Street, Cambridge, CB2 1RG
78	Wansford Surgery	Yarwell Road, Wansford, Peterborough, PE8 6OL
79	Waterbeach Surgery	Rosalind Franklin House, Bannold Road, Cambridge CB25 9LQ
80	Wellside Surgery, Sawtry	144 Eye Road, Peterborough, PE1 4SG
81	Westwood Clinic	Wicken Way, Peterborough, PE3 7JW
82	Willingham Medical Practice	52 Long Lane, Willingham, Cambridge, CB24 5LB
83	Willow Tree Surgery	Orton Goldhay, Peterborough PE2 5RQ
84	Woodlands Surgery, Cambridge	32-34 Station Road, Cambridge, CB1 2JH
85	York Street Medical Practice, Cambridge	146-148 York Street, Cambridge, CB1 2PY

3.2 Nature of Membership and Relationship with CCG

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

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

3.3.1 Members are not restricted from giving personal views on any matter. However, Members should make it clear that personal views are not necessarily the view of the CCG. Nothing in or referred to in this constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosures Act 1998) by any member of the CCG, any member of its Governing Body, any member of any of its Committees or Sub-Committees or the Committees or Sub-Committees of its Governing Body, or any employee of the CCG or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under the Act.

3.4 Members' Meetings

3.4.1 The CCG is a membership organisation, and as such must ensure that GP Practices either participate in decisions where appropriate or understand the decisions being made by their representatives. The CCG will arrange for representatives from all member practices to meet a minimum of 3 times per year to consider proposed programmes of work, decisions and review progress. The CCG's GP Governing Body Chair will chair these meetings.

3.5 Practice Representatives

3.5.1 Member Practices will elect GP representatives to the Governing Body from across the CCG's area using a fair and open process agreed with the Cambridgeshire and Peterborough Local Medical Committee.

3.5.2 In addition, each Member Practice will be required to appoint at least one individual who is a health care professional to act on the Practice's behalf in the dealings between them and the CCG.

4 Arrangements for the Exercise of our Functions

4.1 Good Governance

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

- a) Undertaking regular governance reviews;
- b) Adoption of standards and procedures that facilitate speaking out and the raising of concerns including a freedom to speak up guardian if one is appointed;
- c) Adopting CCG values that include standards of propriety in relation to the stewardship of public funds, impartiality, integrity and objectivity;
- d) The Good Governance Standard for Public Services;

- e) The standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles';
- f) The seven key principles of the NHS Constitution;
- g) Relevant legislation including such as the Equality Act 2010; and
- h) The standards set out in the Professional Standard Authority's guidance 'Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England'.

4.2 General

4.2.1 The CCG will:

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

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

4.3 Functions

4.3.1 The functions that the CCG is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. An outline of these appears in the Department of Health's *Functions of clinical commissioning groups*. *They relate to:

- a) commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of:
 - 4.3.1.a.1 all people registered with member GP practices, and
 - 4.3.1.a.2 people who are usually resident within the area and are not registered with a member of any Clinical Commissioning group;
- b) commissioning emergency care for anyone present in the CCG's area;
- c) paying its employees' remuneration, fees and allowances in accordance with the determinations made by its governing body and determining any other terms and conditions of service of the CCG's employees;

- d) determining the remuneration and travelling or other allowances of members of its Governing Body.

The list above is not intended to be exhaustive and will be subject to change, for example through changes to existing legislation.

4.3.2 In discharging its functions, the NHS C& P CCG will:

- a) act when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to **promote a comprehensive health service** and with the objectives and requirements placed on NHS England through *the mandate* published by the Secretary of State before the start of each financial year;
- b) **meet the public sector equality duty** by adopting an Equality Delivery System (EDS) to ensure compliance with the Equality Act 2010;
- c) work in partnership with its local authorities to develop **joint strategic needs assessments** and **joint health and wellbeing strategies**. The CCG will be members of the relevant Health and Wellbeing Boards for its areas.

The list above is not intended to be exhaustive and will be subject to change, for example through changes to existing legislation.

4.4 **General Duties** - in discharging its functions the NHS C& P CCG will:

The examples given below are not intended to be exhaustive and will be subject to change, for example through changes to existing legislation.

4.4.1 Make arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

- a) ensuring that individuals to whom the services are being or may be provided are involved:
 - (i) in the planning of the CCG's commissioning arrangements;
 - (ii) in the development and consideration of the proposals by the CCG for changes in commission arrangements;
 - (iii) in the decisions of the CCG affecting the operation of commissioning arrangements, where the decisions would, if made, impact on the manner in which the services are delivered to the individuals or the range of health services available to them;

- b) in order to understand the views of patients and the public and to disseminate relevant information to them, establishing and working closely with:
 - (i) a Patient Reference Group which is constituted as a committee of the Governing Body in accordance with this Constitution; membership will be formed from patient representatives elected by local patient forums;
 - (ii) the Integrated Performance and Assurance Committee which is constituted as a committee of the Governing Body and considers patient experience, complaints and feedback;
 - (iii) Patient Participation Groups which will seek the views of local populations and assist with the dissemination of information, and representatives of which will sit on each local patient forum;

- c) in order to understand the views of patients and the public and to disseminate relevant information to them, ensuring regular liaison and the development of close working relationships with each of the following bodies:
 - (i) Patient Forums, which are intended to give individuals the opportunity to raise questions or concerns about the provision of healthcare services at the wider county level;
 - (ii) Healthwatch, which gathers views of local people on local health services;
 - (iii) Health Overview and Scrutiny Committees which review the planning, commissioning and delivery of health services;
 - (iv) Health and Wellbeing Boards, each of which is a group of key leaders representing health and care organisations who work together to understand what their local communities need from health and care services and to agree priorities;

- d) publishing a Communications Membership and Engagement Strategy, approved by its Governing Body and regularly revised to take into account any new guidance published by NHS England, which will be designed to ensure that the CCG involves patients and the public by a range of means that are suitable to different aspects of its commissioning arrangements, those means to include as appropriate:
 - (i) the publication of documents to disseminate relevant information about the commissioning arrangements;
 - (ii) regular attendance at key meetings, forums and events for the purpose of listening to the views of patients and the public, providing information about and explaining actions being taken or considered by the CCG, and answering questions;

- (iii) the dissemination of information by means of the CCG website, emails, newsletters targeted at specific groups, media campaigns, advertising, and targeted engagement events;
 - (iv) the provision of an opportunity for patients and the public to make their views known via the CCG website, emails and other suitable means;
 - (v) the publication of consultation documents in relation to certain planning and commissioning activities, and the creation of specific engagement opportunities such as the use of public surveys and feedback forms;
- e) in the implementation of the arrangements described above, acting consistently with the following principles:
- (i) ensuring that appropriate time is allowed for the planning of activities and commissioning arrangements;
 - (ii) proactively seeking engagement with the communities which experience the greatest health inequalities and poorest health outcomes;
 - (iii) commencing patient and public involvement as early as possible and allowing appropriate time for it;
 - (iv) using plain language, and sharing information as openly as is reasonably practicable;
 - (v) treating with equality and respect all patients and members of the public who wish to express views;
 - (vi) carefully listening to, considering and having due regard to all such views;
 - (vii) providing clear feedback on the results of patient and public involvement.

4.4.2 *Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and has regard to the NHS Constitution;*

- a) by ensuring that health services are provided in a way that promotes the principles of the NHS Constitution;
- b) by promoting awareness of the NHS Constitution amongst members, patients, staff and the public.

4.4.3 *Act effectively, efficiently and economically by:-*

- a) delivering plans in relation to Quality, Innovation, Productivity and Performance (QIPP);

- b) managing prescribing based on clinical and cost effectiveness;
- c) promoting environmental and social sustainability through our actions as a corporate body as well as a commissioner;
- d) requiring progress of delivery of this duty through the CCG's reporting mechanisms;
- e) acting on the advice and recommendations it receives through these processes and/or from the National Commissioning Board.

4.4.4 Act with a view to ***securing continuous improvement to 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 the continuous improvement in the following outcomes:

- a) effectiveness of the services we commission;
- b) safety of the services we commission;
- c) quality of the experience undergone by patients, their carers and representatives by acting on Serious Incidents, Incidents (themed), complaints, patient feedback and patient surveys.

4.4.5 Assist and support NHS England in relation to the Board's duty to ***improve the quality of primary medical services***;

4.4.6 Have regard to the need to ***reduce inequalities by:-***

- a) reducing inequalities between patients with respect to their ability to access health services;
- b) reducing inequalities between patients with respect to the outcomes achieved for them by provision of health services.

4.4.7 ***Promote the involvement of patients, their carers and representatives in decisions about their healthcare*** by promoting their involvement in the decisions which relate to:-

- a) the prevention or diagnosis of illness in the patients or;
- b) their care or treatment;

4.4.8 Act with a view to ***enabling patients to make choices; by***

- a) promoting patient choice.

4.4.9 ***Obtain appropriate advice*** from persons who, taken together, have a broad range of professional expertise in healthcare and public health;

4.4.10 Promote innovation in the provision of healthcare services and in the arrangements made for their provision:

4.4.11 Promote research and the use of research on matters relevant to the health service and on the use by the health service of evidence obtained through research;

4.4.12 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 for Health in the discharge of his related duty;

4.4.13 Act with a view to **promoting integration** of *both* health services with other health services *and* services with health-related and social care services where the CCG considers that this would improve the quality of services or reduce inequalities

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

4.5.1 Ensure its expenditure does not exceed the aggregate of its allotments for the financial year

4.5.2 Ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by NHS England for the financial year

4.5.3 Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the CCG does not exceed an amount specified by NHS England

4.5.4 Publish an explanation of how the CCG spent any payment in respect of quality made to it by NHS England;

4.6 Authority to Act: the CCG

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

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

4.7 Authority to Act: the Governing Body

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

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

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

5 Procedures for Making Decisions

5.1 Scheme of Reservation and Delegation

5.1.1 The CCG has agreed a scheme of reservation and delegation (SoRD) which can be found in the CCG's Governance Handbook.

5.1.2 The CCG's SoRD sets out:

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

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

5.2 Standing Orders

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

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

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

5.3 Standing Financial Instructions (SFIs)

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

5.3.2 A full set of the SFIs (Excluding financial limits) is included in the CCG Governance Handbook. The Financial Limits, which form part of the SFIs, which form part of this constitution, can be found at Appendix 4.

5.4 The Governing Body: Its Role and Functions

5.4.1 The Governing Body has statutory responsibility for:

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

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

5.5 Composition of the Governing Body

5.5.1 This part of the constitution describes the make-up of the Governing Body roles. Further information about the individuals who fulfil these roles can be found on our website. Link below :

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/whos-who/>

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

- a) The Chair
- b) The Accountable Officer
- c) The Chief Finance Officer
- d) A Secondary Care Specialist;
- e) A registered nurse (Known as the Chief Nurse)
- f) Two lay members:
 - Lay Member (Governance & Audit) – who has qualifications expertise or experience to enable them to lead on finance and audit matters; and another who
 - Lay Member (Assurance) – who has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions

5.5.3 The CCG has agreed the following additional members:

- a) Lay Member Patient & Public Participation (who is the chair of the Primary Care Commissioning Committee and Patient Reference Group).
- b) Lay Member Finance and Performance [who is responsible for the integrated performance agenda]
- c) Four GPs drawn from member practices
- d) Director of Primary Care
- e) Medical Director

5.5.4 Roles and Responsibilities for each Governing Body Member are set out in the CCG's Governance Handbook.

5.6 Additional Attendees at the Governing Body Meetings

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

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

- a) Director of Public Health
- b) CCG Secretary to the Governing Body
- c) Clinical Leads appointed within the CCG to focus on key programme areas. For example – Medicines Optimisation, Urgent Care, Mental Health etc.
- d) Other Executive Directors in line with the Organisational Structure

5.7 Appointments to the Governing Body

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

A Deputy Chair* will be elected by the Governing Body and will be either a GP if the Chair is a Lay Member or a Lay Member if the Chair is a GP. The current Lay Member Deputy Chair is specified on the CCG's Website.

Each member will have one vote with the Chair, or, in the absence of the Chair, the *Deputy Chair having a casting vote if required.

*The Deputy Chair will be elected by the Governing Body through a process of self-nomination and subsequent voting if required.

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

5.8 Committees and Sub-Committees

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

5.9 Committees of the Governing Body

- 5.9.1 The Governing Body will maintain the following statutory or mandated Committees:
- 5.9.2 **Audit Committee:** This Committee is accountable to the Governing Body and provides the Governing Body with an independent and objective view of the CCG's compliance with its statutory responsibilities. The Committee is responsible for arranging appropriate internal and external audit.
- 5.9.3 The Audit Committee will be chaired by a Lay Member who has qualifications, expertise or experience to enable them to lead on finance and audit matters and members of the Audit Committee may include people who are not Governing Body members.
- 5.9.4 **Remuneration Committee:** This Committee will consider the appropriate remuneration and terms of service for the Accountable Officer, Executive Directors and staff on Very Senior Managers terms and conditions, for GP Members, Lay Members and the Secondary Care Doctor. To avoid conflict of interest three sub-groups of the core committee will make formal recommendations to the Governing Body on behalf of the core committee following due consideration. In the same way that the Committee avoids any conflicts of interest, only non-contracted members of the Governing Body will be involved in the decision-making process. The Committee will also oversee the Human Resources (HR) and Organisational Development function of the CCG.

