Newcastle Gateshead
Clinical Commissioning Group

NHS NEWCASTLE GATESHEAD CLINICAL COMMISSIONING GROUP

CONSTITUTION

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1 Introduction

1.1 Name

The name of this clinical commissioning group is NHS Newcastle Gateshead Clinical Commissioning Group ("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 2015.

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.newcastlegatesheadccg.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
- Any Governing Body Member formally requests that the 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 Operational Scheme of Delegation (OSoD), 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 (SoRD) – sets out those decisions that are reserved for the membership as a whole and those decisions that have been delegated by the CCG or the Governing Body

c) Prime financial policies – which set out the arrangements for managing the CCG's financial affairs.

d) Operational Scheme of Delegation – which set out the delegated limits for financial commitments on behalf of the CCG.

e) CCG governance documentation – which includes:

- Standards of Business Conduct Policy – which includes the arrangements the CCG has made for the management of conflicts of interest;
- Detailed Financial Policies;
- CCG Committee Structure;
- Committee terms of reference;

These documents are all available on our website along with other relevant policies and guidance www.newcastlegatesheadccg.nhs.uk

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 as mentioned in section 1.5 above;

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;

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 Public and Patient Involvement Strategy;

h) When discharging its duties under section 14Z2, the CCG will ensure that the principles of openness, early and active involvement, fairness and non-discrimination are at the heart of our public and patient involvement activity;

i) comply with local authority health overview and scrutiny requirements;

j) meet annually in public to present an annual report which is then published;

k) produce annual accounts which are externally audited;

l) publish a clear complaints process;

m) comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the CCG;

n) provide information to NHS England as required; and

o) be an active member of the local Health and Wellbeing Boards.

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

a) ensuring all CCG decisions are made through a clear, rational and transparent prioritisation process, made in an open and transparent manner to ensure the CCG behaves with probity, abiding by the principles of good governance.

b) The governing body of the CCG will throughout each year have an ongoing role in reviewing the CCG's governance arrangements to ensure that the CCG continues to reflect the principles of good governance.

1.7 Liability and Indemnity

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

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

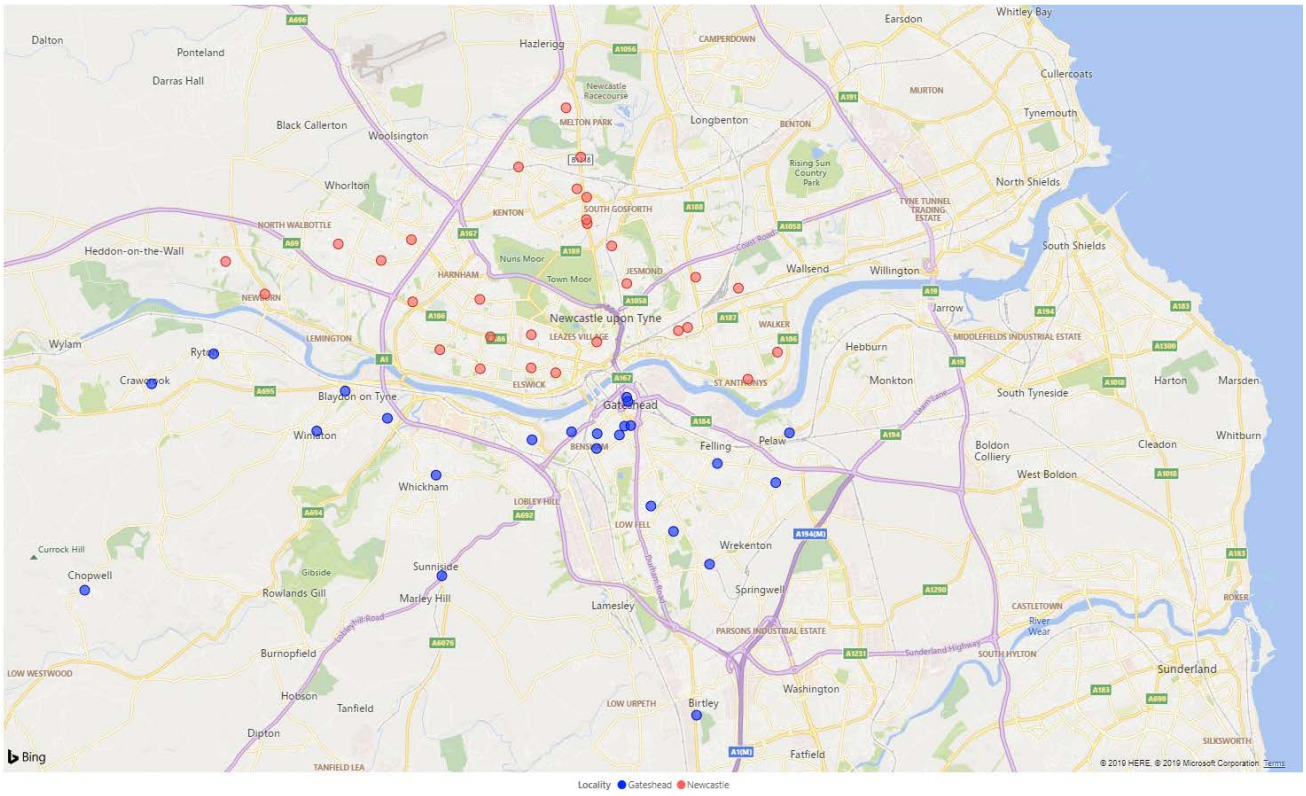
1.7.3 No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member of former Member, shall be liable on any winding-up or dissolution of the CCG to contribute to the assets of the CCG,

whether for the payment of its debts and liabilities or the expenses of its winding-up or otherwise.

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

2 Area Covered by the CCG

2.1.1 The area covered by the CCG is coterminous with the boundary of Newcastle City Council and Gateshead Council. The work of the CCG will be based on the two units of planning which are consistent with the two local authority footprints.



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:

Newcastle		
Practice Name	**Address**	**Postcode**
Avenue Medical Practice	5 Osborne Villas, Jesmond	NE2 1PQ
Benfield Park Medical Group	Park Healthcare & Diagnostic Centre, Benfield Road	NE6 4QD
Betts Avenue Medical Group	2 Betts Avenue, Benwell	NE15 6TQ
Biddlestone Medical Centre	Biddlestone Road, Heaton	NE6 5SL
Broadway Medical Group	164 Great North Road, Gosforth, Newcastle	NE3 5JP
Brunton Park Surgery	Princes Road, Brunton Park, Gosforth	NE3 5NF
Cruddas Park Surgery	178 Westmoreland Road, Cruddas Park	NE4 7JT
Denton Park Medical Group	West Denton Way, Newcastle	NE5 2QW
Denton Turret Medical Centre	10 Kenley Road, Slatyford, Newcastle	NE5 2UY
Dilston Medical Centre	23 Dilston Road, Newcastle	NE4 5AB
Fenham Hall Surgery	Fenham Hall Drive, Fenham	NE4 9XD
Gosforth Memorial Medical Centre	Church Road, Gosforth	NE3 1TX
Grainger Medical Group	Elswick Health Centre, Meldon Street, Elswick	NE4 6SH
Heaton Road Surgery	17-19 Heaton Road, Heaton	NE6 1SA
Holmside Medical Group	142 Armstrong Road, Benwell	NE4 8QB
Newburn Surgery	4 Newburn Road, Newburn	NE15 8LX
Newcastle Medical Centre	Within Boots, Hotspur Way, Eldon Square, Newcastle	NE1 7XR
Park Medical Group	Fawdon Park Road, Fawdon	NE3 2PE
Parkway Medical Centre	Hillhead Parkway, Chapel House, Newcastle	NE5 1LJ
Prospect House Medical Group	501 Westgate Road, Newcastle upon Tyne	NE4 8AY

Regent Medical Centre	Henry Street, Gosforth	NE3 1DQ
Roseworth Surgery	27 Roseworth Avenue, Gosforth	NE3 1NB
Saville Medical Group	7 Saville Place, Newcastle	NE1 8DQ
St Anthonys Health Centre	St Anthonys Road, Walker	NE6 2NN
The Grove Medical Group	1 The Grove, Gosforth	NE3 1NU
The Surgery Osborne Road	200 Osborne Road, Jesmond	NE2 3LD
Thornfield Medical Group	Molineux Centre, Molineux St, Byker	NE6 1SG
Throckley Medical Group	Tillmouth Park Road, Throckley	NE15 9PA
Walker Medical Group	Church Walk,Walker	NE6 3BS
West Road Medical Group	170 West Road, Newcastle upon Tyne	NE4 9QB
Westerhope Medical Group	377-377a Stamfordham Road, Westerhope	NE5 2LH

Gateshead

Practice Name	Address	Postcode
108 Rawling Road	108 Rawling Road, Bensham	NE8 4QR
Beacon View Medical Centre	Beacon Lough Road, Gateshead	NE9 6YS
Bensham Family Practice	Sidney Grove, Bensham	NE8 2XB
Bewick Road Surgery	10 Bewick Road, Gateshead	NE8 4DP
Birtley Medical Group	Durham Road, Birtley	DH3 2QT
Blaydon GP Practice & minor injuries / illness unit	Shibdon Road, Blaydon	NE21 5NW
Bridges Medical Centre	Trinity Square Health Centre 24 West Street, Gateshead	NE8 1AD
Central Gateshead Medical Group	Gateshead Health Centre Prince Consort Road	NE8 1NB
Chainbridge Medical Partnership	The Precinct, Blaydon	NE21 5BT
Crawcrook Surgery	Pattinson Drive, Crawcrook	NE40 4US
Crowhall Medical Centre	Felling Health Centre, Stephenson Terrace, Felling	NE10 9QG
Fell Cottage Surgery	123 Kells Lane, Low Fell	NE9 5XY
Fell Tower Medical Centre	575 Durham Road, Low Fell, Gateshead	NE9 5EY
Glenpark Medical Centre	61 Ravensworth Road, Dunston	NE11 9AD
Grange Road	Grange Road, Ryton	NE40 3LT
IJ Healthcare	8 Front Street, Winlaton	NE21 4RD
Longrigg Medical Centre	Leam Lane Estate, Felling	NE10 8PH
Metro Interchange Surgery	Unit 5B, New Century House, Jackson	NE8 1HR