- 5.9.5** The Remuneration Committee will be chaired by a lay member other than the audit chair and only members of the Governing Body may be members of the Remuneration Committee.
- 5.9.6** **Primary Care Commissioning Committee:** This Committee is required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to the Governing Body and to NHS England. Membership of the Committee is determined in accordance with the requirements of *Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017*. This includes the requirement for a lay member Chair and a lay Deputy Chair.
- 5.9.7** None of the above Committees may operate on a joint committee basis with another CCG(s).
- 5.9.8** The terms of reference for each of the above committees are included in Appendix 2 to this constitution and form part of the constitution.
- 5.9.9** The Governing Body has also established a number of other Committees to assist it with the discharge of its functions. These Committees are set out in the SoRD and further information about these Committees, including terms of reference, are published in the CCG Governance Handbook which is published on the website.

5.10 Collaborative Commissioning Arrangements

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

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

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

5.11 Joint Commissioning Arrangements with Local Authority Partners

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

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

more relevant Local Authority in respect of:

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

5.11.3 For purposes of the arrangements described in 5.11.2, the Governing Body may:

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

5.11.4 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.11.2 above.

5.12 Joint Commissioning Arrangements – Other CCGs

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

- 5.12.2** The CCG may make arrangements with one or more other CCGs in respect of:
- a) delegating any of the CCG's commissioning functions to another CCG;
 - b) exercising any of the Commissioning Functions of another CCG; or
 - c) exercising jointly the Commissioning Functions of the CCG and another CCG.
- 5.12.3** For the purposes of the arrangements described at 5.12.2, the CCG may:
- a) make payments to another CCG;
 - b) receive payments from another CCG; or
 - c) make the services of its employees or any other resources available to another CCG; or
 - d) receive the services of the employees or the resources available to another CCG.
- 5.12.4** Where the CCG makes arrangements which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions.
- 5.12.5** For the purposes of the arrangements described above, the CCG may establish and maintain a pooled fund made up of contributions by all of the CCGs working together jointly pursuant to paragraph 5.12.2 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.
- 5.12.6** Where the CCG makes arrangements with another CCG as described at paragraph 5.12.2 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working including details of:
- a) how the parties will work together to carry out their commissioning functions;
 - b) the duties and responsibilities of the parties, and the legal basis for such arrangements;
 - c) how risk will be managed and apportioned between the parties;
 - d) financial arrangements, including payments towards a pooled fund and management of that fund;
 - e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 5.12.7** The responsibility of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.12.1 above.

- 5.12.8** The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.12.1 above.
- 5.12.9** Only arrangements that are safe and in the interests of patients registered with Member practices will be approved by the Governing Body.
- 5.12.10** The Governing Body shall require, in all joint commissioning arrangements, that the lead Governing Body Member for the joint arrangements:
- a) make a quarterly written report to the Governing Body;
 - b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
 - c) publish an annual report on progress made against objectives.
- 5.12.11** Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement but has to give six months' notice to partners to allow for credible alternative arrangements to be put in place, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

5.13 Joint Commissioning Arrangements with NHS England

- 5.13.1** The CCG may work together with NHS England. This can take the form of joint working in relation to the CCG's functions or in relation to NHS England's functions.
- 5.13.2** In terms of either the CCG's functions or NHS England's functions, the CCG and NHS England may make arrangements to exercise any of their specified commissioning functions jointly.
- 5.13.3** The arrangements referred to in paragraph 5.13.2 above may include other CCGs, a combined authority or a local authority.
- 5.13.4** Where joint commissioning arrangements pursuant to 5.13.2 above are entered into, the parties may establish a Joint Committee to exercise the commissioning functions in question. For the avoidance of doubt, this provision does not apply to any functions fully delegated to the CCG by NHS England, including but not limited to those relating to primary care commissioning.
- 5.13.5** Arrangements made pursuant to 5.13.2 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

- 5.13.6** Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 5.13.2 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
- a) how the parties will work together to carry out their commissioning functions;
 - b) the duties and responsibilities of the parties, and the legal basis for such arrangements;
 - c) how risk will be managed and apportioned between the parties;
 - d) financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
 - e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 5.13.7** Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.13.2 above. Similarly, where the arrangements relate to NHS England's functions, the liability of NHS England to carry out its functions will not be affected where it and the CCG enter into joint arrangements pursuant to 5.13.
- 5.13.8** The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.
- 5.13.9** Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.
- 5.13.10** The Governing Body of the CCG shall require, in all joint commissioning arrangements that the lead Governing Body Member for the joint arrangements make;
- a) make a quarterly written report to the Governing Body;
 - b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
 - c) publish an annual report on progress made against objectives.
- 5.13.11** Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement but has to give six months' notice to partners to allow for credible alternative arrangements to be put in place, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

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

6.1 Conflicts of Interest

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

6.2 Declaring and Registering Interests

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

- 6.2.2** The CCG will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality of decision making staff at least annually on the CCG website and make them available at our headquarters upon request.
- 6.2.3** All relevant persons for the purposes of NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.
- 6.2.4** The CCG will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually. All persons required to, must declare any interests as soon as reasonably practicable and by law within 28 days after the interest arises.
- 6.2.5** Interests (including gifts and hospitality) of decision making staff will remain on the public register for a minimum of six months. In addition, the CCG will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The CCG's published register of interests states that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to submit a request for this information.
- 6.2.6** Activities funded in whole or in part by 3rd parties who may have an interest in CCG business such as sponsored events, posts and research will be managed in accordance with the CCG policy to ensure transparency and that any potential for conflicts of interest are well-managed.
- 6.2.7** The CCG's Conflicts of Interest Policy is published on the CCG's website and can be found at the following link.
<https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=11295&type=0&servicetype=1>

6.3 Training in Relation to Conflicts of Interest

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

6.4 Standards of Business Conduct

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

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

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

7. The CCG as an Employer

- 7.1** The CCG recognises that its most valuable asset is its people. It will seek to enhance their skills and experience and is committed to their development in all ways relevant to the work of the CCG.
- 7.2** The CCG will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.
- 7.3** The CCG will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by the CCG. All staff will be made aware of this Constitution, the commissioning strategy and the relevant internal management and control systems which relate to their field of work.
- 7.4** The CCG will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. The CCG will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters

- 7.5 The CCG will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.
- 7.6 The CCG will ensure that employees' behaviour reflects the values, aims and principles set out above.
- 7.7 The CCG will ensure that it complies with all aspects of employment law.
- 7.8 The CCG will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.
- 7.9 The CCG will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have means through which their concerns can be voiced.
- 7.10 The CCG is committed to maintaining and developing good employee relations with recognised employee representatives and will ensure that there are appropriate arrangements for the continuation of a joint staff and management forum.
- 7.11 Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter will be available on the CCG's website.

Appendix 1: Definitions of Terms Used in This Constitution

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

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

Member/ Member Practice	A provider of primary medical services to a registered patient list, who is a Member of this CCG.
Member practice representative	Member practices appoint a healthcare professional to act as their practice representative in dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act or directions under section 98A of the 2006 Act.
NHS England	The operational name for the National Health Service Commissioning Board.
Registers of interests	Registers a group is required to maintain and make publicly available under section 14O of the 2006 Act and the statutory guidance issues by NHS England, of the interests of: the Members of the group; the Members of its CCG Governing Body; the Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body; and Its employees.
ICS	Integrated Care Systems (ICSs) will play a critical role in aligning action between partners to achieve their shared purpose: to improve outcomes and tackle inequalities, to enhance productivity and make best use of resources and to strengthen local communities.
Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making

Appendix 2: Committee Terms of Reference

Appendix 2a Audit Committee

Appendix 2b Remuneration Committee

Appendix 2c Primary Care Commissioning Committee

**All other Governing Body Committee Terms of Reference can be found in the Governance Handbook*

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/corporate-documents-and-policies/>



AUDIT COMMITTEE TERMS OF REFERENCE

1. Constitution, Philosophy and Aim

Audit Committee (the committee) is established in accordance with the CCG's Constitution, standing orders and scheme of delegation. The Committee is a non-executive committee of the CCG Governing Body and has no executive powers, other than those specifically delegated in these Terms of Reference. The Audit Committee reports directly to the CCG Governing Body and has a scrutiny role with other committees, namely the Integrated Performance and Assurance Committee. The Committee will be chaired by the Lay Member responsible for Governance.

The Committee's principal objective is to ensure that there is an effective system of internal control. The Committee provides an objective review of systems and reports presented by Internal and External Audit and provides the CCG Governing Body with an assurance that the organisation's governance, including financial, clinical and risk management processes are conducted within best practice guidelines set out in the Audit handbook.

2. Membership

The Committee shall be appointed by the CCG Governing Body from amongst the Lay Members and GP Members of the CCG and shall consist of up to six members. The Chair of the CCG Governing Body shall not be a member of the Committee.

3. Quorum

A quorum shall be three members which must include the Audit Committee Chair, or the Lay Member nominated as Deputy Chair and a GP Member

For the purpose of a Quorum members of the Committee who 'dial-in' to a meeting will be considered to be in attendance

4. Attendance

Lay Member Chair

Other Lay Member (up to 2) – One to act as Deputy Chair

GP Member(s) of the Governing Body (up to two)

Chief Finance Officer

CCG Secretary

Internal Audit and Local Counter Fraud Services representatives and External Audit representatives

At least once a year the Committee will meet privately with the External and Internal Auditors.

The Chief Officer (Accountable Officer) and any other Directors may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Director.

The Chief Officer (Accountable Officer) should be invited to attend, at least annually, to discuss with the Audit Committee the process for assurance that supports the Statement on Internal Control and Annual Governance Statement.

The CCG secretary or their representative shall be Secretary to the Committee and attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

Regardless of attendance external audit, internal audit, local counter fraud and security management providers will have full and unrestricted rights of access to the committee

5. Frequency

Meetings of the Committee will be held on a quarterly basis. The Chair of the Committee, the External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

6. Authority

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

7. Objectives

- To monitor delivery of any statutory recommendations imposed on the CCG by External Audit under Section 24 (Schedule 7) of the Local Audit and Accountability Act 2014.
- To review the establishment and maintenance of an effective system of internal control: risk management, clinical governance, controls assurance and financial management to ensure they meet good practice guidelines and they function effectively.
- To consider the appointment of the internal audit service to the CCG and make recommendations to the Governing Body
- To agree the Internal Audit Plan and review progress, considering the major findings of internal audit investigations
- To consider the work of the Local Counter Fraud Specialist
- To maintain an External Auditor Panel to recommend the appointment of the External Auditor, in line with Local Audit and Accountability Act 2014
- To agree the External Audit Plan
- To review external audit reports including value for money and the Annual Audit Letters

- To review the Annual Report including the Annual Financial Statements and Annual Governance Statement prior to submission to the CCG Governing Body
- To establish a process of self-assessment of the Committee in order that its effectiveness can be monitored and improved.

8. Duties

To carry out the objectives set out above, the duties of the Committee can be categorized as follows:

8.1 Integrated Governance, Risk Management, and Internal Control

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

In particular, the Committee will review the adequacy of:

- all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the CCG Governing Body
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
- the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions.

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

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

8.2 Internal Audit

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

- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal.

- review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organization as identified in the Assurance Framework.
- consideration of the major findings of internal audit work (and management's response) and ensure co-ordination between the Internal and External Auditors to optimise audit resources.
- ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation
- annual review of the effectiveness of Internal Audit

8.3 External Audit

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

- consideration of the appointment and performance of the External Auditor, as far as the rules governing the appointment permit
- discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure coordination, as appropriate, with other External Auditors in the local health economy
- discussion with the External Auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee
- review all External Audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the CCG Governing Body and any work carried outside the annual audit plan, together with the appropriateness of management responses

8.4 Other Assurance Functions

The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation.

These will include, but will not be limited to, any reviews by Department of Health Arm's Length Bodies or Regulators/Inspectors (e.g. the Care Quality Commission, NHS Resolution etc.), and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.).

In addition, the Committee will review the work of other Committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. This will in particular include the Integrated Performance and Assurance Committee. Committees will report by exception on matters pertinent to the Audit Committee.

In reviewing the work of the Integrated Performance and Assurance Committee and issues around clinical risk management, the Committee will wish to satisfy themselves on the assurance that can be gained from the

clinical audit function of our provider services, via the Quality and Nursing Directorate.

8.5 Counter Fraud

The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of the counter fraud work set out in the Counter Fraud Annual Plan.

9. Management

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

The Committee may also request specific reports from individual functions within the organisation as they may be appropriate to the overall arrangements.

10. Financial Reporting

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

The Committee shall also ensure that the systems for financial reporting to the CCG, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the CCG.

The Committee shall review the Annual Report before submission to the CCG Governing Body, focusing particularly on:

- the wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
- changes in, and compliance with, accounting policies, practices and estimation techniques.
- unadjusted misstatements in the financial statements.
- major judgmental areas.
- significant adjustments resulting from the audit.
- letters of representation.
- qualitative aspects of financial reporting.

11. Standing Items

CCG Assurance Framework

Internal and External Audit Reports

Counter Fraud Reports

Annual Audit Letter

Annual Report and Annual Accounts including the Annual Governance Statement

Exception reports of Sub Committees: Including, but not restricted to the Integrated

Performance and Assurance Committee; Patient Reference Group; Primary Care

Commissioning Committee; and Remuneration and Terms of Services Committee

Legal Updates (when appropriate)

Annual Self-Assessment Check List

Hospitality and other Registers as and when appropriate

12. Secretariat and Administration

The minutes of Audit Committee meetings shall be formally recorded by the CCG Secretary or their representative and submitted to the CCG Governing Body. The Chair of the Committee shall draw to the attention of the CCG Governing Body any issues that require disclosure or require executive action. This will be through an Overview Report which will also include the outcomes of issues raised by internal and external audit and progress of actions plans towards risk reduction.

The Committee will report to the CCG Governing Body annually on its work in support of the Statement on Internal Control, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation and the integration of governance arrangements. This will be via the Annual Governance Statement

The Committee shall be supported administratively by the Corporate Governance Manager, whose duties in this respect will include:

- Agreement of Agenda with Chairman and attendees and collation of papers
- Taking the minutes and preparing quarterly Committee Overview Reports to the CCG Governing Body in Public. The minutes and overview reports are published on the CCG's website.
- Keeping a record of matters arising and issues to be carried forward
- Advising the Committee on pertinent areas
- Enabling the development and training of Committee members

13. Conflicts of Interests

The Committee will comply with the CCG's standards of business conduct and the CCG Conflicts of Interest Policy.

14. Review

The Terms of Reference for the Committee will be reviewed on an annual basis although required updates can be made at any time. The Terms of Reference are subject to Governing Body approval and that changes will not be implemented until an application to change the CCG's Constitution, which these ToR form part of, has been agreed with NHS England

Author: Sharon Fox
CCG Secretary

Endorsed by Audit Committee:	20 July 2021
Approved by CCG Governing Body	06 July 2021 (as part of Constitution)
Review Date:	July 2022* (Subject to transition to ICS)



REMUNERATION AND TERMS OF SERVICE COMMITTEE TERMS OF REFERENCE

1. Scope

The Remuneration & Terms of Service Committee (the committee) is established in accordance with the Cambridgeshire and Peterborough Clinical Commissioning Group's (CCG) Constitution, standing orders and scheme of delegation. Its role is to ensure fairness, equity and consistency is applied on behalf of the CCG in relation to remuneration, terms of service for all members of the CCG and VSM grades and various incentive schemes which will impact on GP practice income.

The Committee via its three Sub-Groups will consider the appropriate remuneration and terms of service for the Accountable Officer, Executive Directors and staff on Very Senior Managers terms and conditions, for GP Members, Lay Members and the Secondary Care Doctor. The Sub-Group Chairs will make formal recommendations to the Governing Body on remuneration following due consideration. In the same way that the Committee avoids any conflicts of interest, only non-conflicted members of the Governing Body will be involved in the decision-making process. The main duties of each Sub-Group are set out in Section 7.

The Committee will also oversee the Human Resources (HR) and Organisational Development function of the CCG.

2. Membership

The Core Committee shall be appointed by the CCG from amongst its Governing Body members as follows:

- Lay Member - Assurance (Chair of Committee & Sub-Group 1 and 3)
- One Lay Member (Deputy Chair of the Committee)
- CCG Clinical Chair (Chair of Sub Group 3)
- Chief Officer (Accountable Officer)
- Two GP Member Governing Body Members
- Secondary Care Doctor

For each element of the Committee's business, the following membership shall apply

Core Committee Business

Lay Member – (Chair)
Lay Member (Deputy Chair of the Committee)
CCG Clinical Chair
Chief Officer (Accountable Officer)

Secondary Care Doctor
One GP Governing Body Member

Sub Group 1 (Very Senior Managers Remuneration)

Lay Member (Chair)
Lay Member (Deputy Chair)
CCG Clinical Chair
One GP Governing Body Member
Secondary Care Doctor

Sub Group 2 (GP Remuneration)

Lay Member – (Chair)
Lay Member (Deputy Chair)
Accountable Officer

Sub Group 3 (Lay Members)

Governing Body Clinical Chair (Chair of Sub-Group 3)
Chief Officer (Accountable Officer)
Secondary Care Doctor
One GP Governing Body Member

3. In Attendance

3.1 The Director of Strategy & Planning (Executive Lead for Organisational Development and Human Resources), or a deputy will be present at meetings to give advice and information on any issues arising from the following:

- job evaluation information
- trends in pay and conditions of service
- levels of remuneration offered by similar organisations
- information on the local labour market
- retention of key skills
- any other contractual issues including severance payment and legal advice as required
- HR Policy
- progress and delivery of OD & HR elements of the CCG Improvement and Delivery Plan.

3.2 The CCG Secretary will be the Secretary to the Committee and its Sub-committees

3.3 The Chair of the Committee may make other arrangements for secretarial support in such a case where the confidentiality of information and discussion is required.

4. Quorum

A Quorum for the Core Committee will be the Chair or Deputy Chair of the Committee, one GP and one Executive Member.

A Quorum for the Sub-Groups will be two members of each Committee.

In the event that a Virtual Committee meeting is held, the same principles will apply to the decision-making process in terms of Quorum and Decision-making.

5. Frequency of Meetings

The Core Committee will convene quarterly with relevant Sub-Groups meeting as required. An urgent meeting can be called by the Committee Chair following consultation with the Chief Officer (Accountable Officer) and GP Governing Body Chair.

Additional meetings can be called by the Chair of the Committee. In the event of a virtual Committee meeting being required, the principles of decision-making and reporting will apply.

6. Authority

The Committee is authorised by the CCG to make decisions within its terms of reference, including matters specifically referred to it by the CCG. It is authorised to seek information it requires from any employee of the CCG. It is authorised to obtain legal or other independent professional advice and to secure the attendance of such outsiders with relevant experience and expertise that it considers necessary.

7. Main Duties of the Committee

7.1 Main Duties

The main duties of the Core Committee are set out below:

- To agree all HR and associated Policies and procedures on behalf of the CCG Governing Body linked to Terms and Conditions of Employment for CCG and associated staff/clinicians as appropriate.
- To be informed of the CCG's implementation of national pay arrangements for all Medical staff employed by the CCG and to advise the CCG Governing Body as appropriate on any relevant matters.

- To advise the CCG on any arrangements for termination of employment and any other contractual matter in respect of other posts where appropriate. To make recommendation to the Governing Body all termination payments over £100k in line with the CCG's Standing Financial Instructions.
- To receive relevant workforce reports that focus specifically on Staff Turnover, Staff Vacancies, Staff Sickness Absence and Staff appraisal and to refer specific matters for action to the Chief Officer Team and Integrated Performance and Assurance Committee as appropriate.
- To receive ad-hoc reports on negotiations with Trade Unions which may have an impact on terms and conditions of staff, (or are a risk to the CCG).
- To monitor the Organisational Development Plan.
- To receive reports from the Health Safety and Wellbeing Forum and recommend areas for action as appropriate.
- To agree any formal staff consultation processes prior to commencement of the process.

The Committee's work will be split into various Sub-Groups with different membership to ensure appropriate conflicts of interest are dealt with. These Sub-Groups are set out below:-

7.2 Sub-Group 1 – Remuneration and Terms of Service for Very Senior Managers

To consider the appropriate remuneration and terms of service for the Accountable Officer, Executive Directors and staff on Very Senior Managers terms and conditions; including:

- All aspects of salary, including any performance related / bonus elements;
- Provision for other benefits, including pensions and cars;
- Advise and propose arrangements for termination of employment and other contractual terms in respect of the posts within the remit of Committee 1;
- To note CCG Directors' individual and team objectives;
- Consideration of the performance of VSMS.

The Chair of Sub-Group 1 will make formal recommendations to the CCG Governing Body. When determining these recommendations, the Committee will take account of:

- Department of Health 'Very Senior Managers' Pay Framework;

- Any specific terms of the Contract of Employment;
- Any other relevant guidance on NHS pay systems;
- NHS Code of Conduct, Accountability and Openness.

7.3 Sub-Group 2 – Remuneration and Terms of Service for Clinical Commissioning Work undertaken for the CCG and any incentive schemes that will affect GP Practice income

To consider the appropriate remuneration and terms of service for all clinicians undertaking clinical commissioning work on behalf of the CCG including:

- Remuneration for the Clinical Chair of the Governing Body, GP Members and the Secondary Care Doctor;
- Remuneration for Clinical Leads;
- All aspects of remuneration agreed via the Clinical Commissioning Remuneration Framework;
- Provision for other benefits such as backfill, travel and other expenses;
- Arrangements for termination of employment and other contractual terms;
- Consideration of their performance in relation to their clinical commissioning work through a Clinical Performance Framework;

The Chair of Sub-Group 2 will make formal recommendations to the CCG Governing Body. When determining these recommendations, the Committee will take account of:

- National Guidance on Remuneration for Clinical Commissioning;
- Any relevant terms of the Contract of Employment;
- Any other relevant guidance on NHS pay systems;
- NHS Code of Conduct, Accountability and Openness.

7.4 Sub-Group 3 – Remuneration and Terms of Service for Lay Members

To consider appropriate remuneration and terms of service for Lay Members of the CCG including:

- All aspects of remuneration agreed via the Clinical Commissioning Remuneration Framework;
- Arrangements for termination of employment and other contractual terms;
- Consideration of their performance in relation to their roles as lay members of the CCG.

The Chair of Sub-Group 3 will make formal recommendations to the CCG Governing Body. When determining these recommendations, the Committee will take account of:

- National Guidance on Remuneration for lay members of CCGs
- Any relevant terms of the Contract of Employment;
- Any other relevant guidance on NHS pay systems;
- NHS Code of Conduct, Accountability and Openness.

7.5 To avoid time delays, it is anticipated that the Governing Body will adopt a virtual decision-making process to consider recommendations from each Sub-Group Chair. report outcomes to the next available Governing Body, in public in line with guidelines for reporting pay.

8. Policy and Best Practice

The Committee will apply best practice in its decision making processes. For example, when considering individual remuneration, the Committee will:

- Comply with current disclosure requirements for remuneration;
- On occasion seek independent advice about remuneration for individuals; and
- Ensure that decisions are based on clear and transparent criteria.

9. Decision-making and Reporting

9.1 Recommendations from the relevant Committee sub-group will be presented to the Governing Body To avoid time delays, it is anticipated that the Governing Body will adopt a virtual decision-making process to consider recommendations from each Sub-Group Chair on remuneration and terms of service. Outcomes of the decisions will be reported to the next available Governing Body, in public in line with guidelines for reporting pay.

9.2 The CCG Secretary will prepare a report of general Remuneration Committee business which will be presented to the CCG Governing Body following each meeting. The Report will include the main items discussed and decisions made by the Committee. The Report **will not** include specific detail relating to individuals or the deliberations of the Committee, other than pay of VSMs and Lay Members which will be published.

9.3 Full minutes of the Remuneration Committee Core Committee will be sent in confidence to members of the each of the Committee. Sub-Group minutes will be sent in confidence to Sub-Group members only.

10. Management and Administration of the Committee

10.1 The Committee will be managed by a multi-disciplinary team made up of the Chief Officer, GP Lead and CCG Secretary.

10.2 The CCG Secretary will support the Committee and duties in this respect will be:

- Agreement of Agenda with Chair and collation / distribution of papers,
- Taking minutes and preparing Committee Reports to the CCG Governing Body,
- Recording matters arising and issues to be carried forward.

11. Conflicts of Interests

The Committee will comply with the CCG Conflicts of Interest Policy through all aspects of its business. In making its formal recommendations to the Governing Body, will ensure that individual conflicts of interest are addressed as part of the decision-making process.

12. Review

The Terms of Reference will be reviewed on an annual basis and presented to the CCG Governing Body for approval.

Author: *Sharon Fox*
CCG Secretary
July 2021

Endorsed by Remuneration and Terms of Service Committee: 20 July 2021

Approved by CCG Governing Body: 6 July 2021 (as part of Constitution)

Review Date: July 2022* (Subject transition to ICS)

Primary Care Commissioning Committee Terms of Reference

1. Introduction

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

2. Statutory Framework

- 2.1 NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.
- 2.2 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.
- 2.3 Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- a) Management of conflicts of interest (section 14O);
- b) Duty to promote the NHS Constitution (section 14P);
- c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- d) Duty as to improvement in quality of services (section 14R);
- e) Duty in relation to quality of primary medical services (section 14S);
- f) Duties as to reducing inequalities (section 14T);
- g) Duty to promote the involvement of each patient (section 14U);
- h) Duty as to patient choice (section 14V);
- i) Duty as to promoting integration (section 14Z1);
- j) Public involvement and consultation (section 14Z2).