	Street, Gateshead	
Millennium Family Practice	Trinity Square Health Centre, 24 West Street, Gateshead	NE8 1AD
Oldwell Surgery	10 Front Street, Winlaton	NE21 4RD
Oxford Terrace & Rawling Road Medical Group	1 Oxford Terrace, Gateshead	NE8 1RQ
Pelaw Medical Centre	7-8 Croxdale Terrace, Pelaw	NE10 0RR
Primary Health Care Centre	1A South Road, Chopwell	NE17 7BU
Second Street Surgery	Second Street, Bensham	NE8 2UR
St. Albans Medical Group	Felling Health Centre, Stephenson Terrace, Felling	NE10 9QG
Sunniside Surgery	8 Dewhurst Terrace, Sunniside	NE16 5LP
Teams Medical Practice	Watson Street, Teams	NE8 2PQ
The Medical Centre (Rowlands Gill)	The Grove, Rowlands Gill	NE39 1PW
Whickham Health Centre	Rectory Lane, Whickham	NE16 4PD
Wrekenton Medical Group	Springwell Road, Wrekenton	NE9 7AD

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.

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

3.4 Members' Meetings

3.4.1 In accordance with section 14Z15 of the Health and Social Care Act 2012, the member practices will meet at least once annually. This will include a meeting in public where the Annual Report and Accounts will be presented.

3.5 Practice Representatives - Commissioning Forum

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

3.5.2 A commissioning forum will be established across the CCG, with each unit of planning establishing its own local fora. The commissioning fora will provide an approach to determining the development of care provision within the unit of planning footprints of both Newcastle and Gateshead. They will provide clinically-led direction on areas of commissioning for health care services and will be constituted of appointed practice representatives and other primary care representatives who will use the groups as vehicles for determining needs in relation to both patient services and practice development.

3.5.3 The remit of the commissioning forum will be to:

- Determine the development of clinical pathways based on the healthcare needs of the local population within their unit of planning i.e. Newcastle or Gateshead.

- Provide recommendations to the executive committee which will assist in the development of commissioning intentions.
- Ensure a constant process of engagement with the member practices, allowing for a greater involvement in the commissioning process.
- Ensure the provision of the clinical representation for the governing body.
- Establish, and be part of, task and finish groups who will undertake specific elements of work in relation to the development of clinical pathways.
- Undertake statutory responsibilities concerning the CCG as stated in the scheme of reservation and delegation.

4 Arrangements for the Exercise of our Functions.

4.1 Good Governance

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

- the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;
- the standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles'
- the seven key principles of the NHS Constitution;
- the Equality Act 2010.
- the Standards for Members of NHS Boards and Governing Bodies in England (2012).

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 and Social Care 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 Authority to Act: the CCG

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

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

4.4 Authority to Act: the Governing Body

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

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 is published in full on the CCG website www.newcastlegatesheadccg.nhs.uk

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.

5.1.4 The accountable officer may periodically propose amendments to the Scheme of Reservation and Delegation, which shall be considered and approved by the Governing Body unless:

a) Changes are proposed to the reserved powers; or
b) Any Governing Body member formally request that the amendments be put before the membership for approval.

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 Operational Scheme of Delegation

5.3.1 The CCG has an Operational Scheme of Delegation which includes the delegated limits of financial authority set out in the SoRD.

5.3.2 A copy if the OSoD is included at Appendix 4 and forms part of this constitution.

5.4 The Governing Body: Its Role and Functions

5.4.1 The Governing Body has statutory responsibility for:

a) ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance (its main function); and for

b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme established.

5.5 Functions

5.5.1 The functions that the CCG is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. They relate to:

i. commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of:

   a) all people registered with member GP practices, and
   b) people who are usually resident within the area and are not registered with a member of any clinical commissioning group;

ii. commissioning emergency care for anyone present in the CCG's area;

iii. 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;

iv. determining the remuneration and travelling or other allowances of members of its governing body.

5.5.2 In discharging its functions the CCG will, through delegation to its Governing Body:

i. act[1], 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***[2]*and* with the objectives and requirements placed on NHS England through *the mandate*[3] published by the Secretary of State before the start of each financial year by:

   a) delegating responsibility to the CCG's governing body.
   b) ensuring that this duty is discharged on behalf of the governing body by the CCG's executive committee in accordance with their Terms of Reference.

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1 See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act

2 See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act

3 See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act

c) developing an annual commissioning plan in accordance with the requirement of the Health and Social Care Act 2012.
d) requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms.

ii. ***meet the public sector equality duty***[4] by:

a) delegating responsibility to the CCG's governing body.
b) ensuring that this duty is discharged on behalf of the governing body by the CCG's Quality, Safety and Risk Committee in accordance with their Terms of Reference.
c) using the Equality Delivery System, developing an annual equality, diversity and human rights strategy describing how the CCG will deliver duties both specific and general in line with the Equality Act 2010.
d) requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms.
e) publish, at least annually, sufficient information to demonstrate compliance with this duty across all their functions.

iii. work in partnership with Newcastle City Council and Gateshead Council to develop ***joint strategic needs assessments***[5] and ***joint health and wellbeing strategies***[6] by:

a) working in partnership with the Newcastle Wellbeing for Life Board and the Gateshead Health and Wellbeing Board. A CCG governing body member is a member of the Newcastle Wellbeing for Life Board and the Gateshead Health and Wellbeing Board and the minutes are received by the CCG governing body.

5.6 General Duties - in discharging its functions the CCG will, through delegation to its Governing Body:

5.6.1 Make arrangements to ***secure public involvement*** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements[7] by:

i. Ensuring that patients and the public are consulted with and involved in accordance with the relevant legislation. This will include publishing a strategy for communications and engagement.

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4 See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

5 See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act

6 See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act

7 See section14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act

ii. The following Statement of Principles will be adopted:

a) Create an organisational culture that encourages and enables involvement
b) Be inclusive and proactive in resolving barriers to effective involvement and participation.
c) Make clear the purpose of involvement and the extent to which people can expect their views to influence development of local health services.
d) Recognise the importance of providing feedback to people who have made their views known.
e) Work in partnership with other agencies to avoid duplication where possible when approaching the public.
f) Build upon best practice and be open to innovative and proven approaches from within and outwith the NHS.
g) Provide support and training to staff to equip them for this role.

iii. In delivering the Statement of Principle the CCG will:

a) Work in partnership with patients and the local community to secure the best care for them.
b) Adapt engagement activities to meet the specific needs of the different patient CCGs and communities.
c) Publish information about health services on the CCG's website and through other media.
d) Encourage and act on feedback.
e) Identify how the CCG will monitor and report its compliance against this statement of principles.

iv. the CCG will exercise this function by delegating responsibility to the CCG's governing body:

a) by ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge, having regard to any guidance or requirements published by NHS England.

5.6.2 **Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution**[8] by:

i. delegating responsibility to the CCG's Governing Body.

ii. the CCG's values reflecting the values set out in the NHS Constitution.

iii. all policies having regard to the NHS Constitution in their development.

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[8] See section 14P of the 2006 Act, inserted by section 26 of the 2012 Act and section 2 of the Health Act 2009 (as amended by 2012 Act)

iv. ensuring that all decisions made by the Governing Body are assessed for regard to the NHS Constitution.

v. promoting the NHS Constitution on the CCG's website and internally with all staff.

vi. incorporating compliance with the NHS Constitution in all contracts with commissioned services.

vii. ensuring the CCG promotes the NHS Constitution, championing the interests of patients, using choice and information to empower people to improve services.

5.6.3 **Act *effectively, efficiently and economically*[9] by:**

i. delegating responsibility to the CCG's governing body.

ii. ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer in accordance with the responsibilities of the role, having regard to any guidance or requirements published by NHS England.

iii. delegating responsibility to the governing body's Audit Committee to provide assurance to the governing body with regard to its compliance with the duty and in accordance with the Committee's Terms of Reference.

iv. delegating responsibility to The Executive Committee to assist in optimising the allocation and adequacy of the CCG's resources in accordance with its Terms of reference.

v. requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms.

5.6.4 **Act with a view to *securing continuous improvement to the quality of services*[10] by:**

i. delegating responsibility to the CCG's governing body.

ii. ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge, having regard to any guidance or requirements published by NHS England.

iii. delegating responsibility to the governing body's Quality, Safety and Risk Committee to assist the governing body in regard to discharge of the duty and in accordance with the Committee's Terms of Reference.

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9 See section14Q of the 2006 Act, inserted by section 26 of the 2012 Act

10 See section14R of the 2006 Act, inserted by section 26 of the 2012 Act

iv. having a framework for securing continuous improvements in the quality of commissioned services and outcomes for patients with regard to clinical effectiveness, patient safety, risk, safeguarding and patient experience to contribute to improved patient outcomes across the NHS Outcomes Framework.

v. requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms.

vi. Establishing a quality committee to provide assurance on the quality of services commissioned and promote a culture of continuous improvement and innovation with respect to patient safety, clinical effectiveness and patient experience.

vii. Working with Member Practices to ensure they implement and to follow pathways adopted by the CCG, as part of the continuous cycle of improvement, with the exception of where it can be justified that it is not clinically appropriate.