2.4 The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

- a) Duty to have regard to impact on services in certain areas (section 13O);
- b) Duty as respects variation in provision of health services (section 13P).

2.5 The Committee is established as a Committee of the CCG's Governing Body in accordance with Schedule 1A of the "NHS Act".

2.6 The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

3. **Role of the Committee**

3.1 The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services within the Cambridgeshire and Peterborough CCG area as defined in their Constitution, under delegated authority from NHS England.

3.2 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Cambridgeshire and Peterborough CCG, which will sit alongside the delegation and terms of reference.

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

3.4 The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

3.5 This includes the following:

- a) GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- b) Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- c) Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- d) Decision making on whether to establish new GP practices in an area;
- e) Approving practice mergers; and
- f) Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).

3.6 The CCG will also carry out the following activities:

- a) To plan, including needs assessment, primary medical care services in Cambridgeshire and Peterborough CCG’s area and the development and implementation of a primary care strategy.
- b) To undertake reviews of primary medical care services in Cambridgeshire and Peterborough CCG’s area.
- c) To manage the budget for commissioning of primary [medical] care services in Cambridgeshire and Peterborough CCG’s area.
- d) To take decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
 - i) decisions in relation to Enhanced Services;
 - ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);
 - iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
 - iv) decisions about ‘discretionary’ payments;
 - v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
- g) To approve practice mergers;

- e) To undertake decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
- f) To oversee the management of the Delegated Funds in the Area;
- g) To oversee Premises Costs Directions functions;
- h) To co-ordinate a common approach to the commissioning of primary care services with other commissioners in the Cambridgeshire and Peterborough where appropriate;
- i) To plan the primary care workforce;
- j) To develop primary care commissioning intentions to support the overall delivery of the system plan;

3.7 A Primary Care Operational Group is established to provide operational management level co-ordination, assurance and support to the proceedings of the Committee, in support of full delegation and delivery of the Primary Care Strategy.

3.8 The Committee, on behalf of the Cambridgeshire and Peterborough Integrated System (ICS), will also:

- a) Oversee the delivery of the expected deliverables regarding the General Practice Forward View (GPFV) spend, as outlined in the GPFV Funding Methodology Memorandum of Understanding. This is set out at Annex B. Specifically, the following programmes:

Practice Resilience;
GP Retention;
Reception and clerical staff training;
Online consultation; and
Practice Nursing.
- b) Provide assurance to NHS England as requested, that the GPFV funding is being spent according to the requirements.
- c) Receive and endorse recommendations from the Primary Care Operational Group on the proposed spending plans.

4. Geographical Coverage

- 4.1 The Committee will comprise the area of Cambridgeshire and Peterborough CCG as defined by its Constitution (Cambridgeshire, Peterborough and parts of Hertfordshire and Northamptonshire.)

5. Membership

- 5.1 The voting members of the Committee shall consist of:
CCG Lay Member - (Chair)
CCG Lay Member - (Deputy Chair)
CCG Accountable Officer
CCG Chief Finance Officer
CCG Chief Nurse
Director of Primary Care
- 5.2 The Chair of the Committee shall be a Lay Member (Patient and Public Participation) of NHS Cambridgeshire and Peterborough CCG.
- 5.3 The Deputy-Chair of the Committee shall be a Lay Member Assurance of NHS Cambridgeshire and Peterborough CCG.
- 5.4 Non-Voting Attendees to the Committee shall consist of:

CCG Associate Director of Primary Care
(Secretary to the Committee)
Local Medical Committee Representative
NHS England Representative
STP Integrated Neighbourhood GP Lead
Cambridgeshire Health and Wellbeing Board representative
Peterborough Health and Wellbeing Board representative
Cambridgeshire and Peterborough Healthwatch representative

6. Meetings and Voting

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

7. Quorum

- 7.1 The Quorum shall be four members one of whom must be the Chair or Deputy Chair and three CCG Executive Directors.

8. Committee Business

- 8.1 The Committee will be managed by a multi-disciplinary team comprised of the Director of Primary Care, Associate Director of Primary Care and CCG Secretary.

The Committee will meet at least on a bi-monthly basis.

- 8.2 Meetings of the Committee shall:
- a) be held in public, subject to the application of 23(b);
 - b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
- 8.3 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
- 8.4 The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.
- 8.5 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- 8.6 Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.
- 8.7 The Committee will present its minutes to the Regional Team of NHS England and the Governing Body of NHS Cambridgeshire and Peterborough CCG for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 7.4 above.

- 8.8 The CCG will also comply with any reporting requirements set out in its Constitution.
- 8.9 It is envisaged that these Terms of Reference will be reviewed from time to time and at least annually, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

9. Accountability of the Committee

- 9.1 The Committee is a Committee of the CCG and is accountable for making decisions on review, planning and procurement of primary care services in Cambridgeshire and Peterborough, under delegated authority to the CCG from NHS England. The Committee reports to and is accountable to both the CCG Governing Body and NHS England.
- 9.2 For the avoidance of doubt, in the event of any conflict between the terms of this Scheme of Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the Delegation will prevail.

10. Procurement of Agreed Services

- 10.1 The CCG will make procurement decisions as relevant to the exercise of its delegated authority and in accordance with the detailed arrangements regarding procurement set out in the Delegation Agreement and other associated guidance.
- 10.2 All decisions will be recorded in the CCG's Register of Procurement Decisions, Primary Care Commissioning Committee section.

11 Decisions

- 11.1 The Committee will make decisions within the bounds of its remit.
- 11.2 Urgent Decisions may be taken by the Chair of the Committee, and CCG Chief Officer, after seeking advice from two other Members of the Committee in line with Quorum requirements. Urgent Decisions will be presented to the next Committee meeting in public for formal ratification.
- 11.3 The decisions of the Committee shall be binding on NHS England and NHS Cambridgeshire and Peterborough CCG.
- 11.4 The Committee will produce an executive summary report which will be presented to the Regional Team of NHS England and the Governing Body of NHS Cambridgeshire and Peterborough CCG for information.

Approved By: Primary Care Commissioning Committee
(Electronically – W/c 19 July 2021)

Ratified By: NHS Cambridgeshire & Peterborough CCG Governing Body
6 July 2021 (as part of Constitution)
Review Date: At least annually [See section 8.9 above]

Author: **Sharon Fox**
CCG Secretary
Reviewed June/July 2021

Appendix 3: Standing Orders



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 NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) so that it can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They form part of the CCG's Constitution.

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 and other Governing Body Members;
- 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 and Standing Financial Instructions (Financial Limits) have effect as if incorporated into the CCG's Constitution. CCG

members, employees, members of the Governing Body, 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. The Standing Orders will normally be reviewed on an Annual Basis, or earlier if a substantive change is required. All changes made will require the approval of NHSE in line with their approval process.

1.2. Schedule of Matters Reserved to the Clinical Commissioning Group 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 Governing Body in formal session. These decisions and also those delegated are contained in the CCG's Scheme of Reservation and Delegation (see Appendix 4a and 4b).

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

2.1. Composition of Membership

2.1.1. Chapter 3 of the CCG's Constitution provides details of the membership of the group.

2.2. Governing Structures

2.2.1 Chapter 5 of the CCG'S Constitution provides details of the governing structure used in the Group's decision-making processes. Specific Key roles and responsibilities within the Group and its Governing Body are set out in the CCG Governance Handbook (Section 4 refers).

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/corporate-documents-and-policies/>

2.2.2 The Governing Body; the membership of the Governing Body shall be:-

- a) The Chair;
- b) Four representatives elected by member practices from across the CCG area;
- c) Four Lay Members:
 - a) one to lead on Audit, Governance and conflict of interest matters,
 - b) one to lead on Patient and Public participation matters;
 - c) one to lead on Finance and Performance matters; and
 - d) One to lead on Assurance matters.
- d) One Nurse Lead; Chief Nurse
- e) One Hospital Doctor (Secondary Care Clinician)

- f) CCG Accountable Officer
- g) Chief Finance Officer;
- h) Medical Director
- i) Director of Primary Care

Each member will have one vote with the Chair. or in the absence of the Chair, the * Deputy Chair having a casting vote if required.

*The current Lay Member Deputy Chair is specified on the CCG's Website. The Governing Body may invite such other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit. Any such person may speak and participate but may not vote.

The Governing Body will invite the following individuals to attend any or all of its meetings and participate in the way described in the paragraph above.

Director of Public Health
 CCG Secretary (to the Governing Body)
 Clinical Leads appointed within the CCG to focus key programme areas.
 For example – Medicines Optimisation, Urgent Care, Mental Health etc.
 other Executive Directors in line with the CCG's organisational structure

2.2.3 The Governing Body will function as a corporate decision-making body. All members, with the exception of the co-opted Director of Public Health, will be full and equal members. Their roles as members of the Governing Body will be to consider the key strategic and managerial issues facing the CCG in carrying out its statutory functions.

2.2.4 The Governing Body may from time to time delegate such functions as it deems appropriate. This is detailed in the CCG's Scheme of Reservation and Delegation set out at Appendix 4a.

3. Appointment Process – Governing Body Roles

3.1 The roles and responsibilities of Governing Body Members are set out in the CCG Governance Handbook which is published on the website. The appointment process, eligibility and terms and conditions for each role of the Governing Body is described below:

3.1.1 Governing Body GP Chair

The appointment of the Governing Body GP Chair will be through an open recruitment process for which any suitably experienced individual meeting the role specification may apply. The role specification will be based on national guidance prepared by NHS England. A panel of Governing Body members will participate in the shortlisting and interview panel process on behalf of member practices.

The Chair of the Governing Body will be appointed for a three-year term, up to a maximum of three consecutive terms.

Terms and conditions for the role will be considered by the CCG's Remuneration & Terms of Service Committee and make formal recommendations to the Governing Body. The Remuneration and Terms of Service Committee will also make recommendations to the Governing Body on re-appointment at the end of each term

3.1.2 Governing Body Deputy Chair

The Governing Body Deputy Chair will be a Lay Member. They will be appointed from the Governing Body through a process of self-nomination and voting if required. All Governing Body members will have the right to vote. The appointment to the role will be endorsed by the Governing Body.

The Deputy Chair will be appointed for a three-year term.

Terms and conditions for the role will be considered by the CCG's Remuneration & Terms of Service Committee for formal recommendation to the Governing Body.

3.1.3 Accountable Officer

Appointment of the Accountable Officer will be through an open recruitment process in line with national guidance. The CCG nomination for the role will require confirmation by the NHS England in line with their agreed process.

The Accountable Officer's terms and conditions will be considered by the CCG's Remuneration and Terms of Service Committee for formal recommendation to the Governing Body.

3.1.4 GP Member Practice Representatives

Member Practices will elect GP representatives to the Governing Body using a fair and open process agreed with the Cambridgeshire Local Medical Committee.

All practicing GPs working for a substantial amount of time in the Cambridgeshire and Peterborough Clinical Commissioning Group area (partners, salaried GPs and locums) are eligible to put themselves forward for nomination as a GP Governing Body members.

GP Governing Body members coming to the end of their first term are eligible to nominate themselves for re-election. GP Governing Body members can be appointed for a maximum of three consecutive terms.

As well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, the individuals acting on behalf of Member Practices will bring the unique understanding of those member practices to the discussion and decision making of the Governing Body as their particular

contribution. GP Members will therefore have the following specific attributes and competencies:

- Have the confidence of the member practices in the CCG, demonstrating an understanding of all of the member practices, of the issues they face and what is important to them.
- Be competent, confident and willing to give an unbiased strategic clinical view on all aspects of CCG business.
- Be highly regarded as a clinical leader, beyond the boundaries of a single practice or profession – demonstrably able to think beyond their own professional viewpoint.
- Be able to contribute a generic view from the perspective of a member practice in the CCG, whilst putting aside specific issues relating to their own practice circumstances.
- Have an in-depth understanding of a specific locality(ies) if the CCG has decided to operate in this way.
- Be able to take a balanced view of the clinical and management agenda and draw on their specialist skills to add value.

GP Member Practice Representatives will be elected for three-year terms, for a maximum of three terms, and should be staggered to maintain continuity on the Governing Body.

GP Members standing for a further term/s will be required to participate in the process agreed with the Local Medical Committee.

Terms and Conditions for GP Member Practice Representatives will be considered by the CCG's Remuneration and Terms of Service Committee Sub-Group 2 for formal recommendation to the Governing Body.

3.1.5 Lay Members

Lay Members will be appointed through an External recruitment process and timeframes for application will be agreed by the Chair in liaison with the CCG Secretary. The Shortlisting Panel and Interviews Panel will be made of up to five individuals but must include the Chair, Accountable Officer and an existing Lay Member.

All Lay Member applicants will be asked to sign a declaration form that sets out that they are eligible to apply for the Lay Member role, in line with the NHS (CCG) Regulations 2021 – Schedule 4 Regulation 12 (5) Individuals excluded from being Lay Members of CCG Governing Bodies.

Lay Member appointments will be formally ratified by the Governing Body.

Lay Members should be appointed for a three-year term, for a maximum of three terms, and should be staggered to maintain continuity on the Governing Body

Lay Members standing for a further term/s will be required to participate in the open recruitment process.

Terms and Conditions for Lay Members will be considered by the CCG's Remuneration and Terms of Service Committee Sub-Group 3 for formal recommendation to the Governing Body.

3.1.6 Secondary Care Clinician

Clinician Secondary Care Clinician will be appointed through an open recruitment process agreed by the Chair in liaison with the CCG Secretary. The Shortlisting and Interview Panel will consist of up to five Governing Body members and must include the Chair, Accountable Officer and a GB GP Member. The Secondary Care Clinician must work outside the Cambridgeshire and Peterborough area and must be a medical consultant who has been, or who is in employment within the last ten years of the commencement of the appointment.

The Secondary Care Clinician appointment will be formally ratified by the Governing Body.

The Secondary Care Clinician should be appointed for a three-year term, for a maximum of three terms.

The Secondary Care Clinician applying for a further term/s will be required to participate in the open recruitment process.

Terms and Conditions for the Secondary Care Clinician will be considered by the CCG's Remuneration and Terms of Service Committee Sub-Group 2 for formal recommendation to the Governing Body.

3.1.7 Chief Finance Officer, Chief Operating Officer, Chief Nursing Officer and Medical Director

These roles will be made through an open recruitment and selection process in line with NHSE's CCG Guidance on Senior Appointments including accountable officer. The CCG will be responsible for ensuring the process ensures that any candidate appointed to senior positions can demonstrate the experience and skills required for that post, including professional qualifications where appropriate.

As these roles are Governing Body members, Schedule 5 of the NHS (CCG) Regulations 2012 will apply in relation to those who disqualified from membership of CCG governing bodies.

Executive Member appointments will be formally ratified by the Governing Body.

Terms and Conditions will be considered by the CCG's Remuneration and Terms of Service Committee Sub-Group 1 for formal recommendation to the Governing Body.

3.2 Participation in Appointment Process

Governing Body Members will have the right to participate in appointments to the Governing Body and senior appointments to the CCG.

4. **MEETINGS OF THE CLINICAL COMMISSIONING GROUP GOVERNING BODY**

4.1. **Calling Meetings**

4.1.1. Ordinary/public meetings of the CCG Governing Body shall be held at regular intervals at such times and places as the Governing Body may determine but, in any event, not less than eight times a year including the CCG's Annual General Meeting.

4.1.2. The Chair of the Governing Body may call a meeting at any time for urgent matters.

4.1.3. One-third or more members of the CCG may requisition a meeting in writing. If the Chair refuses, or fails, to call a meeting within seven days of a requisition being presented, the members signing the requisition may forthwith call a meeting.

4.2. **Notice of Meetings, Agenda, Supporting Papers and Business to be Transacted**

4.2.1. Before each meeting of the CCG Governing Body a written notice specifying the business proposed to be transacted shall be delivered to every member or sent by post to the usual place of residence of each member, so as to be available to members at least three clear days before the meeting. The notice shall be signed by the Chair or by an officer authorised by the Chair to sign on their behalf. Want of service of such a notice on any member shall not affect the validity of a meeting.

4.2.2. In the case of a meeting called by members in default of the Chair calling the meeting, the notice shall be signed by those members.

4.2.3. No business shall be transacted at the meeting other than that specified on the agenda unless there are identified grounds of urgency. The Chair's decision to include the requested item shall be final.

4.2.4. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the Chair of the meeting at least **ten** working days (i.e. excluding weekends and bank holidays) before the meeting takes place. The request should state whether the business is

proposed to be transacted in the presence of the public and should include appropriate supporting information. Requests made less than ten working days before a meeting may be included on the agenda at the discretion of the Chair.

- 4.2.5. Before each meeting of the Governing Body a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed at the CCG's principal offices at least three clear days before the meeting, (required by the Public Bodies (Admission to Meetings) Act 1960 Section 1 (4) and National Health services (Clinical Commissioning Group) Regulations 2012. In addition, the agenda and supporting reports, where applicable will be published on the CCG's website. A copy of the agenda and supporting documents, where applicable, will also be available for inspection at the CCG's principal offices upon request.
- 4.2.6. The Agenda will be sent to members **six** days before the meeting and supporting papers, whenever possible, shall accompany the agenda, but will certainly be despatched no later than **three** clear days before the meeting, save in emergency. The Governing Body may determine that certain matters shall appear on every agenda for a meeting and shall be addressed prior to any other business being conducted.

4.3. Petitions

- 4.3.1. Where a petition has been received by the CCG, the Chair of the Governing Body shall include the petition as an item for the agenda of the next meeting in public.

4.4. Chair of a Meeting

- 4.4.1. At any meeting of the CCG Governing Body the Chair is absent from the meeting, the Deputy Chair, if any and if present, shall preside.
- 4.4.2. If the Chair is absent temporarily on the grounds of a declared conflict of interest the *Deputy Chair, if present, shall preside. If both the Chair and Deputy Chair are absent, or are disqualified from participating, or there is neither a Chair or Deputy Chair a member of the Governing Body, shall be chosen by the members present, or by a majority of them, and shall preside.

*The current Lay Member Deputy Chair is specified on the CCG's Website.

4.5. Chair's Ruling

- 4.5.1. The decision of the Chair of the Governing Body on questions of order, relevancy and regularity and their interpretation of the constitution, standing orders, scheme of reservation and delegation and prime financial policies at the meeting, shall be final.

4.6 Quorum

- 4.6.1 A meeting of the CCG Governing Body will be quorate only when a minimum of five members are present. These five members must include the Chair or Deputy Chair, at least two Clinical Members (One GP Member and one Clinical Member (either Chief Nurse, Medical Director or Secondary Care Doctor), a Lay Member and either the CCG Accountable Officer or the Chief Finance Officer.
- 4.6.2 In exceptional circumstances and where agreed with the Chair, members of the Governing Body may participate in meetings by telephone, by the use of video conferencing facilities and/or webcam where such facilities are available. Participation in a meeting in any of these manners shall be deemed to constitute presence in person at a meeting.
- 4.6.3 An Officer in attendance for an Executive Director (Officer Member) but without formal acting up status may not count towards the quorum.
- 4.6.4 If any member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business.
- 4.6.5 For all other of the Governing Body's committees and sub-committees, the details of the quorum for these meetings and status of representatives are set out in the appropriate terms of reference.

4.7 Decision Making

- 4.7.1 Chapter 6 of the group's Constitution, together with the Scheme of Reservation and Delegation, sets out the governing structure for the exercise of the CCG's statutory functions. Generally, it is expected that at the Governing Body's meetings decisions will be reached by consensus. Should this not be possible then a vote of members will be required, the process for which is set out at (c) below.
- a) **Eligibility** – All members of the Governing Body have one vote – with the Chair (or their deputy) having a casting vote
 - b) **Declarations of Interest** - All Governing Body Members, CCG Staff, Member Practices and their staff are required to declare interests in line with the CCG's Conflict of Interest Policy.
 - i) **Advice on Interests:** If the CCG members have any doubt about the relevance of an interest this should be discussed

with the Conflicts of Interest Guardian or with the CCG Secretary/Deputy Director of Corporate Affairs.

- ii) **Recording of Interests in Governing Body and Committee Minutes:** At the time Governing Body members' interests are declared, they should be recorded in the Governing Body or Committee's minutes. Where interests are declared to a Committee these should be formally reported to the Governing Body at the earliest opportunity.

Any changes in interests should be declared at the next Governing Body or Committee meeting following the change occurring and recorded in the minutes of that meeting.

- iii) **Publication of Interests:** Governing Body Members and Committee Members, directorships of companies likely or possibly seeking to do business with the NHS should be published in the CCG's Register of Interest and the CCG's Annual Report. The information should be kept up to date for inclusion in succeeding annual reports.

- iv) **Conflicts of Interest that Arise During the Course of a Meeting** In line with the CCG's Conflicts of Interest Policy (Section 11), where certain members of a decision-making body (be it the Governing Body, its committees, or a committee or sub-committee of the CCG) have a material interest, they should either be excluded from relevant parts of meetings, or join in the discussion but not participate in the decision making itself (i.e. not have a vote).

- c) **Voting –** At the discretion of the Chair all questions put to the vote shall be determined by oral expression or by a show of hands, unless they direct otherwise or it is proposed, seconded and carried that a vote be taken by paper ballot;

If at least one-third of members present so request, the voting on any question may be recorded to show how each member voted or did not vote except where conducted by paper ballot;

If a member so requests, their vote shall be recorded by name;

Under no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.

- d) **Majority Necessary to Confirm a Decision –** Save as provided in Standing Orders 3.9 (Suspension of Standing Orders) and 3.10 (Amendment of Standing Orders) every question put to the vote at a meeting shall be determined by a majority of the votes of members present and voting on the question.

- e) **Casting Vote** - Each member will have one vote with the Chair, or in the absence of the Chair, the * Deputy Chair having a casting vote if required as set out in Section 6.5.2 of the CCG Constitution. The current Lay Member Deputy Chair is specified on the CCG's Website.
- f) **Dissenting Views** – If a member so requests, or the person chairing the meeting considers it appropriate, a record shall be made of any dissenting views in the minutes of the meeting.

4.8 Emergency Powers and Urgent Decisions

4.8.1 The powers which the Governing Body has reserved to itself (Refer to Scheme of Reservation and Delegation) may in an emergency or for an urgent decision be exercised by the Accountable Officer and Chair after having consulted at least two members of the Governing Body (one of whom must be a Lay Member). The exercise of such powers by the Accountable Officer and the Chair shall be reported to the next formal meeting of the Governing Body in public session for formal ratification.

4.9 Suspension of Standing Orders

4.9.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these standing orders may be suspended at any meeting, provided that at least two-thirds of the whole number of the Governing Body are present and that at least two-thirds of those members present signify their agreement to such suspension.

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

4.9.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body's Audit Committee for review of the reasonableness of the decision to suspend standing orders.

4.9.4 No formal business may be transacted while Standing Orders are suspended

4.9.5 The Audit Committee shall review every decision to suspend Standing Orders.

4.10 Variation and Amendment of Standing Orders

4.10.1 These Standing Orders shall not be varied except in the following circumstances:

- a) Upon a recommendation of the Chair or the Accountable Officer included on the agenda for the meeting;
- b) That two-thirds of the Governing Body members are present at the meeting where the variation or amendment is being discussed,
- c) Providing that any variation or amendment does not contravene a statutory provision or direction made by the Secretary of State.

4.11 Record of Attendance

- 4.11.1 The names of all members of the Governing Body present shall be recorded in the minutes of the meeting. 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's committee / sub-committee meetings.

4.12 Minutes

- 4.12.1 The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they will be approved by the members.
- 4.12.2 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate.
- 4.12.3 Minutes shall be circulated in accordance with members' wishes. Where providing a record of a public meeting the minutes shall be made available to the public on the CCG's website.
- 4.12.4 The CCG Secretary, or their representative, will be responsible for taking and drafting the minutes of the Governing Body and the sub-committees of the Governing Body.

4.13 Admission of Public and the Press

- 4.13.1 Admission and exclusion on grounds of confidentiality of business to be transacted

Meetings of the Governing Body must be held in public unless the Governing Body considers that it is not in the public interest to permit members of the meeting to attend a meeting or part of a meeting. (refer to section 14Z15(6) of the 2006 Act (inserted by section 26 of the 2012 Act). The public and representatives of the press may attend meetings of the CCG Governing Body but shall be required to withdraw from the meeting as follows:

- 'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

4.14 General Disturbances

4.14.1 The Chair (or Deputy Chair if one has been appointed) or the person chairing the meeting shall give such directions as they deem fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Governing Body's business shall be conducted without interruption and disruption and, without prejudice to the power to exclude on grounds of the confidential nature of the business to be transacted, the public will be required to withdraw upon the Governing Body resolving as follows:

- That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Governing Body complete its business without the presence of the public'. Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 and NHS Services (Clinical Commissioning Groups) Regulations 2012.

4.14.2 Business proposed to be transacted when the press and public have been excluded from a meeting:

- Matters to be dealt with by the Governing Body following the exclusion of representatives of the press, and other members of the public, shall be confidential to the members of the Governing Body.
- Members and Officers or any employee of the CCG in attendance shall not reveal or disclose the contents of papers marked 'In Confidence' or minutes headed 'Items Taken in Private' outside of the CCG, without the express permission of the CCG. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such reports or papers.

5. APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

5.1. Appointment of Committees and Sub-Committees

5.1.1 The Governing Body may appoint committees and sub-committees, subject to any regulations made by the Secretary of State (see Section 14N of the 2006 Act, inserted by Section 25 of the 2012 Act). Where committees and sub-committees of the Governing Body are appointed, they are included in Chapter 6 of the CCG Constitution.

5.1.2 Other than where there are statutory requirements, such as in relation to the Governing Body's Audit Committee or Remuneration and Terms of Service Committee the Governing Body 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 Governing Body.

- 5.1.3 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 other committees and sub-committees unless stated otherwise in the committee or sub-committee's terms of reference.