5.6.5 Assist and support NHS England in relation to the Board's duty to ***improve the quality of primary medical services***[11] by:

i. delegating authority the Governing Body.

ii. working collectively with member practices and all stakeholders to ensure best practice is implemented across the CCG, to continuously improve the quality of primary medical care services.

iii. ensuring all Member Practices within the CCG aspire to the delivery of the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on the patient experience.

iv. reinvesting realised efficiency gains (both cash and non-cash) in improved services for patients to improve quality, access and choice for patients, within prevention or interventions and Primary, Community and/or Secondary Care.

v. providing, where appropriate, high quality training to improve the skill sets within the CCG in order to improve existing services, and develop new services, for patients.

vi. delivering robust and sustainable decisions, based upon analysis of the clinical, provider and prescribing data within clinical practice (referrals, prescribing methods, disease management, patient interface etc.), which influence healthcare delivery, patient experience, and the quality of healthcare provided.

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[11] See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act

vii. working collectively with member practices and all stakeholders to ensure best practice is implemented across the CCG, to continuously improve the quality of primary medical care services.

viii. working with practices to drive up the quality of services available in primary care, while at the same time driving down the reliance on hospital services. In doing this work practices improve the "make (doing the work in practice) and buy (referring on to an alternative provider)" decisions.

ix. ensuring all commissioning decisions are taken on the basis of quality, outcomes and value for money, working in partnership with the Practices, Local Authority and vitally the patients. Each stakeholder will have defined roles and responsibilities as part of the new working arrangements required under Clinical Commissioning.

5.6.6 **Have regard to the need to *reduce inequalities*[12] by:**

i. delegating responsibility to the CCG's Governing Body.

ii. ensuring that this duty is discharged on behalf of the Governing Body by the CCG's executive committee in accordance with their Terms of Reference.

iii. ensuring that this duty is discharged on behalf of the Governing Body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge.

iv. developing an annual commissioning plan in accordance with the requirement of the Health and Social Care Act 2012 which sets out the CCG's role and plans in relation to reducing inequalities between patients in respect of their ability to benefit from health services.

v. through working with partners on the Wellbeing for Life Board and Health and Wellbeing Board to contribute to addressing the wider determinants of health in line with the priorities within the Newcastle Future Needs Assessment and the Joint Strategic Needs Assessment and to contribute to implementing the Wellbeing for Life strategy and Health and Wellbeing Strategy in relation to commissioning of health services.

vi. through the Directors of Public Health working into the CCG with regard to reducing inequalities.

vii. requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms.

viii. developing Governance and Commissioning Plans which are focused upon an ability to reduce health inequalities and maximise health outcomes for the population of the CCG, by working in partnership to commission health

[12] See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act

promotion and provision of appropriate care pathways, community, and all provider services.

ix. ensuring all service development proposals include an indication of the likelihood of reducing health inequalities.

5.6.7 **Promote the involvement of patients, their carers and representatives in decisions about their healthcare**[13] by:

i. delegating responsibility to the CCG's governing body.

ii. ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge, having regard to any guidance or requirements published by NHS England.

iii. ensuring that standards are contained within contracts with commissioned services requiring procedures to be in place in commissioned services to ensure patients, their carers and representatives are able to make informed decisions about their healthcare in line with the underlying policy for shared decision making "no decision about me without me",

iv. requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms.

5.6.8 **Act with a view to *enabling patients to make choices*[14]by:**

i. delegating responsibility to the CCG's governing body.

ii. ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge, having regard to any guidance or requirements published by NHS England.

iii. embodying the requirements of patient choice within the CCG's Access and Choice Policy and the CCG's Communications and Engagement Strategy.

iv. requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms,

5.6.9 **Obtain appropriate advice**[15]**from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:**

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13 See section14U of the 2006 Act, inserted by section 26 of the 2012 Act

14 See section14V of the 2006 Act, inserted by section 26 of the 2012 Act

15 See section14W of the 2006 Act, inserted by section 26 of the 2012 Act

i. Delegating responsibility to the governing body to ensure that it obtains appropriate advice in the exercise of its functions. This will be either :

a) through individual members of the governing body.
b) or those members in attendance at the governing body which will include the Director of Public Health or their designated representative.
c) or where appropriate through invitation to individuals to attend as appropriate to provide advice on its functions.
d) or by seeking advice through other external bodies such as a Clinical Senate, Public Health England, or other expert or independent organisation.
e) The CCG will also engage with the Local Medical Committee (LMC) with regard to their role as local statutory representatives of individual GPs and GP Practices.

ii. delegating responsibility within their Terms of Reference to the Chair of each Committee or subcommittee to ensure that they obtain appropriate advice in the exercise of its functions. This will be either through:

a) individual members of the Committee or sub-committee.
b) or those members in attendance at the Committee or subcommittee which may include the Director of Public Health or their designated representative.
c) or where appropriate, through invitation, to individuals to attend to provide advice on its functions.
d) or by seeking advice through other external bodies such as a Clinical Senate, Public Health England or other expert or independent organisation.

5.6.10 **Promote innovation**[16] by:

i. delegating responsibility to the CCG's governing body.

ii. ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge, having regard to any guidance or requirements published by NHS England.

iii. developing an annual commissioning plan which sets out innovative approaches to commissioning of services.

iv. seeking to develop an innovative operating model.

v. seeking out and adopting best practice, by supporting research and adopting and diffusing transformative, innovative ideas, products, services and clinical practice both within the CCG and within its commissioned services, which add value in relation to quality and productivity.

[16] See section14X of the 2006 Act, inserted by section 26 of the 2012 Act

vi. developing a culture of continuous improvement and innovation with respect to patient safety, clinical effectiveness and patient experience.

5.6.11 **Promote research and the use of research**[17] by:

i. delegating responsibility to the CCG's governing body.

ii. ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge, having regard to any guidance or requirements published by NHS England.

iii. delegating responsibility to the governing body's Quality, Safety and Risk Committee to assist the governing body in regard to oversight of research governance and in accordance with the CCG's Terms of Reference.

iv. collaborating with key stakeholders such as Clinical Research Networks and academic institutions to establish evidence of best practice.

v. commissioning where appropriate independent research and evaluation as a means of developing or evaluating care pathways, evidence based practice and the translation of research evidence into clinical practice.

vi. requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms.

5.6.12 **Have regard to the need to promote education and training**[18] **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**[19] **by:**

i. delegating responsibility to the CCG's governing body.

ii. ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge, having regard to any guidance or requirements published by NHS England.

iii. ensuring that the CCG engages with the Local Education and Training Board with a view to mutual alignment of the CCG's Commissioning plan and local workforce, education and training plans.

iv. encouraging and supporting the continuous learning and development of its employees and member practices so that they are able to carry out their role

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17 See section14Y of the 2006 Act, inserted by section 26 of the 2012 Act

18 See section14Z of the 2006 Act, inserted by section 26 of the 2012 Act

19 See section1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act

confidently and effectively, achieve their individual potential and contribute fully to the objectives of the CCG.

v. requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms.

5.6.13 **Act with a view to promoting integration of both health services with other health services and health services with health-related and social care services where the CCG considers that this would improve the quality of services or reduce inequalities**[20] **by:**

i. delegating responsibility to the CCG's governing body.

ii. ensuring that this duty is discharged on behalf of the governing body by the CCG's executive committee in accordance with their Terms of Reference.

iii. developing an annual commissioning plan in accordance with the requirement of the Health and Social Care Act 2012 which sets out the CCG's role and plans in relation to promoting integration.

iv. working in partnership with others to take forward plans so that pathways of care are seamless and integrated within and across organisations, and seek to reduce inequalities in access and outcomes.

v. requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms.

vi. Working in partnership with NHS, Social Care and Public Health, and promoting joined up commissioning plans across the NHS, Social Care and Public Health. This includes;

a) Support for joint commissioning and pooled budget arrangements.
b) Promoting partnership working and integrated delivery of public services across the NHS, Social Care, Public Health and other services.

5.7 General Financial Duties

The CCG will perform its functions so as to:

5.7.1 ***Ensure its expenditure does not exceed the aggregate of its allotments for the financial year***[21] by

i. delegating responsibility to the CCG's governing body.

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20 See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

21 See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act

ii. developing an annual commissioning plan (which incorporates the financial plan) in accordance with the requirement of the Health and Social Care Act 2012.

iii. ensuring that this duty is discharged on behalf of the governing body by the Chief Finance and Operating Officer in accordance with the responsibilities of the role.

iv. specifying Prime Financial Policies and detailed underpinning financial policies.

v. delegating responsibility to the governing body's Audit Committee to assist the governing body in regard to discharge of the duty and in accordance with the Committee's Terms of Reference.

vi. delegating responsibility to the executive committee to assist in optimising the allocation and adequacy of the CCG's resources in accordance with its Terms of Reference.

vii. requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms.

5.7.2 ***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***[22] by

i. delegating responsibility to the CCG's governing body.

ii. developing an annual commissioning plan (which incorporates the financial plan) in accordance with the requirement of the Health and Social Care Act 2012.

iii. ensuring that this duty is discharged on behalf of the governing body by the Chief Finance and Operating Officer in accordance with the responsibilities of the role.

iv. specifying Prime Financial Policies and detailed underpinning financial policies.

v. delegating responsibility to the governing body's Audit Committee to assist the governing body in regard to discharge of the duty and in accordance with the Committee's Terms of Reference.

vi. delegating responsibility to the executive committee to assist in optimising the allocation and adequacy of the CCG's resources in accordance with its Terms of Reference.