5.2 Terms of Reference

- 5.2.1 The statutory Committee Terms of Reference (Audit Committee, Primary Care Commissioning Committee and Remuneration and Terms of Service Committee form part of this Constitution. Other Committee Terms of Reference are included in the CCG's Governance Handbook.

5.3 Delegation of Powers by Committees to Sub-Committees

- 5.3.1 Where Committees are authorised to establish sub-committees, they may not delegate executive powers to the sub-committee unless expressly authorised by the Governing Body.

5.4 Approval of Appointments to Committees and Sub-Committees

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

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

- 6.1 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 group and staff have a duty to disclose any non-compliance with these standing orders to the Accountable Officer as soon as possible.

7 USE OF SEAL AND AUTHORISATION OF DOCUMENTS

7.1 Clinical Commissioning Group's Seal

- 7.1.1 The CCG may have a seal for executing documents where necessary. Where it is necessary that a document shall be sealed the seal shall be affixed in the presence of two senior managers duly authorised by the Accountable Officer, and not also from the originating department, and shall be attested by them

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) CCG Chief Operating Officer and any other Executive Director
- e) CCG Secretary

7.1.2 The CCG Secretary shall keep a register in which they, or their authorised representative, shall enter a record of the sealing of every document.

7.1.3 Use of Seal – General guide

- All contracts for the purchase/lease of land and/or building
- All contracts for capital works exceeding £100,000
- All lease agreements where the annual lease charge exceeds £10,000 per annum and the period of the lease exceeds beyond five years
- Any other lease agreement where the total payable under the lease exceeds £100,000
- Any contract or agreement with organisations other than NHS or other government bodies including local authorities where the annual costs exceed or are expected to exceed £100,000.

7.2 Execution of a document by signature

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

- a) the Accountable Officer
- b) the Chair or Deputy Chair of the Governing Body
- c) the Chief Finance Officer
- d) any other Executive Director

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

8.1 Policy statements: General Principles

8.1.1 The Governing Body will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by NHS Cambridgeshire and Peterborough Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate Committee minute and will be deemed where appropriate to be an integral part of the Governing Body's Standing Orders.

8.2 Specific guidance

Notwithstanding the application of Standing Order 7.1 above, these Standing Orders and associated documents must be read in conjunction with the following guidance and any other issued by the Secretary of State.

- Caldicott Guardian 1997
- Human Rights Act 1998
- Freedom of Information Act 2000

End

Decisions, Authorities and Duties Delegated to Officers of the CCG Governing Body (Financial Limits)

	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
1.	Capital Projects and Assets		
1.1	Approval of capital business cases including leases All PFI schemes and other schemes greater than £250,000 Up to £250,000	Governing Body Strategy & Planning Committee	This includes cases that may receive external funding. These powers may not be further delegated. In the absence of the appropriate officer authorisation must be obtained from the level above. In urgent cases- joint approval by the Accountable Officer and Chief Finance Officer required (up to limits of approval by the Strategy & Planning Committee)
1.2	Capital expenditure variations Variation over the original business case figure: Greater than £100,000 Greater than £25,000 and less than £100,000 or greater than 5% of the original business case whichever is the lower Less than £25,000 or less than 5% of the original business case whichever is the lower	Governing Body Strategy & Planning Committee Chief Finance Officer	In urgent cases- joint approval by the Accountable Officer and Chief Finance Officer required (up to limits of approval by the Strategy & Planning Committee)
1.3	Maintenance of the capital asset register	Chief Finance Officer	Head of Financial Accounts

REF	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
1.4	Approval of asset disposals: Land and buildings Other Assets, where asset has a residual value:	Governing Body	Head of Finance Accounts must always be informed to enable the asset register to be updated

	Greater than £100,000 £50,000 and up to £100,000 £10,000 but less than £50,000 Less than £10,000 Other – where the asset has no residual value	Governing Body Accountable Officer Chief Finance Officer Executive Directors Head of Financial Accounts	
2	Contracts		
2.1	Financial appraisal of companies identified as potential tenders	Chief Finance Officer	Delegated to Chief Finance Officer
2.2	Authorisation of less than the requisite number of tenders / quotes: For all contracts of £250,000 and above For all contracts less than £250,000 Including Capital projects / Works Goods and Services	Accountable Officer Chief Finance Officer	

REF	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
2.3	Authorisation of single tender / single quote action: For all contracts of £250,000 and above (Illegal under EU Regulations) For all contracts less than £250,000 but above £4,000 (illegal under EU Regulations if above EU Threshold) including Capital projects / Works Goods and services	Accountable Officer Chief Finance Officer	
2.4	Single tender / single quote action for maintenance or other support contracts for existing goods or assets where the CCG is contractually tied to specific companies.	Chief Finance Officer	Delegated to Head of Financial Accounts who will maintain a register of contracts approved

2.5	Monitoring of the use of single tender / single quote action A CCG Waiver must be completed and forward to the Head of Financial Accounts	Audit Committee on behalf of Governing Body	Appropriate records to be maintained by the Chief Finance Officer as the basis for reporting, delegated to Head of Financial Accounts
2.6	Advertising of contracts/awards Must be advertised The CCG Procurement Manager will co-ordinate this via the appropriate web portal	Accountable Officer	Delegated to the CCG Procurement lead
2.7	Opening of tenders (will be automatic once web portal is being used for advertising of all tenders)	Any two from "List of CCG officers authorised to open tenders" where tender is over £50,000. Any one from list where tender is below £50,000.	
2.8	Permission to consider late tenders	Accountable Officer	

REF	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
2.9	Tender ratification and award, including authorisation of any actions resulting from post tender negotiations: All types of tenders greater than £500,000 All types £250,000 and up to £500,000 Capital Projects/Works less than £250,000: Goods and Services less than £250,000	Governing Body Accountable Officer Chief Finance Officer Chief Finance Officer	
2.10	Signing of service provision contracts including letters of intent. This includes NHS, independent care placements, private sector and non-healthcare contracts, but not contracts that relate to the running costs of the CCG. Greater than £100 million Greater than £1 million and up to £100 million Less than £1 million	Governing Body Accountable Officer Chief Finance Officer	All Works contracts of £500,000 and above should be sealed; other contracts should be sealed if in the interests of the CCG.

2.11	Approval of variations or extensions to contracts:		
	All types of contract variations greater than £500,000	Governing Body	In all contracts the CCG should endeavour to obtain best value for money.
	All types £250,000 and up to £500,000	Integrated Performance & Assurance Committee	
All type less than £250,000	Accountable Officer or Chief Finance Officer		

REF	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
2.12	Sealing of documents	Chair (or Deputy Chair in the absence of the Chair) and one Executive Director	Subsidiary pages of Works contracts to be signed in accordance with Power of Appointment procedure
3	Income Generation and Research and Development Contracts		
3.1	Approval of income generation contracts and variations or extensions to income generation contracts: Greater than £500,000 £250,000 and up to £500,000 Less than £250,000	Governing Body Accountable Officer Chief Finance Officer	These powers may not be further delegated; in the absence of the appropriate officer authorisation must be obtained from the level above
3.2	Approval of research and development contracts (including variations or extensions) Greater than £500,000 £250,000 and up to £500,000 Up to £250,000	Governing Body Accountable Officer Chief Finance Officer	These powers may not be further delegated. In the absence of the appropriate officer authorisation must be obtained from the level above

REF	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
4	Purchasing and Payments (excl. Payroll)		
4.1	<p>Non Pay Expenditure for healthcare contracts that have been signed and ratified by the governing body</p> <p>Greater than £100,000</p> <p>Greater than £25,000 up to £100,000</p> <p>Greater than £500 up to £25,000</p> <p>£500 and below</p>	<p>Accountable Officer, Chief Finance Officer,</p> <p>Chief Officer Team Members, Deputy Chief Finance Officer (for invoice processing)</p> <p>Deputy Chief Officers (for approval of spend), Programme Senior Responsible Officers (SRO), Associate Directors, Chief Pharmacist, Head of Clinical Services (Complex Cases)</p> <p>Names listed at Chief Officer Team discretion</p>	
4.2	<p>All Other Non-Pay (Limits include VAT)</p> <p>Authorisation of internal requisitions and invoices:</p> <p>Greater than £500,000</p> <p>Greater than £250,000 and up to £500,000</p> <p>Greater than £100,000 and up to £250,000</p> <p>Greater than £500 and up to £20,000</p> <p>£500 and below</p>	<p>Governing Body</p> <p>Accountable Officer</p> <p>Chief Finance Officer</p> <p>Executive Directors</p> <p>Associate/Deputy/ Assistant Directors, Chief Pharmacist, Head of Complex Cases, Budget Holder</p> <p>Budget Manager</p>	<p>These limits are the maximum limits for each delegated group and at any time, as deemed necessary, the Chief Finance Officer can impose lower limits for each delegated group.</p> <p>For further information please refer to the Authorised Signatory Policy</p>

4.3	Authorisation of official orders	Authorised list "List of CCG officers permitted to authorise official orders" (maintained by Chief Finance Officer)	
-----	----------------------------------	---	--

REF	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
4.4	<p>Authorisation of payments where it has not been possible to follow the normal requisitioning process:</p> <p>Greater than £50,000 Up to £50,000</p>	<p>Governing Body Chief Finance Officer</p>	
4.5	Authorisation of petty cash payments	Authorisation for re-imbursment in line with procedures as outlined in the Authorised Signatory Policy	
5	Payroll Expenditure		
5.1	<p>Prior to incurring pay expenditure which includes agency, interim and temporary staff, the CCGs Establishment Vacancy Control Process must be followed as well as the Temporary Staffing Policy incorporating escalation policies for rates outside either framework or NHSE caps. Once approved by the Establishment Control process the following delegated limits apply.</p> <p>Pay including substantive/agency (excluding timesheets) within establishment Substantive staff on VSM contracts</p> <p>Agency / consultancy spend above £50,000</p> <p>Agency / Consultancy spend greater than £20,000 up to £50,000</p> <p>All other pay expenditure up to VSM rates</p>	<p>Remuneration and Terms of Service Committee</p> <p>Governing Body followed by NHS England</p> <p>Accountable Officer, Chief Finance Officer</p> <p>Executive Directors</p>	

REF	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
5.2	<p>Authorisation of travel claims (Mileage)</p> <p>Maximum value of any single monthly claim is restricted to £2,500 with no claims being older than 3 months unless approved by either the Chief Finance Officer or Accountable Officer.</p>	<p>Executive Director/ Budget Holder/Budget Manager/Delegated Signatory as outlined in the Authorised Signatory List</p> <p>Authorisation for claims older than 3 months can be delegated to the Deputy Chief Finance Officer</p>	<p>Any expenses claimed by the Chair shall be authorised by the Accountable Officer and any expenses claimed by the Accountable Officer shall be authorised by the Chair of Chief Finance Officer.</p>
5.3	<p>Authorisation of other travel and other allowances outside the CCGs Expenses Policy</p> <p>Authorisation of other travel and other allowances as per the CCGs Expenses Policy</p> <p>Over £300</p> <p>Up to £300</p> <p>Up to £100</p> <p>No claims being older than 3 months unless approved by either the Finance Director or Accountable Officer.</p>	<p>Accountable Officer</p> <p>Accountable Officer/Chief Finance Officer/Directors</p> <p>Budget Holder/Budget Manager</p> <p>Delegated Signatory</p> <p>Can be delegated to the Deputy Chief Finance Officer</p>	<p>See Expenses Policy for details of other allowable expenses.</p>
5.4	<p>Authorisation of payroll timesheets</p> <p>Maximum value of any single monthly claim is restricted to £2,500 with no claims being older than 3 months unless approved by either the Finance Director or Accountable Officer.</p>	<p>Executive Director/Budget Holder/Budget Manager/Delegated Signatory.</p> <p>Authorisation for claims older than 3 months can be delegated to the Deputy Chief Finance Officer</p>	<p>See Authorised Signatory Policy</p>
REF	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
6	Income/debt write-off		

6.1	Authorisation of credit notes Greater than £500,000 £250,000 and up to £500,000 Greater than £100,000 but less than £250,000 Greater than £10,000 but less than £100,000 Greater than £5,000 but less than £10,000 Up to £5,000	Governing Body Accountable Officer Chief Finance Officer Deputy Chief Finance Officer Budget Holder Budget Managers	Delegated to Deputy Chief Finance Officer
6.2	Authorisation to refer debts to debt collection agency	Chief Finance Officer	Delegated to Head of Financial Accounts/Deputy Chief Finance Officer
6.3	Authorisation of debt write-off: Individual debts Greater than £10,000 Greater than £5,000 and up to £10,000 Up to £5,000	Governing Body Accountable Officer Chief Finance Officer	All write offs to be sent to the Audit Committee Delegated to Deputy Chief Finance Officer