[22] See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act

vii. requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms.

5.7.3 ***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*** [23] by

i. delegating responsibility to the CCG's governing body.

ii. developing an annual commissioning plan (which incorporates the financial plan) in accordance with the requirement of the Health and Social Care Act 2012.

iii. ensuring that this duty is discharged on behalf of the governing body by the Chief Finance and Operating Officer in accordance with the responsibilities of the role.

iv. delegating responsibility to the executive committee to assist in optimising the allocation and adequacy of the CCG's resources in accordance with its terms of reference.

v. requiring progress of delivery of the duty to be monitored through the CCG's reporting mechanisms.

5.7.4 ***Publish an explanation of how the CCG spent any payment in respect of quality*** made to it by NHS England[24] by

i. delegating responsibility to the CCG's governing body.

ii. ensuring that this duty is discharged on behalf of the governing body by the Accountable Officer and the specific lead officer delegated by the Accountable Officer to oversee its discharge the explanation to be published on the CCG's website at www.newcastlegatesheadccg.nhs.uk, available upon request for inspection at the CCG's headquarters, or upon application by post, Riverside House, Goldcrest Way, Newburn Riverside (Business Park), Newcastle upon Tyne. NE15 8NY, or by e-mail to ngccg.enquiries@nhs.net.

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

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23 See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act

24 See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act

- leading the development of vision and strategy for the CCG;
- overseeing and monitoring quality improvement;
- approving the CCG's Commissioning Plans and its consultation arrangements;
- stimulating innovation and modernisation;
- overseeing and monitoring performance;
- overseeing risk assessment and securing assurance actions to mitigate identified strategic risks;
- promoting a culture of strong engagement with patients, their carers, Members, the public and other stakeholders about the activity and progress of the CCG;
- ensuring good governance and leading a culture of good governance throughout the CCG.

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

5.8 Composition of the Governing Body

5.8.1 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 www.newcastlegatesheadccg.nhs.uk

5.8.2 The Governing Body is comprised of:

a) The Clinical Chair

b) The Assistant Clinical Chair

c) The Deputy Chair (Lay Member)

d) Five further lay members

e) Four representatives of member practices

f) The Accountable Officer

g) The Chief Finance and Operating Officer

h) A Secondary Care Specialist Doctor;

i) A registered nurse

j) The Medical Director

k) Director for Newcastle System

l) Director for Gateshead System

m) Director of Complex Care and Commissioning

5.9 Additional Attendees at the Governing Body Meetings

5.9.1 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.

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

- Directors of Public Health for Newcastle and Gateshead (or representatives)
- The CCG Head of Corporate Affairs

5.10 Appointments to the Governing Body

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

5.10.2 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.

5.11 Committees and Sub-Committees

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

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

5.11.3 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.

5.11.4 With the exception of the Remuneration Committee, any Committee or Sub-Committee established in accordance with clause 5.11 may consist of or include persons other than Members or employees of the CCG.

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

5.12 Committees of the Governing Body

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

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

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

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

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

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

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

5.12.8 The terms of reference for each of the above committees are included in Appendix 2 to this constitution and form part of the constitution.

5.12.9 The Governing Body has also established a number of other Committees to assist it with the discharge of its functions:

- Commissioning Forum
- Executive Committee
- Quality, Safety and Risk Committee
- Northern CCG Joint Committee

5.12.10 Further information about these Committees, including terms of reference, are published on the CCGs website www.newcastlegatesheadccg.nhs.uk

5.13 Collaborative Commissioning Arrangements

5.12.1 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.

5.12.2 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.

a) The Governing Body must ensure that appropriate reporting and assurance mechanisms are developed as part of any partnership or other collaborative arrangements. This will include reporting arrangements to the Governing Body, at appropriate intervals;

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.

5.12.3 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.

5.13 Joint Commissioning Arrangements with Local Authority Partners

5.13.1 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.

5.13.2 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.

5.13.3 For purposes of the arrangements described in 5.13.2, 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.

5.13.4 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.13.2 above.

5.14 Joint Arrangements

5.14.1 The CCG has entered into a Northern CCG Joint Committee to make decisions on subjects recommended to it by the Northern CCG Forum. These will be confined to issues that pertain to all CCG areas in Cumbria and the North East, namely the commissioning of Specialist acute services and 111 services.

5.14.2 Expansion of the scope of the Joint Committee will only follow from the unanimous agreement of member CCGs and in line with an annually agreed work programme.

5.14.3 The Joint Committee is open to membership of the following CCGs:

- NHS Darlington CCG
- NHS Durham Dales, Easington & Sedgefield CCG
- NHS Hambleton, Richmondshire & Whitby CCG
- NHS Hartlepool & Stockton CCG
- NHS Newcastle Gateshead CCG
- NHS North Cumbria CCG
- NHS North Durham CCG
- NHS Northumberland CCG
- NHS North Tyneside CCG
- NHS South Tees CCG
- NHS South Tyneside CCG
- NHS Sunderland CCG

5.14.4 The main activities of the Joint Committee include, but are not limited to, the following:

5.14.5 In accordance with statutory powers under s.14Z3 of the NHS Act 2006, the proposed Northern CCG Joint Committee will be able to make decisions on procuring services and awarding contracts, chiefly to the providers of specialised acute and ambulance services. In discharging this function the committee will:

- Determine the options appraisal process for commissioning services, including agreeing the evaluation criteria and weighting of the criteria
- Where appropriate, determine the method and scope of the consultation process, and make any necessary decisions arising from a Pre-Consultation Business Case (and the decision to go run a formal consultation process). That includes any determination on the viability of models of care pre-consultation and during formal consultation processes, as set out in s.13Q, s.14Z2 and s.242 of the NHS Act 2006 (as amended).
- Approve the formal report on the outcome of the consultation that incorporates all of the representations received in order to reach a decision, taking into account all of the information collated and representations received in relation to the consultation process.
- Make decisions to satisfy any legal requirements associated with consulting the public and making decisions arising from it, ensuring that individual CCGs' retained duties can be met.

5.15 Joint Commissioning Arrangements – Other CCGs

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

5.15.2 The CCG delegates its powers and duties under 5.15 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.

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

a) delegating any of the CCG's commissioning functions to another CCG;

b) exercising any of the Commissioning Functions of another CCG; or

c) exercising jointly the Commissioning Functions of the CCG and another CCG.

5.15.4 For the purposes of the arrangements described at 5.15.3, the CCG may:

a) make payments to another CCG;

b) receive payments from another CCG; or

c) make the services of its employees or any other resources available to another CCG; or

d) receive the services of the employees or the resources available to another CCG.

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

5.15.6 For the purposes of the arrangements described above, the CCG may establish and maintain a pooled fund made up of contributions by all of the CCGs working together jointly pursuant to paragraph 5.15.3 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

5.15.7 Where the CCG makes arrangements with another CCG as described at paragraph 5.15.3 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working including details of:

a) how the parties will work together to carry out their commissioning functions;

b) the duties and responsibilities of the parties, and the legal basis for such arrangements;

c) how risk will be managed and apportioned between the parties;

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

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

5.15.8 The responsibility of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 0 above.

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

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

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

a) make a quarterly written report to the Governing Body;

b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and

c) publish an annual report on progress made against objectives.

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

5.16 Joint Commissioning Arrangements with NHS England

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

5.16.2 The CCG delegates its powers and duties under 5.16 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.

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

5.16.4 The arrangements referred to in paragraph 5.16.3 above may include other CCGs, a combined authority or a local authority.

5.16.5 Where joint commissioning arrangements pursuant to 5.16.3 above are entered into, the parties may establish a Joint Committee to exercise the commissioning functions in question. For the avoidance of doubt, this provision does not apply to any functions fully delegated to the CCG by NHS England, including but not limited to those relating to primary care commissioning.

5.16.6 Arrangements made pursuant to 5.16.3 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

5.16.7 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 5.16.3 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

a) how the parties will work together to carry out their commissioning functions;

b) the duties and responsibilities of the parties, and the legal basis for such arrangements;

c) how risk will be managed and apportioned between the parties;

d) financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;

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

5.16.8 Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where the CCG

enters into arrangements pursuant to paragraph 5.16.3 above. Similarly, where the arrangements relate to NHS England's functions, the liability of NHS England to carry out its functions will not be affected where it and the CCG enter into joint arrangements pursuant to 5.16.

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

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

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

a) make a quarterly written report to the Governing Body;

b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and

c) publish an annual report on progress made against objectives.

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

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

6.1 Conflicts of Interest

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

6.1.2 The CCG has agreed policies and procedures for the identification and management of conflicts of interest.

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 reasonable practicable and by law within 28 days after the interest arises.

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

6.2.6 Activities funded in whole or in part by 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.

6.3 Training in Relation to Conflicts of Interest

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

6.4 Standards of Business Conduct

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

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

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

Appendix 1: Definitions of Terms Used in This Constitution

2006 Act	National Health Service Act 2006
Accountable Officer (AO)	an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the group: complies with its obligations under: sections 14Q and 14R of the 2006 Act, sections 223H to 223J of the 2006 Act, paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006, and any other provision of the 2006 Act specified in a document published by the Board for that purpose; exercises its functions in a way which provides good value for money.
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 *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England* 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.
STP	Sustainability and Transformation Partnerships – the framework within which the NHS and local authorities have come together to plan to improve health and social care over the next few years. STP can also refer to the formal proposals agreed between the NHS and local councils – a “Sustainability and Transformation Plan”.
Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making

Appendix 2: Committee Terms of Reference

Audit Committee

Remuneration Committee

Primary Care Commissioning Committee

Appendix 3: 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 CCG so that the CCG can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They are effective from the date the CCG is established.

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

i. the arrangements for conducting the business of the CCG;

ii. the appointment of member practice representatives;

iii. 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;

iv. the process to delegate powers,

v. 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[25] of any relevant guidance.

1.1.3 The standing orders, scheme of reservation and delegation and prime financial policies have effect as if incorporated into the CCG's constitution. CCG members,

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[25] Under some legislative provisions the CCG is obliged to have regard to particular guidance but under other circumstances guidance is issued as best practice guidance.

employees, members of the governing body, members of the governing body's committees and sub-committees, members of the CCG's committees and sub-committees and persons working on behalf of the CCG should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the standing orders, scheme of reservation and delegation and prime financial policies may be regarded as a disciplinary matter that could result in dismissal.

1.2 Schedule of matters reserved to the CCG and the scheme of reservation and delegation

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

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 CCG.

2.2 Key Roles

2.2.1 Paragraph 5.8.2 of the CCG's constitution sets out the composition of the CCG's governing body. These standing orders set out how the CCG appoints individuals to these key roles.

2.2.2 As a member of the CCG's governing body, each appointed individual will share responsibility as part of the team to ensure that the CCG exercises its functions effectively, efficiently, economically, with good governance and in accordance with the terms of this constitution, as agreed by its members. Each member is there to bring their unique perspective, informed by their expertise and experience. This will support decisions made by the governing body as a whole and will help ensure that:

i. the governing body and the wider CCG act in the best interests of the health of the communities served at all times, with the interests of patients and communities at the heart of discussions and decisions;

ii. the CCG listens and is responsive to the views of local people, promotes self-care and shared decision-making in all aspects of its business;

iii. the voice of member practices is heard and listened to;

iv. the CCG commissions the highest quality services and secures the best possible patient outcomes, within its resource allocation, and maintains a consistent focus on accessibility, safety, quality, integration and innovation;

v. the CCG, when exercising its functions, acts with a view to improve health and wellbeing, supporting people to keep mentally and physically well, to get better when they are ill and, when they cannot fully recover, to stay as well as they can to the end of their lives;

vi. the CCG is responsive to the views of local people and promotes self-care and shared decision-making in all aspects of its business;

vii. the CCG, when exercising its functions, acts to secure that health services are provided in a way which stays true to the founding principles of the NHS as set out in the NHS Constitution;

viii. the CCG's decisions are taken with regard to securing the best use of public money; and

ix. the CCG operates on the basis of good governance embodied in the Nolan Principles on standards in public life.

2.2.3 Each member of the governing body needs to demonstrate the following attributes and competencies:

i. a commitment to tackling health inequalities, promoting continuous improvements in service quality and in providing value for money.

ii. a commitment to clinical commissioning, the CCG and to the wider interests of the health services;

iii. be committed to ensuring that the Governing Body remains "in tune" with the member practices;

iv. bring a sound understanding of the NHS principles and values as set out in the NHS Constitution;

v. demonstrate a commitment to upholding the Nolan Principles of Public Life along with an ability to reflect them in his/her leadership role and the culture of the CCG;

vi. be committed to ensuring that the CCG's values diversity and promotes equality in all aspects of its business; and

vii. bring to the governing body, the following leadership qualities:

a) **creating the vision** - effective leadership involves contributing to the creation of a compelling vision for the future and communicating this within and across organisations;
b) **working with others** - effective leadership requires individuals to work with others in teams and networks to commission continually improving services;
c) **being close to patients** - this is about truly engaging and involving patients and communities;
d) **intellectual capacity and application** - able to think conceptually in order to plan flexibly for the longer term and being continually alert to finding ways to improve;
e) **demonstrating personal qualities** - effective leadership requires individuals to draw upon their values, strengths and abilities to commission high standards of service.

2.2.4 The members of the governing body, as listed in paragraph 5.8.2 of the CCG's constitution, are subject to the appointment processes as set out in tables 1- 8, below.

2.3 Appointment process for Governing Body Members

Table 1

Chair of Governing Body / Assistant Clinical Chair	
Applications	Recruitment via open advert. Application on the basis of a person specification and job description.
Eligibility	If the CCG's Accountable Officer is not a clinician, the applicant must be a clinician with current or recent experience in a CCG member practice, irrespective of contractual status. Applicants must not be disqualified from membership under Clinical commissioning group regulations.
Appointment Process	Appointment by a process to be determined by the Remuneration Committee (acting in its role as an Appointments Committee). The process to include a two stage selection process - a formal, written expression of interest and a formal assessment of competencies and interview of the candidate(s) against agreed competency criteria by a suitably qualified panel. If there remains more than one suitable candidate then an election by member practices will take place. The election will be conducted by the Local Medical Committee.
Term of Office*	The successful applicant shall serve a minimum of three years and a

Chair of Governing Body / Assistant Clinical Chair	
(see paragraph 2.4 below)	maximum of four years on the CCG's governing body to ensure no more than 50% of governing body is replaced in a period of twelve months. The successful applicant shall rotate between the position of chair of the governing body and assistant clinical chair on an annual basis in accordance with paragraph 2.4 below.
Eligibility for reappointment	Eligibility criteria must continue to be met by the incumbent. If at the end of the term of office, there is another applicant or applicants for the post then the applications process and appointment process will be followed for all candidates, including the incumbent candidate.
Grounds for removal from office	The successful applicant shall cease to be eligible to be a member of the governing body where that person, during the term of office, fulfils the disqualification criteria set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012. The CCG has the right to recall the successful applicant, following due process.
Notice period	The successful applicant will serve for the full term of office, unless removed from office or choosing to resign. In the event of the successful applicant wishing to resign, they should give a minimum of 90 days' notice, in writing, addressed to the Accountable Officer of the CCG.

Table 2

Assistant Clinical Chair / Chair of Governing Body	
Applications	Recruitment via open advert. Application on the basis of a person specification and job description.
Eligibility	If the CCG's Accountable Officer is not a clinician, the applicant must be a clinician with current or recent experience in a CCG member practice, irrespective of contractual status. Applicants must not be disqualified from membership under Clinical Commissioning Group regulations.
Appointment Process	Appointment by a process to be determined by the Remuneration Committee (acting in its role as an Appointments Committee). The process to include a two stage selection process - a formal, written expression of interest and a formal assessment of competencies and interview of the candidate(s) against agreed competency criteria by a suitably qualified panel. If there remains more than one suitable candidate then an election by member practices will take place. The election will be conducted by the Local Medical Committee.
Term of Office*	The successful applicant shall serve a minimum of three years and a

Assistant Clinical Chair / Chair of Governing Body	
(see paragraph 2.4 below)	maximum of four years on the CCG's governing body to ensure no more than 50% of governing body is replaced in a period of twelve months. The successful applicant shall rotate between the position of assistant clinical chair and chair of the governing body on an annual basis in accordance with paragraph 2.4 below.
Eligibility for reappointment	Eligibility criteria must continue to be met by the incumbent. If at the end of the term of office, there is another applicant or applicants for the post then the applications process and appointment process will be followed for all candidates, including the incumbent candidate.
Grounds for removal from office	The successful applicant shall cease to be eligible to be a member of the governing body where that person, during the term of office, fulfils the disqualification criteria set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012. The CCG has the right to recall the successful applicant, following due process.
Notice period	The successful applicant will serve for the full term of office, unless removed from office or choosing to resign. In the event of the successful applicant wishing to resign, they should give a minimum of 90 days' notice, in writing, addressed to the Accountable Officer of the CCG.

Table 3

Clinical Primary Care Representative Members of Governing Body	
Applications	Recruitment via open advert. Application on the basis of a person specification and job description.
Eligibility	Applicants must not be disqualified from membership under Clinical commissioning group regulations. Applicants must be a clinician with current or recent experience in a CCG member practice, irrespective of contractual status.
Appointment Process	Appointment by a process to be determined by the Remuneration Committee (acting in its role as an Appointments Committee). The process to include a two stage selection process to include a formal expression of interest and a formal assessment of competencies and interview of the candidate(s) against agreed competency criteria by a suitably qualified panel. If there remains more than one suitable candidate then an election by member practices of the practice fora will take place. The election will be conducted by the Local Medical Committee.
Term of Office	Minimum of three years and maximum of four to ensure no more than

	50% of governing body is replaced in a period of twelve months.
Eligibility for reappointment	Eligibility criteria must continue to be met by the incumbent. If at the end of the term of office, there is another applicant or applicants for the post then the applications process and appointment process will be followed for all candidates, including the incumbent candidate. The CCG has the right to recall any Primary Care representative of the governing body following due process.
Grounds for removal from office	The Clinical Primary Care representative shall cease to be eligible to be a member of the governing body where that person, during the term of office, fulfils the disqualification criteria set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012.
Notice period	The Clinical Primary Care representative member of the governing body will serve for the full term of office, unless removed from office or choosing to resign. In the event of the clinical primary care member wishing to resign, they should give a minimum of 90 days' notice, in writing, addressed to the Chair of the CCG.