REF	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
7	Losses and special payments		
7.1	Authorisation of losses and special payments, including ex-gratia payments: Greater than £50,000 £10,000 and up to £50,000 Up to £30,000 (Staff Compromise agreements only) Up to £10,000	Governing Body Accountable Officer Chief Officers Losses and Special Payments Committee or in an emergency Finance Director or Deputy Chief Finance Officer	All losses greater than £100,000 must be approved by Treasury. See losses procedure contained in the General Financial Procedures. After advice taken by lawyers.
7.2	Authorisation of clinical negligence payments	Chief Finance Officer	
7.3	Monitoring of losses and special payments	Audit Committee	
7.4	Authorisation of early retirement, redundancy and other termination payments to staff: Greater than £100,000 £50,000 and up to £100,000 Up to £50,000	Governing Body and Remuneration and Terms of Service Committee Accountable Officer Chief Finance Officer	

--	--	--	--

REF	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
8	Budgetary Control		
8.1	Delegation of budgets	Accountable Officer and Chief Finance Officer	
8.2	<p>Approval of budget virements</p> <p>If Virement is the result of an authorised contract variation</p> <p>Greater than £100,000</p> <p>Greater than £25,000 up to £100,000</p> <p>Greater than £500 up to £25,000</p> <p>£500 and below</p> <p>For other virements</p> <p>Greater than £10,000</p> <p>Up to £10,000</p>	<p>Accountable Officer, Chief Finance Officer, Deputy Chief Finance Officer</p> <p>Associate Directors /Deputy/ Assistant Directors, Chief Pharmacist, Head of Complex Cases</p> <p>Budget Holder</p> <p>Budget Manager</p> <p>Integrated Performance & Assurance Committee</p> <p>Budget Holder</p>	A Business Case is required.
8.3	Approval of transfers from reserves	Chief Finance Officer	

REF	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
8.4.	<p>Approval of Revenue Business Cases (not Capital)</p> <p>Greater than £500,000</p> <p>Up to £500,000</p>	<p>Governing Body</p> <p>Integrated Performance & Assurance Committee/Strategy & Planning Committee</p>	In urgent cases- joint approval by the Accountable Officer and Chief Finance Officer required (up to limits of approval by the Clinical Executive Committee)
9	Stores		
9.1	Management and control of stores:		Delegated to CCG Procurement Manager

	General Pharmacy	Chief Operating Officer Chief Pharmacist	
10	Bank accounts and payment methods		
10.1	Opening of bank accounts	Chief Finance Officer	
10.2	Signing of cheques for cash, signing of other cheques, and authorisation of electronic payments ,cheque and BACs payment schedules	See authorised signatory list	Lists to be maintained by the Chief Finance Officer
11	Fees and charges		
11.1	Approval of fees and charges	Chief Finance Officer	

REF	RESPONSIBILITY	DELEGATION ARRANGEMENTS	FURTHER INFORMATION
12	Standards of business conduct		
12.1	Maintenance of the CCG Register of Interests	Chief Finance Officer	Maintained by CCG Secretary
12.2	Maintenance of CCG Gifts and Hospitality register	Chief Finance Officer	Maintained by CCG Secretary
13	Insurance		
13.1	Non Clinical Insurance	Chief Finance Officer	
13.2	Clinical Insurance	Chief Finance Officer	
14.0	Fraud and Irregularity		
14.1	Counter fraud and corruption work in accordance with Secretary of State's Directions	Chief Finance Officer	In liaison with Local Counter Fraud Specialist and Counter Fraud Operational Service as appropriate
14.2	Investigation of suspected cases of irregularity not related to fraud or corruption	Chief Finance Officer	
15	Investments		
15.1	Approval of Investment Policy	Governing Body	
15.2	Investment decisions	Chief Finance Officer	
16	Borrowing		
16.1	Approval of loans: All Loans	 Governing Body	

Appendix 5

Previous Amendments to the CCG's Constitution

Version	Effective Date	Changes
V12	05.12.19	Adoption of Standard Model Constitution Template

Version 11 Revisions

Page Number	Section	Revision
28	6.5.3 - Committees of the Governing Body - f) Remuneration & Terms of Services Committee	Revised the entry for the Remuneration and Terms of Service Committee to reflect requirement for it to make formal recommendations to the Governing Body.
32-34	7.8 - Appointing to the Governing Body	Revisions made to reflect change of role to Remuneration & Terms of Service Committee
34	7.8.8 - Secondary Care Clinician	Added explanatory note to advise that the Governing Body on 5 March 2019 agreed to extend the tenure of the current Secondary Care Clinician member (whose terms was due to conclude on 31 March 2019) to 31 December 2019.
86-91	Appendix F (Annex 3): Remuneration & Terms of Service Committee Terms of Reference	ToR updated to reflect the revised role of the Committee - to ensure the Committee appropriately complies with the NHS (CCG) Regulations 2012
126-127	Appendix G - Scheme of Delegation	Revisions made to reflect removal of delegated decision-making from Remuneration and Terms of Service Committee
199	Appendix I – Conflicts of Interest Policy	Latest version of policy (V7) inserted (replacing V6) – ratified by Governing Body 05.03.19.

Version 10 Revisions

Page Number	Section	Revision
8 & 10 (and 63)	3.1 Membership of the Clinical Commissioning Group Practice Membership Appendix C	Revise number of GP Member Practices from 102 to 101. Delete reference to Rainbow Surgery which has now merged with the Fenland Group Practice.
26	6.5.2 - Composition of the Governing Body	Changes made to reflect changes to Executive voting members on the revised Executive Management Structure <ul style="list-style-type: none"> - Deleted Chief Nursing and replaced with Director of Nursing - Added Clinical / Medical Director - Added Chief Operating Officer Other Delete Director of Corporate Affairs; Director of Transformation(Elective Care); Director of Transformation (Urgent Care) and Director of Primary Care and Integration - and replace with Other Executive Directors in line with the organisational structure.
33	Section 7.8.6 - GP Member Practice Representatives	Add - GP Members standing for a second term will be required to participate in the process agreed with the Local Medical Committee Clarified - GP Member Practice Representatives should be appointed for a three-year term (replaces reference to a two or three-year term)

34	Section 7.8.7 - Lay Members	Add - Lay Members standing for a second term will be required to participate in the open recruitment process Clarified - Lay Members should be appointed for a three-year term (replaces reference to a two or three-year term)
34	Section 7.8.8 - Secondary Care Clinician	Add - The Secondary Care Clinician applying for a second term will be required to participate in the open recruitment process. Clarified - The Secondary Care Clinician should be appointed for a three-year term (replaces reference to a two or three-year term)
50	Appendix B - Area Map	July 2017 version replaced with July 2018
68	Section 2.2.2 - Standing Orders	Section revised to reflect the changes made to Section 6.5.2 in the Constitution (page 27)
76	Section 4.2.1	Amended reference to Annex 9 to Annex 8
111 & 112	Section 5.1, 5.2 & 5.3	PCCC Lay Member Chair and Lay Member Deputy Chair specified
114	Appendix F - (Annexes 1 - 7)	Reviewed and updated versions of Committee Terms of Reference inserted: Annex 1 - Audit Committee Annex 2 - Remuneration Committee & Terms of Service - Annex 3 - Finance Committee Annex 4 - Quality, Outcomes & Performance Annex 5 - Patient Reference Group Annex 6 - Clinical Executive Team Annex 7 - Primary Care Commissioning

Version 9 Revisions

Page Number	Section	Amendment
9	2.1 Area covered	Paragraph revised to read: The geographical area covered by the CCG is co-terminus with those of Cambridgeshire County Council and Peterborough City Council, with the exception of the three Royston Member Practices which reside in Hertfordshire County Council and the two Member Practices which reside in Northamptonshire County Council". The list of LSOAs relevant to the CCG has also been added to this section
48	Appendix B - CCG Area Map	Appendix B overlaid with names of Hertfordshire County Council and Northamptonshire County Council and amended by Public Health Team New appendix (B1) added – Lists LSOAs relevant to C&P CCG
49	Appendix B1 (New)	
9	3.1.1 Membership	Number of GP practices amended from 105 to 102* Initially reported as 103 in original amendments. Further practices Manea and Doddington have now merged to become Fenland Group Practice.
9 & 10 50	3.1.1 - Membership List & Appendix C (List of Member Practices)	Barley Surgery (Royston) deleted - this has now merged with Granta Medical practices. Address also added Parnwell Medical Centre - deleted. This is now a branch of Ailsworth Medical Practice. Manea and Doddington practices have now merged to form Fenland Group Practice.

20	5.2.1 General Duties	References to sub-committee deleted and replaced with Committee (Patient Reference Group and Quality, Outcomes & Performance Committee).
27 - 28	6.5.2 (i) - Composition of the Governing Body	New wording added to clarify membership and attendance at Governing Body meetings
32	7.6 - Role of Accountable Officer	Removed reference to Vice-Chair in third paragraph
35	7.8.7 - Lay Members	Remove reference to secondary care clinician
48	Appendix B - CCG Area Map	Removed old version (April 2016) and replaced with latest available map July 2017). latest map also denotes Northants County Council & Herts County Council areas.
88	Appendix F – (Annex 3) Finance Committee Terms of Reference	Delete reference to sub-Committee in section 1 (Scope)
96 & 97	Appendix F (Annex 5) Patient Reference Group Terms of Reference	Deleted reference to Sub (Committee) Amended reference to section 14 to read 15
104	Appendix F (Annex 7) - Primary Care Commissioning Committee Terms of Reference	Revised Terms of Reference - July 2017 inserted
104	Section 1.4	Deleted reference to other organisations apart from CCG
107	Section 5.1	Removed CCG Lay Member – Patient and Public Involvement from list of voting members (already included as CCG Deputy Chair)
108	Section 5.5	Deleted list of members/attendees – as listed earlier in document.
109 & 110	Section 8.7 & 11.4	Deleted list of members/attendees – as listed earlier in document.
110	Section 9.2	Corrected NHSE Area Team title.
110	General	Inserted 'the <u>Delegation</u> will prevail'
110	Delegation Agreement	Corrected various references to section numbers.
110	Schedule 4 – Members & Attendees	Final Delegation Agreement embedded
		Deleted as info. Already listed in Section 5 of ToR
113	Appendix G - Scheme of Reservations and Delegations (SORD)	Reviewed and refreshed - Updated version inserted
-	Appendix G – SORD	
131	Appendix G – SORD	Deleted entry concerning 'joint commissioning'.
132	Appendix G – SORD	Revised wording of last entry on page to reflect wording in the Delegation Document: Related delegated activities also added New entry added to reflect responsibility of Primary Care Commissioning Committee (PCCC) to commission and contract new models of care.
133	Appendix H - Prime Financial policies - including Annex 1 - Standing Financial Instructions and Annex 2 - Financial Delegations Limits	Reviewed and refreshed - Updated versions inserted

194	Appendix I - Conflicts of Interest Policy	Reviewed and updated to reflect new national guidance. Includes a new annex (Annex K) - Conflicts of Interest and New Models of Care.
220	Appendix J - Standards of Business Conduct and Commercial Sponsorship Policy (moved from Appendix F (Annex 8))	Reviewed and updated to reflect new national guidance (as per Conflicts of Interest Policy above). Also moved to more logical place in Con.

Version 8 Revisions

Page Number	Section	Amendment
24	Para 8.4.3.1 - Primary Care Commissioning	Section updated to reflect the decision of the CCG to carry out Delegated Functions relating to the commissioning of primary medical services under s83 of the NS Act from 1 April 2017
38	List of Amendments to previous version of Constitution	List of amendments shown for V7 moved from this page to addendum (page 38)
62	Standing Orders	Updated to reflect addition of Primary Care Commissioning Committee
91	Appendix F - Annex 6	Added to Clinical Executive Committee (CEC) ToR the Risk Coordinators Group as an additional forum reporting in to CEC.
92	Appendix F - Annex 7	Removed Terms of Reference of the Joint Primary Care Co-Commissioning Committee and replaced them with Terms of Reference for the Primary Care Delegated Commissioning Committee. The Draft Delegation Agreement between C&P CCG and NHS England is included as an Annex to the Terms of Reference. The final version will be inserted once formally agreed.
131	Appendix F - Annex 9	Updated High Level Governance Structure to reflect the new Primary Care Commissioning Committee - other minor updates to structure also made
148	Appendix G - Scheme of Delegations Annex 2 – Financial Delegations Limits	Amended final entry in Scheme of Delegations - to denote that the figures quoted should be greater than £500k to GB (not £100K) and less than £500k to Clinical Executive Committee (not £100k). This was inadvertently omitted from the previous version and has been corrected to align with the Financial Delegations Limits document: Appendix H - Annex 2 refers).
224 & 230	Appendix I - Conflicts of Policy Interest	Updates made to Policy to reflect Delegated Commissioning arrangements for primary care Section 8.1 Section 13

List of Amendments in Version 7 of the Constitution approved by CCG Governing and Ratified by NHS England

Page Number	Section	Amendment
7	Foreword	Removed Operating Model (which referred to how LCGs operate – as no longer required)