Table 4

Lay Members	
Applications	Recruitment via open advert. Application on the basis of a person specification and job description.
Eligibility	Applicants must not be disqualified from being a Lay Member of a Clinical commissioning group governing body or from membership of a Clinical commissioning group governing body under Clinical Commissioning Group regulations. Applicants will preferably reside in the CCG's area.
Appointment Process	The appointment process will include assessment and interview of the candidate(s) against agreed competency criteria by a suitably qualified panel. The appointment panel will include representative(s) of the Commissioning Forum.
Term of Office	Minimum of three years and maximum of four to ensure no more than 50% of governing body is replaced in a period of twelve months.
Eligibility for reappointment	Eligibility criteria must continue to be met.
Grounds for removal from office	The Lay Member shall cease to be eligible to be a member of the governing body where that person, during the term of office, fulfils the disqualification criteria set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012.
Notice period	The Lay Member will serve for the full term of office, unless removed from office or choosing to resign. In the event of the Lay Member wishing to resign, they should give a minimum of 90 days' notice, in

	writing, addressed to the Chair of the CCG.

Table 5

Accountable Officer	
Applications	Recruitment via open advert. Application on the basis of a person specification and job description.
Eligibility	Applicants must not be disqualified from membership under Clinical commissioning group regulations. Applicants must be approved/accredited by any national assessment criteria stipulated for the role. If the CCG Chair is not a clinician then the Accountable officer must be.
Appointment Process	Appointment by a process to be determined by the Remuneration Committee (acting in its role as an Appointments Committee). The appointment process to include assessment and interview of the candidate(s) against agreed competency criteria by a suitably qualified panel. Following this process the CCG will recommend a candidate to the National Commissioning Board for appointment.
Term of Office	Tenure specified by NHS England in line with terms and conditions.
Eligibility for reappointment	Not applicable as this post will be held by an employee.
Grounds for removal from office	The Accountable Officer shall cease to be eligible to be a member of the governing body where that person, during the term of office, fulfils the disqualification criteria set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012.
Notice period	In the event of the Accountable Officer wishing to resign, they should give a minimum of 180 days' notice, in writing, addressed to NHS England.

Table 6

Chief Finance and Operating Officer	
Applications	Recruitment via open advert. Application on the basis of a person specification and job description.
Eligibility	Applicants must meet the requirements for the governing body membership as set out in The National Health Service (Clinical commissioning groups) Regulations 2012. Applicants must hold a qualification of one of the individual Consultative Committee of Accountancy Bodies (CCAB) or Chartered Institute of Management

	Accountants (CIMA).
Appointment Process	Appointment by a process to be determined by the Remuneration Committee (acting in its role as an Appointments Committee). The appointment process to include assessment and interview of the candidate(s) against agreed competency criteria by a suitably qualified panel.
Term of Office	Tenure specified by NHS England in line with terms and conditions.
Eligibility for reappointment	Not applicable as this post will be held by an employee.
Grounds for removal from office	The Chief Finance and Operating Officer shall cease to be eligible to be a member of the governing body where that person, during the term of office, fulfils the disqualification criteria set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012.
Notice period	In the event of the Chief Finance and Operating Officer wishing to resign, they should give a minimum of 180 days' notice, in writing, addressed to NHS England.

Table 7

Medical Director	
Applications	Recruitment via open advert. Application on the basis of a person specification and job description.
Eligibility	Applicants must not be disqualified from membership under Clinical Commissioning Group regulations. Applicants must be a clinician with current or recent experience in a member practice of NHS Newcastle Gateshead CCG, irrespective of contractual status.
Appointment Process	Appointment by a process to be determined by the Remuneration Committee (acting in its role as an Appointments Committee). The appointment process to include assessment and interview of the candidate(s) against agreed competency criteria by a suitably qualified panel.
Term of Office	Minimum of three years and maximum of four to ensure no more than 50% of governing body is replaced in a period of twelve months. Not applicable if this post is held by an employee.
Eligibility for reappointment	Eligibility criteria must continue to be met by the incumbent. Not applicable if this post is held by an employee.
Grounds for removal from office	The Medical Director shall cease to be eligible to be a member of the governing body where that person, during the term of office, fulfils the disqualification criteria set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012 or is no longer registered

Medical Director	
	with the General Medical Council. The removal from office would be dealt with in line with employment policies and procedures
Notice period	Not applicable as this post will be held by an employee.

Table 8

Executive Director of Nursing, Patient Safety and Quality	
Applications	Recruitment via open advert. Application on the basis of a person specification and job description.
Eligibility	Applicants must not be disqualified from being a Chief Nursing Officer of a Clinical commissioning group governing body or from membership of a Clinical commissioning group governing body under Clinical Commissioning Group regulations. Applicants must be registered with the Nursing and Midwifery Council.
Appointment Process	Appointment by a process to be determined by the Remuneration Committee (acting in its role as an Appointments Committee). The appointment process to include assessment and interview of the candidate(s) against agreed competency criteria by a suitably qualified panel.
Term of Office	Minimum of three years and maximum of four to ensure no more than 50% of governing body is replaced in a period of twelve months. Not applicable if this post is held by an employee.
Eligibility for reappointment	Eligibility criteria must continue to be met by the incumbent. Not applicable if this post is held by an employee.
Grounds for removal from office	The Chief Nursing Officer shall cease to be eligible to be a member of the governing body where that person, during the term of office, fulfils the disqualification criteria set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012 or is no longer registered with the Nursing and Midwifery Council. The removal from office would be dealt with in line with employment policies and procedures
Notice period	In the event of the Executive Director of Nursing, Patient Safety and Quality wishing to resign, they should give a minimum of 90 days' notice, in writing, addressed to the Accountable Officer.

Table 9

Secondary Care Specialist Doctor	
Applications	Recruitment via open advert. Application on the basis of a person specification and job description.
Eligibility	Applicants must not be disqualified from being a Secondary Care Specialist Doctor of a clinical commissioning group governing body or from membership of a clinical commissioning group governing body under Clinical Commissioning Group regulations
Appointment Process	Appointment by a process to be determined by the Remuneration Committee (acting in its role as an Appointments Committee). The process to include assessment and interview of the candidate(s) against agreed competency criteria by a suitably qualified panel.
Term of Office	Minimum of three years and maximum of four to ensure no more than 50% of governing body is replaced in a period of twelve months. Not applicable if this post is held by an employee.
Eligibility for reappointment	Eligibility criteria must continue to be met by the incumbent. Not applicable if this post is held by an employee.
Grounds for removal from office	The Secondary Care Specialist Doctor shall cease to be eligible to be a member of the governing body where that person, during the term of, office fulfils the disqualification criteria set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012 or is no longer registered with the General Medical Council.
Notice period	The Secondary Care Specialist Doctor will serve for the full term of office, unless removed from office or choosing to resign. In the event of the Secondary Care Doctor wishing to resign, they should give a minimum of 90 days' notice, in writing, addressed to the Chair of the CCG.

Table 10

Non-Clinical Primary Care Representative Members of Governing Body	
Applications	Recruitment via open advert. Application on the basis of a person specification and job description.
Eligibility	Applicants must not be disqualified from membership under Clinical Commissioning Group regulations. Applicants must be a Manager with current or recent experience in a CCG member practice, irrespective of contractual status.
Appointment Process	Appointment by a process to be determined by the Remuneration Committee (acting in its role as an Appointments Committee). The process to include a two stage selection process to include a formal expression of interest and a formal assessment of competencies and interview of the candidate(s) against agreed competency criteria by a suitably qualified panel. If there remains more than one suitable

Non-Clinical Primary Care Representative Members of Governing Body	
	candidate then an election by member practices will take place. The election will be conducted by the Local Medical Committee.
Term of Office	Minimum of three years and maximum of four to ensure no more than 50% of governing body is replaced in a period of twelve months.
Eligibility for reappointment	Eligibility criteria must continue to be met by the incumbent. If at the end of the term of office, there is another applicant or applicants for the post then the applications process and appointment process will be followed for all candidates, including the incumbent candidate. The CCG has the right to recall any Primary Care representative of the governing body following due process.
Grounds for removal from office	The Primary Care representative shall cease to be eligible to be a member of the governing body where that person, during the term of office, fulfils the disqualification criteria set out in The National Health Service (Clinical Commissioning Groups) Regulations 2012.
Notice period	The Primary Care representative member of the governing body will serve for the full term of office, unless removed from office or choosing to resign. In the event of the member wishing to resign, they should give a minimum of 90 days' notice, in writing, addressed to the Chair of the CCG.

2.4 The chair of the Governing Body and the assistant clinical chair

2.4.1 The individuals who are appointed to the positions of chair of the governing body and assistant clinical chair shall rotate between the two positions on an annual basis throughout the term of their appointment as members of the CCG's governing body.

2.4.2 The individuals holding the positions of chair of the governing body and the assistant clinical chair shall work together in order to ensure a smooth handover of responsibilities from one to the other every twelve months and minimise any disruption to the work of the governing body. The deputy chair of the governing body shall assist the individuals holding the positions of chair and assistant clinical chair to affect a smooth handover.

2.4.3 The individuals appointed to the positions of chair of the governing body and assistant clinical chair recognise that (between them) they need to provide:

i. strong leadership for the governing body; and

ii. a consistent policy direction for the CCG.

On each annual rotation, the individual assuming the role of the chair of the governing body shall therefore maintain the policy direction put in place by his / her predecessor (except where law or guidance dictates otherwise).

2.5 Removal of the Chair

2.5.1 The Chair of the Governing Body may be removed from office by a vote at a Commissioning Forum Meeting or other ordinary meeting of the membership if he or she:

i. Fails to meet 2012 Regulations for Governing Body membership;

ii. Breaches the Nolan principles;

iii. Becomes disqualified from office including no longer fulfilling the requirements of the role as set out in the CCG regulations or no longer meeting the general requirements for Governing Body members as set out in the CCG regulations;

iv. Does not attend the majority of meetings of the CCG, the Governing Body and/or the Executive Committee each year;

v. Fails to disclose a pecuniary interest regarding matters under discussion within the organisation;

vi. No longer enjoys the confidence of the CCG.

vii. Causes significant reputation damage to the group

3 MEETINGS OF THE GOVERNING BODY

The following procedures will apply to meetings of the governing body and will apply in principle to all committees and sub committees of the CCG and the governing body. The specific procedures of committees and sub-committees will be set out in their individual Terms of Reference.