	Forward	Replaced the previous Vision and Values with those agreed by CCG GB on 10 January 2017. Mission Statement deleted.
10	3.1.1 - Membership	Removed "Local Commissioning Groups" from each sub-title Amended to reflect merger of Linton Health Centre and Sawston Health Centre to form Granta Medical Practice Amended to reflect transfer of Waterbeach Surgery from CATCH to Cam Health locality Amended to reflect transfer of three GP practices from Hunts to East Cambs locality Member practices now listed alphabetically as opposed to LCG area. Appendix C (List of Practices) also amended.
21	5.2b	5.2b (i) – amended reference to membership to Patient Reference Group 5.2b (ii) removed 5.2b (iii) Changed name to Quality, Outcomes and Performance Committee 5.2b9 (iv) removed reference to Local Commissioning Groups and changed to local patient forum
26	6.4.1	Amended section to reflect removal of Local Commissioning Groups, Strategic Clinical Prioritisation Group and Clinical and Management Executive Committee. Changed to new Committee names – Clinical Executive, Finance Committee, Quality, Performance and Outcomes Committee
28	6.5.2	Amended section to reflect changes in membership (LCG representatives) Additional Lay Member – Assurance Added new Directors
28-30	6.5.3	Committees of CCG. Amended section to reflect removal of Local Commissioning Groups, Strategic Clinical Prioritisation Group and Clinical and Management Executive Committee. Changed to new Committee names – Clinical Executive, Finance Committee, Quality, Performance and Outcomes Committee
31	7.2	Amended to state "GP Practice Representatives" from Member practices
31	7.3.1	Removal of reference to CCG's Operating Model
32	7.5	Changed to Vice Chair
32	7.6	Added reference to Clinical Executive Removed reference to LCGs
33-36	7.8	Added new section "Appointing to the Governing Body"
39	10.2(d)	Removed all of (d) - reference to Operating Model
40-44	Addendum 1	Addendum 1 added to archive previous amendments to the Constitution – Versions 1 -6
45	Appendix A - Definitions	Removed reference to Local Commissioning Groups and LCG GP Representatives
47	Appendix B – Map of CCG Area	New map added
48-50	Appendix C – List of Member Practices	Removed "Local Commissioning Groups" from each sub-title Amended to reflect merger of Linton Health Centre and Sawston Health Centre to form Granta Medical Practice Amended to reflect transfer of Waterbeach Surgery from CATCH to Cam Health locality Amended to reflect transfer of three GP practices from Hunts to East Cambs locality
53-64	Appendix F – Standing Orders	Amended Standing Orders to reflect all changes in Constitution document

61	Appendix F - Standing Orders	Delete section 3.14.13 - Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings.
65-98	Appendix F – Standing Orders Annexes	Removed LCG Terms of Reference Removed Strategic Clinical Prioritisation Group Terms of Reference Removed Clinical and Management Executive Team Terms of Reference Revised all Terms of Reference to reflect new membership. Added new Clinical Executive Terms of Reference (revised 10.01.17) Revised Patient Safety and Quality Committee and Finance and Performance Committee and renamed
126	Appendix F - Annex 9 - High Level Governance Structure	High Level Governance Structure updated to reflect changes/new titles
127-143	Appendix G – Scheme of Delegation	Amended to reflect new roles and responsibilities, new Committees, Memorandum for Controlled Drugs
144-154	Appendix H – Prime Financial Policies	Updated to reflect new Committee names
155-191	Appendix H Annex A – Standing Financial Instructions	Updated to reflect new Committee names
192-205	Appendix H Annex B – Decisions, Authorities and Duties Delegated to Officers of the Governing Body	Revised to reflect Governing Body review, removal of LCGs, revision of financial limits to strengthen financial control
206-232	Appendix I – Conflicts of Interest Policy	Revised to reflect new Statutory Guidance published June 2016 (approved by GB 13.09.2016)

Version 6 Revisions

Page Number	Section	Amendment
3	Amendments Page	Updated to reflect amendments made in Version 6
7-8	Contents Page	Updated to reflect additional Annexes within the CCG's Standing Orders
10	Signatory to Constitution	deleted Chief Clinical Officer (Accountable Officer) and amended to Accountable Officer
12	Section 3.1.1	Amended to reflect the reconfiguration of four Local Commissioning Groups to Greater Peterborough LCG (formerly Borderline LCG and Peterborough LCG) and Hunts System LCG (formerly Hunts Care Partners LCG and Hunts Health LCG)
12	Section 3.1.1 - Membership	Deleted Burghley Road from list of practices. As a branch surgery of Dogsthorpe Surgery is not a separate member practice
43	Appendix C - List of Membership Practices	As above

27	Section 6.4.1	Removed “eight” Local Commissioning Groups and amended to reflect the reconfiguration of four Local Commissioning Groups to Greater Peterborough LCG (formerly Borderline LCG and Peterborough LCG) and Hunts System LCG (formerly Hunts Care Partners LCG and Hunts Health LCG)
29	Section 6.5.2	Composition of the Governing Body a) Lay Chair removed and added (either GP Chair or Lay Chair upon the appointment of the either a GP or Manager Accountable Officer f) removed Chief Clinical Officer retained Accountable Officer g) removed “the” h ii) removed Directors
29 54	Section 6.5.2 (And Appendix F - Standing Orders 3.7.1 (e)	Amended casting vote to state “with either the Chair or Deputy Chair having the casting vote if required”
31	Section 6.5.3 (g)	Clinical & Management Executive Team deleted “Chief Clinical Officer” and replaced with Accountable Officer. Deleted Chief Strategy Officer. Removed Co-opted DPH (Improving Outcomes Lead), Removed LCG Performance & Delivery Leads and replaced with Local Chief Officers. Added Other members may be co-opted as required
32	Section 7.4	Removed “Lay” to just say “Chair”
32	Section 7.4.1	Removed “Lay” to just say “Chair”
33	Section 7.5.1	Added(re Vice Chair)...and will be either a GP if the Chair is a Lay Member or a Lay Member if the Chair is a GP.
33-34	Section 7.6	Removed Chief Clinical Officer and retained Accountable Officer. Amended the narrative accordingly
38	Section 10.2.1 (d)	removed “eight” Local Commissioning Groups
Throughout	Throughout Constitution document (and accompanying documents)	Removed “Lay” to just say Chair Deleted ‘Chief Clinical Officer’ and replaced with ‘Accountable Officer’
42	Appendix B - CCG Area Map	Previous version replaced with version available version (Jan 2016)
58	Appendix F - Standing Orders 4.2.1	Updated Sub Committee Terms of Reference Table
128 -136	Appendix F (Annex 10)	Greater Peterborough LCG Terms of Reference (draft) added - replace Borderline and Peterborough LCG ToR
137 - 148	Appendix F (Annex 11)	Hunts System LCG Terms of Reference added - replace Hunts Care Partners LCG and Hunts Health LCG ToR

167 - 173	Appendix F (Annex 14)	Primary Care Joint Commissioning Joint Arrangements - Approved Terms of Reference added - replaces previous draft version
174 - 204	Appendix F (Annex 15)	Updated Standards of Business and Commercial Sponsorship Policy added - replaces previous version
206	Appendix F (Annex16)	High Level organisational Governance Structure updated to reflect changes to LCGs
212	Appendix G - Scheme of Reservations and Delegation	Added Approval of the Group's Commissioning Plan <i>based on the recommendations of the relevant delegated committee</i>
272 - 314	Appendix I	Updated Conflicts of Interest Policy added - replaces previous version

Version 5 Revisions

Page Number	Section	Amendment
Page 11: <u>Also:</u> Page 41	Para 3.1.1 Membership: List of Practices Appendix C: As above	Delete Lincoln Road, Peterborough Delete North Street Replace with Boroughbury Practice As above
Page 26	Para 6.4.1 - Sub Groups of the CCG	Remove i) Service Performance Review Framework Sub-Group
Page 27	Para 6.4.3.1 - Primary Care Joint Commissioning Committee	Add: <i>The Joint Committee with NHS England will carry out functions relating to the commissioning of primary medical services under Section 83 of the NHS Act except those relating to individual GP performance management which have been reserved to NHS England. Terms of Reference are attached to the CCG's Standing Orders.</i>
Page 28	Para 6.53 a) - Local Commissioning Groups	Add at the end of the para. <i>"Where appropriate LCGs can form Joint Boards to oversee the work of the LCGs. Terms of Reference will need to be agreed by the Governing Body."</i>
Page 29	Para 6.5.3d) Finance & Performance Committee	Amend last sentence to say "oversight of financial risk, delivery of QIPP and oversight of the CCG's Commissioning Support functions" [Note: will need to amend F&P TOR at next meeting]
Page 30	Para 6.5.3 g) - Clinical Management Executive Team	Add Chief Strategy Officer Change – Performance & Delivery Lead and Commissioning & Contracting lead to Commissioning, Performance and Delivery Lead
Page 30	Para 6.5.3 i) - Service Performance Review Group	Remove section
Page 34	Para 8.2.2 - Conflicts of Interest	Add at end of first paragraph <i>"in line with NHS England's Statutory Guidance for Managing Conflicts of Interest"</i>
Page 40	CCG Area Map	Latest available version inserted (April 2015)
Page 49	Standing Orders: Para 2.2.2: Other Individuals	Revise Other Individuals list i)The co-opted Joint Director of Public Health

		ii)Chief Strategy Officer
Page 53	Standing Orders: Para 3.7 b) - Conflicts of Interest which arise during the course of a meeting	Amend to “ <i>In line with the CCG’s Conflicts of Interest Policy (Section 11), Where certain members of a decision-making body (be it the governing body, its committees or sub-committees, or a committee or sub-committee of the CCG) have a material interest, they should either be excluded from relevant parts of meetings, or join in the discussion but not participate in the decision-making itself (i.e., not have a vote).</i> ”
Page 58	Standing Orders: Section 4.2	Remove SPR from Table Add Primary Care Joint Commissioning Committee
Page 61 onwards	Standing Order Appendices	Remove Service Performance Review Sub Committee ToR Insert Updated ToR for the following Committees <ul style="list-style-type: none"> - Annex 1 - Audit - P61 - Annex 2 - Remuneration & Terms of Service - P68 - Annex 3 - Finance & Performance - P74 - Annex 4 - Patient Safety & Quality - P78 - Annex 5 - Patient Reference Group - 81 - Annex 16 - Primary Care Joint Commissioning - p174 Insert updated Gov. Structure Chart - Annex 18 - p214
Page	Appendix I - Conflicts of Interest Policy	Insert latest version - p281

Version 4 Revisions:

List of Amendments in Version 4 of the Constitution which were received and endorsed by CCG Governing Body on 4 June 2014

Page Number	Section	Amendment
2	Version Control	Version control table updated to reflect V4 changes
3 - 4	Contents Page	Appendices Table - updated to reflect change in order
6	Foreword	Minor amendments to text made
25 (Para 6.4.3)	<ul style="list-style-type: none"> • Decision making: The Governing Structure (June 14) 	Deleted reference to Appendix H
30 (Para 7.6)	Role of the Chief Clinical officer (Accountable Officer)	Minor text change
34 (10.2.1 (d))	Standing Orders	Reference to Appendix H -Operating Plan - deleted.
37	Appendix B – CCG Map	Latest available map inserted
47 (2.3) & (3.1.1)	Appendix F - SO	Deleted reference to Appendix H Corrected number of GB meetings from 7 to 8.
54 (4.2.1)	Appendix F – SO	Updated ToR Table and text added

58 onwards	Appendix F: Standing orders – Annexes (1 – 18)	Reviewed & Updated ToR added: Annex 1 – Audit Committee (p58) Annex 2 – Remuneration & Terms of Service (p64) Annex 3 – F&P Committee (p69) Annex 4 - PSQ Committee (p73) Annex 5 – PRG (p77) Annex 6 – CMET (82) Annex 7 – SPR Sub Group (p85) Annex 8 – SCPG (p89) Annex 9 – Borderline LCG (p110) Annex 10 – Cam Health LCG (p115) Annex 11 – CATCH LCG (p125) Annex 12 – Hunts Care LCG (P131) Annex 13 – Hunts Health LCG (p135) Annex 14 – Isle of Ely LCG (p142) Annex 15 – Peterborough LCG (p150) Annex 16 – Wisbech LCG (p160) Annex 17 –Updated Standards of Business & Commercial Sponsorship (p169) Annex 18 – Updated High Level Governance Structure (p195)
200 (Rows 2 & 3)	Scheme of Reservation & Control	Original Delegation deleted and replaced by two separate entries
213 (4th Row)	Scheme of Reservation & Control	Figure corrected - from £4,500 to £100k

Version 4.1 - Additional Revision: (Detail of further amendment to Version 4 of the Constitution received and endorsed by CCG Governing Body on 04 November 2014)

Page Number	Section	Amendment
25 (para 6.4.3)	Joint Committees	Amended existing paragraph to clarify CCG arrangements for establishing joint committees

Version 4 - Additional Revision: (Detail of further amendment to Version 4 of the Constitution endorsed by CCG Governing Body (under delegated authority) and reported to CCG Governing Body on 13 January 2015)

Page Number	Section	Amendment
15 (para 5.1.3 onwards)	Functions & General Duties - Joint Commissioning Arrangements	Additional text (Para 5.1.3 – 5.1.6) drafted in line with the NHS England model paragraphs, to further clarify CCG arrangements for establishing Joint Commissioning Arrangements.
25 (Para 6.4.3)	Joint Committees	Further amendments made to this section to reflect relevant legislation