3.1 Calling meetings

3.1.1 Ordinary meetings of the CCG shall be held at regular intervals at such times and places as the CCG may determine.

3.2 Agenda, supporting papers and business to be transacted

3.2.1 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 15 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 9 working days before the meeting takes place. The agenda and supporting papers will usually be circulated to all members of a meeting 5 working days before the date the meeting will take place and not less than 3 clear working days before the meeting, save in an emergency or in exceptional circumstances.

3.2.2 The agenda will be agreed between by the Chair and the accountable officer

3.2.3 Agendas and certain papers for the CCG's governing body – including details about meeting dates, times and venues - will be published on the CCG's website at www.newcastlegatesheadccg.nhs.uk.

3.3 Petitions

3.3.1 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 of the governing body.

3.4 Chair of a meeting

3.4.1 At any meeting of the CCG's governing body the chair of the governing body if any and if present, shall preside. If the chair is absent from the meeting, the assistant clinical chair, if any and if present, shall preside (save where the chair is absent on the grounds of a declared conflict of interest, in which case the deputy chair shall preside). If both the chair and the assistant clinical chair are absent from a meeting, the deputy chair shall preside.

3.4.2 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 a member of the governing body shall be chosen by the members present, or by a majority of them, and shall preside.

3.5 Chair's ruling

3.5.1 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.

3.6 Quorum

3.6.1 No business shall be transacted at the meeting unless at least one-third of the whole number of the Chair and members are present, including at least one independent member (from amongst the lay members and the secondary care specialist doctor) *and* one Primary Care Representative member *and* either the accountable officer or the chief finance and operating officer are present.

3.6.2 A member may, if the Chair agrees in advance of the meeting and in exceptional circumstances, participate in the meeting by way of tele-conferencing. In the exceptional circumstances of:

i. the chair participating by tele-conference, the assistant clinical chair will preside at the meeting;

ii. the chair and the assistant clinical chair participating by tele-conference, the deputy chair will preside at the meeting.

3.6.3 Representatives of members will count towards the quorum where the representative either has formal acting up status or has been agreed with the Chair as the member's representative in advance of the meeting.

3.6.4 If the quorum is lost due to a member or members being disqualified from taking part in a vote or discussion due to a declared interest the chair of the meeting will determine the action to be taken in accordance with the Constitution. Where a conflict of interest exists for GP practice members present at the meeting and they are unable to take part in decision making the quorum for transaction of that business will be a minimum of at least one lay member and either the Accountable Officer or Chief Finance Officer and at least one other member of the Board.

3.6.5 For all other of the CCG's committees and sub-committees, including 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

3.7 Decision making

3.7.1 Chapter 5 of the CCG'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 CCG's 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 below:

i. **Eligibility** – members of the governing body will be eligible to vote on the basis of one member one vote. Representatives of governing body members will be eligible to vote where the representative either has formal acting up status or has been agreed with the Chair as the member's representative in advance of the meeting

ii. **Form of vote** – at the discretion of the chair any question put to a vote shall be by oral expression or by a show hands, unless the Chair directs otherwise, or it is proposed, seconded and carried that a vote be taken by paper ballot.

iii. **Majority necessary to confirm a decision** – the decision will be determined by the majority of the votes cast by members present;

iv. **Casting vote** – in the case of an equal vote, the person presiding (i.e. the Chair of the meeting) will have a second, and casting vote

v. **Dissenting views** - members taking a dissenting view but losing a vote may have their dissent recorded in the minutes

3.7.2 Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

3.7.3 For all other of the CCG's committees and sub-committees, including the governing body's committees and sub-committee, the details of the process for holding a vote are set out in the appropriate terms of reference.

3.8 Emergency powers and urgent decisions

3.8.1 The powers which are reserved to the governing body within the scheme of delegation may in emergency or for an urgent decision be exercised by the Chair and the Accountable Officer after having consulted with at least two other members which will include one of the Lay members. The exercise of such powers by the Chair and the Accountable Officer shall be reported to the next formal meeting of the governing body in public session for formal ratification. If the exercise of the function

relates to a matter which is not in the public interest to be disclosed under SO paragraph 3.12 the exercise of the powers will be reported in private to the governing body.

3.9 Suspension of Standing Orders

3.9.1 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 at least two-thirds of the members are in agreement.

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

3.9.3 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.

3.10 Record of Attendance

3.10.1 The names of all members of the meeting present at the meeting shall be recorded in the minutes of the CCG's meetings. The names of all members of the governing body present shall be recorded in the minutes of the governing body meetings. The names of all members of the governing body's committees / sub-committees present shall be recorded in the minutes of the respective governing body committee / sub-committee meetings. The names of all Practice Representatives and the name of the Member practice they represent shall be recorded.

3.11 Minutes

3.11.1 The minutes of the proceedings of a meeting shall be drawn up by the nominated support and submitted for agreement at the next ensuing meeting where they will be confirmed as a true record of the meeting by the Chair and others present at the meeting for which the minutes have been presented.

3.11.2 The minutes of the governing body will be made available to the public on the CCG's website at www.newcastlegatesheadccg.nhs.uk and to members on the CCG's intranet for members. Minutes of the meetings/parts of meetings from which members of the public are excluded will not be made public.

3.12 Admission of public and the press

3.12.1 Admission and exclusion on grounds of confidentiality of business to be transacted

i. The public and representatives of the press may attend all meetings of the governing body, but shall be required to withdraw upon the governing body as follows:

a) 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', paragraph 8(3) of schedule 1A of the 2006 Act, as amended by the 2012 Act.
b) Guidance should be sought from the CCG's Freedom of Information Lead to ensure correct procedure is followed on matters to be included in the exclusion.

General disturbances

The Chair (or Deputy Chair if one has been appointed) or the person presiding over the meeting shall give such directions as he/she thinks 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 to complete its business without the presence of the public' (paragraph 8(3) of schedule 1A of the 2006 Act, as amended by the 2012 Act).

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

i. Matters to be dealt with by the governing body following the exclusion of representatives of the .press, and other members of the public, as provided in (i) and (ii) above, shall be confidential to the members of the governing body.

ii. 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 or its governing body. This prohibition shall apply equally to the content of any discussion during the governing body meeting which may take place on such reports or papers.

Use of Mechanical or Electrical Equipment for Recording or Transmission of Meetings

i. Nothing in these Standing Orders shall be construed as permitting the introduction by the public, or press representatives, of recording, transmitting, video or similar apparatus into meetings of the CCG or Committee thereof. Such permission shall be granted only upon resolution of the CCG or its governing body.

Observers at CCG meetings

i. The CCG or its governing body will decide what arrangements and terms and conditions it feels are appropriate to offer in extending an invitation to observers to attend and address any of the CCG's meetings and may change, alter or vary these terms and conditions as it deems fit.

4 APPOINTMENT OF COMMITTEES AND SUB-COMMITTEES

4.1 Appointment of committees and sub-committees

4.1.1 The CCG may appoint committees and sub-committees of the CCG, subject to any regulations made by the Secretary of State[26], and make provision for the appointment of committees and sub-committees of its governing body. Where such committees and sub-committees of the CCG, or committees and sub-committees of its governing body, are appointed they are included in Chapter 5 of the CCG's constitution.

4.1.2 Other than where there are statutory requirements, such as in relation to the governing body's audit committee or remuneration committee, the CCG shall determine the membership and terms of reference of committees and sub-committees and shall, if it requires, receive and consider reports of such committees at the next appropriate meeting of the CCG.

4.1.3 The provisions of these standing orders shall apply where relevant to the operation of the governing body, the governing body's committees and sub-committee and all committees and sub-committees unless stated otherwise in the committee or sub-committee's terms of reference.

4.2 Terms of Reference

4.2.1 Terms of reference shall be published separately and will form part of the CCG's governance framework. Such Terms of Reference will be available on the CCG's website.

4.3 Delegation of Powers by Committees to Sub-committees

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

4.4 Approval of Appointments to Committees and Sub-Committees

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

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[26] See section 14N of the 2006 Act, inserted by section 25 of the 2012 Act

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

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

6 USE OF SEAL AND AUTHORISATION OF DOCUMENTS

6.1 Clinical commissioning group's seal

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

i. the accountable officer;

ii. the chair of the governing body;

iii. the chief finance and operating officer;

iv. senior managers duly authorised by the accountable officer

6.2 Execution of a document by signature

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

i. the accountable officer

ii. the chair of the governing body

iii. the chief finance officer

iv. senior managers duly authorised by the accountable officer

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

7.1 Policy statements: general principles

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

Appendix 4: Operational Scheme of Delegation

1.1. Summary of areas covered

1.1.1 The report supports the CCG Constitution and Detailed Financial Policies, highlighting some specific aspects to give context to the more detailed issues which follow. The specific areas outlined are:

- Signing contracts
- Authorising invoices within the scope of agreed, signed contracts
- Authorising expenditure (via authorising purchase orders or non-purchase order invoices or other means) outside of agreed contracts
- Staff responsibilities within the Oracle financial ledger system to support the above.
- Delegated authority to NECS staff

1.2. CCG Constitution, Scheme of Reservation and Delegation (SoRD) and the Prime Financial Policies

1.2.1 The CCG constitution is supported by a Scheme of Reservation and Delegation (SoRD). This represents a high level presentation of the responsibilities which are either reserved by the members or delegated to the Governing Body, committees or individuals (specifically the Chief Officer and the Chief Finance and Operating Officer).

1.2.2 The CCG constitution is also supported by the Prime Financial Policies which identify the financial responsibilities which apply to everyone working for the CCG. They do not provide detailed procedural advice and so should be read in conjunction with the Detailed Financial Policies. In particular these include reference to internal control, expenditure and budgetary control, annual accounts, information technology, accounting systems, bank accounts and tendering and contracting procedure.

1.3. Detailed Financial Policies

1.3.1 The Prime Financial Policies are supported by Detailed Financial Policies which were first approved in January 2015 on the formation of NHS Newcastle Gateshead CCG. They are designed to ensure that the CCG's financial transactions are carried out in accordance with the law and with Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness.

1.3.2 In addition, the detailed financial policies require that the CCG has in place an operational scheme of delegation to clarify responsibilities/authorisation levels and to support day to day business.

1.3.3 Set out below are:

- A summary of the operational scheme of delegation and individual authorisation levels. Whilst individual post-holders are shown, if a post-holder leaves and a like-for-like replacement is made into that post, the same level of authorisation will be granted.
- Please note that the Case Managers/Care Co-ordinators have been given an approval level in Broadcare (our patient package database) commensurate with the average weekly cost of a standard CHC package. The Commissioning Manager MH, LD, Autism and Dementia and Head of CHC and Complex Care posts have been given Invoice/PO approval limits of £109k per annum specifically to authorise individual packages of care up to £2.1k per week. This level will be revised as the prevailing CHC rates change.
- Delegated limits for Executive Committee and Primary Care Commissioning Committee as well as individuals. The Committee will perform the governance and scrutiny function then an individual with the appropriate authorisation level can sign off the actual contract or contract variation.
- Since July 2016 all packages of care (CHC/s117 etc) over £104k in cost have been reviewed by Corporate Management Team (CMT) before approval. This is proposed to continue to allow an additional level of scrutiny to these high-cost packages.
- A schedule of CCG delegated limits for North of England Commissioning Support unit (NECS) for healthcare contracts.

1.3.4 Please also note that Finance staff in NECS have authorisation to approve and carry out journal transfers, moving budget or expenditure between financial codes within the CCG. It is a Service Audit requirement for NECS to send this to the CCG for review and amendment where appropriate on a quarterly basis.

1.3.5 The delegated levels will apply to posts and if staff in post change, the CCG Finance team will allocate the appropriate responsibility to new staff within the financial system.

Newcastle Gateshead Clinical Commissioning Group

			Authorisation Limits for Oracle			Authorisation Limits non Ledger			
			Invoice / PO approval limit	**Sales Order approval limit**	**Sales Credit memo limit**	**Broadcare package approval**	**Contract signature**	**Contract variations**	**Budget transfer**
POST	IN POST	GRADE	**£**	**£**	**£**	**£**	**£**	**£**	**£**
Portfolio Manager	SH	8a	10,000	0	0	0	0	0	0
Portfolio Manager	JA	8a	10,000	0	0	0	0	0	0
Portfolio Manager	CW	8a	10,000	0	0	0	0	0	0
Portfolio Manager	MM	8a	10,000	0	0	0	0	0	0
Portfolio Manager	KMcH	8a	10,000	0	0	0	0	0	0
Portfolio Manager	JH	8a	10,000	0	0	0	0	0	0
Portfolio Manager	PD	8a	10,000	0	0	0	0	0	0
Portfolio Manager - CYP & F	CH	8a	10,000	0	0	0	0	0	0
Contracts Manager	NS	8a	10,000	0	0	0	0	0	0
Finance Manager	LG	8a	10,000	0	0	0	0	0	100,000
Planning & Performance Manager	CD	8b	10,000	0	0	0	0	0	0
Service Reform Manager	MH	8b	10,000	0	0	0	0	0	0
PMO Manager	CK	8b	10,000	0	0	0	0	0	0
Medicines Optimisation Pharmacist	SL	8b	10,000	0	0	0	0	0	0
Medicines Optimisation Pharmacist	HW	8b	10,000	0	0	0	0	0	0
LD and Autism Co ordinator	RL	8a	10,000	0	0	47,500	0	0	0
Mental Health Co ordinator	EH	8a	10,000	0	0	47,500	0	0	0
Continuing Care Case Managers	various	6-7	0	0	0	47,500	0	0	0
Commissioning Manager MH, LD, Autism and Dementia	CR	8b	109,000	0	0	109,000	0	0	0
Lead Nurse	LB	8c	100,000	0	0	0	0	0	0
Head of Corporate Affairs	NH	8c	100,000	0	0	0	0	0	0
Head of Planning & OD	HB	8d	100,000	0	0	0	0	0	0
Head of Performance & Provider Management	CSm	8d	100,000	0	0	0	0	100,000	0
Head of CHC and Complex Care	AW	8d	109,000	0	0	109,000	0	0	0
Director of Quality Development	JY	director	250,000	0	0	250,000	250,000	250,000	250,000
Exec Director of Nursing, Patient Safety & Quality	CP	director	250,000	0	0	250,000	250,000	250,000	250,000
Medical Director	DS	director	250,000	0	0	250,000	250,000	250,000	250,000
Director for Gateshead System	LW	director	250,000	0	0	250,000	250,000	250,000	250,000
Director for Newcastle System	JC	director	250,000	0	0	250,000	250,000	250,000	250,000
Assistant Head of Finance (Projects)**	CSa	8c	1,000,000,000	999,999,999	-100,000	0	0	0	999,999,999
Assistant Head of Finance (Commissioning)**	PA	8c	1,000,000,000	999,999,999	-100,000	0	0	0	999,999,999
Head of Finance**	JMcG	8d	1,000,000,000	999,999,999	-999,999,999	0	0	0	999,999,999
Chief Finance & Operating Officer	JC		1,000,000,000	999,999,999	-999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
Chief Officer	MA		1,000,000,000	999,999,999	-999,999,999	999,999,999	999,999,999	999,999,999	999,999,999
Primary Care Committee			0	0	0	500,000	500,000	500,000	0
Executive Committee			0	0	0	2,000,000*	2,000,000*	2,000,000*	0
Governing Body			0	0	0	2,000,000+	2,000,000+	2,000,000+	0

* Contracts or contract variations are only required to be taken to Executive Committee if they exceed £100,000 (or £500,000 if they have been to Primary Care Committee)

** In an acting up capacity

CCG delegated limits to NECS for healthcare contracts – 2019/20

The proposed scheme of delegations for the following key areas is as follows:

Contract Type	Signed contract by CCG	Authorisation of requisition / receipting of service monthly	Contract Over / Under Performance
Acute/ Community/Mental Health/999 / PTS	Yes - Signed standard NHS contract in place, including agreed monthly payment profile	All requisitions relating to the monthly contract value can be processed by contract manager in line with rules identified in ISFE.	Authorisation from CCG required for invoices/credits for over/underperformance Where a service is currently not commissioned from the provider a variation, authorised by the CCG is required. Any new contracts must be authorised by the CCG.
AQP	Yes - Signed standard NHS contract is in place with zero activity and financial value	All requisitions can be processed by contract manager in line with rules as identified in the ISFE. This does not require additional authorisation from CCG.	NECS can authorise additional payment / credit up to the overall monthly budget agreed by CCG. Budgets will be reviewed throughout the year and reset where appropriate. If budget is exceeded, CCG approval will be required for payment above 2% or £10,000 whichever is the lowest for each service line ie AQP Adult Hearing (not at provider level)
NCA including PTS NCA	No signed contract in place.	Requisition not required.	NECS can authorise additional payment / credit up to the overall budget agreed by the CCG. Budgets will be reviewed throughout the

Contract Type	Signed contract by CCG	Authorisation of requisition / receipting of service monthly	Contract Over / Under Performance
(all other PTS will be covered above)			year and reset where appropriate. NCAs with an individual value above £10,000 will require CCG approval. Individual charges below £1,000 may not be checked and processed. Emergency Air ambulances/decompression chambers above £10,000 will require CCG approval. PTS air ambulance/transport above £10,000 will require CCG approval.
Enhanced Services	Yes – signed enhanced service agreement in place	All requisitions can be processed by contract manager in line with rules identified in ISFE, no additional authorisation from CCG required.	NECS can authorise additional payment / credit up to the overall monthly budget agreed by CCG. Budgets will be reviewed monthly and reset where appropriate. If budget is exceeded, CCG approval will be required for payment above £10,000 for each service line ie minor aliments (not at provider level)
Continuing Healthcare Agreement	No	All requisitions require authorisation from CCG.	N/A

Contract Type	Signed contract by CCG	Authorisation of requisition / receipting of service monthly	Contract Over / Under Performance
s			
Other Packages of Care – S117/Shared Care/ Mental Health	Varies	All requisitions require authorisation from CCG.	N/A
LA Agreements	Yes – Joint Commissioning s256 in draft, s75 under negotiation	All requisitions can be processed by contract manager in line with rules as identified in the ISFE once the S256/S75 agreements have been signed by the CCG.	No payments beyond signed s256/s75 agreements to be authorised by NECS without agreement by the CCG.
LA Agreements - BCF	Yes - s75 under negotiation	All requisitions can be processed by contract manager in line with rules as identified in the ISFE. This	NECS can raise a PO in line with agreed s75 agreement for Newcastle and Gateshead LAs. No payments in excess of this can be authorised by NECS.

Contract Type	Signed contract by CCG	Authorisation of requisition / receipting of service monthly	Contract Over / Under Performance
		does not require additional authorisation from CCG.	