NHS Norfolk & Waveney
CLINICAL COMMISSIONING GROUP

CONSTITUTION

NHS Norfolk and Waveney Clinical Commissioning Group Constitution

Version	Effective Date
V1	1st April 2020

CONTENTS

1 Introduction

1.1 Name

The name of this clinical commissioning group is NHS Norfolk & Waveney 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) Health services for children and young people with Special Educational Needs and Disability (SEND, under the Children and Families Act 2014 and associated guidance);
f) Equality, including the public-sector equality duty (under the Equality Act 2010); and
g) 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 2020.

1.3.2 Changes to this constitution are effective from 1 April 2020.

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

1.4 Amendment and Variation of this Constitution

1.4.1 This constitution can only be varied in two circumstances.

a) where the CCG applies to NHS England and that application is granted; and

b) where in the circumstances set out in legislation NHS England varies the constitution other than on application by the CCG.

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

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

1.4.3 Before any amendments can be approved under Clause 1.4.2, above, the proposed amendments must be provided to all Member Practices, via Practice Managers with a period of twenty-one days from the date the amendments are sent in which Member Practices can respond with any comments on the amendments. Any comments provided by Member Practices must be provided to the Governing Body in writing before the meeting at which the amendments proposed are to be considered.

1.5 Related documents

1.5.1 This Constitution is 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 Delegated Limits (sections a and b below), these documents do not form part of the Constitution for the purposes of 1.4 above. They are the CCG's:

a) **Standing orders (Appendix 3) –** 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) **Delegated Limits (Appendix 4) –** which set out the delegated limits for financial commitments on behalf of the CCG.

c) **The CCG Governance Handbook –** which includes:

- Standards of Business Conduct Policy – which includes the arrangements the CCG has made for the management of conflicts of interest;
- Committee terms of reference (excluding Audit, remuneration and primary care commissioning committee which are included in this constitution);
- Detailed Scheme of Reservation and Delegation (DSoRD) - 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
- Prime financial policies **–** which set out the arrangements for managing the CCG's financial affairs.

1.6 Accountability and transparency

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

a) publish our constitution and other key documents including;
   - CCG Governance Handbook
   - Procurement Strategy;

b) appoint independent lay members and non-GP clinicians to our Governing Body;

c) manage actual or potential conflicts of interest in line with NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* and expected standards of good practice (see also part 6 of this constitution);

d) hold Governing Body meetings in public (except where we believe that it would not be in the public interest);

e) publish an annual commissioning strategy that takes account of priorities in the health and wellbeing strategy;

f) procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;
g) involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG's Communication and Engagement Strategy which can be found at www.norfolkandwaveneyccg.nhs.uk
h) When discharging its duties under section 14Z2, the CCG will ensure that it is open, has early and active public involvement and is fair and non- discriminatory.
i) comply with local authority health overview and scrutiny requirements;
j) meet annually in public to present an annual report which is then published;
k) produce annual accounts which are externally audited;
l) publish a clear complaints process;
m) comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the CCG;
n) provide information to NHS England as required; and
o) be an active member of the local Health and Wellbeing Board.

1.6.2 In addition to these statutory requirements, the CCG will demonstrate its accountability by publishing a range of documents and information on its website at www.norfolkandwaveneyccg.nhs.uk This includes:

a) The CCG's key policies and procedures;

b) Annual reports, which include governance statements;

c) Annual Audit Reports;

d) Minutes and papers of public meetings of the Governing Body and Primary Care Commissioning Committee;

e) Annual Equality Assurance Reports, demonstrating how the CCG meets the Public Sector Equality Duty of the Equality Act 2010;

f) Annual Engagement Reports, demonstrating how patient and public engagement has informed our commissioning activity each year;

g) Annual Research Reports;

h) Details of the CCG's strategies and plans;

i) Details of all expenditure over £25,000;

j) Register of declared interests;

k) Gifts and Hospitality Register;

l) Register of conflict of interest breaches (if applicable);

m) Freedom of Information requests; and

n) Register of procurement decisions.

1.7 Liability and Indemnity

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

No Member Practice or former Member Practice, nor any person who is at any time a proprietor, officer or employee of any Member Practice or former Member Practice, 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.

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

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

1.8 PMS Monies

Subject to complying with NHS statutory duties, the PMS Monies are ring fenced and form part of the core funding of general practice in each Locality in which they were generated and will continue to be available for reinvestment for this Locality.

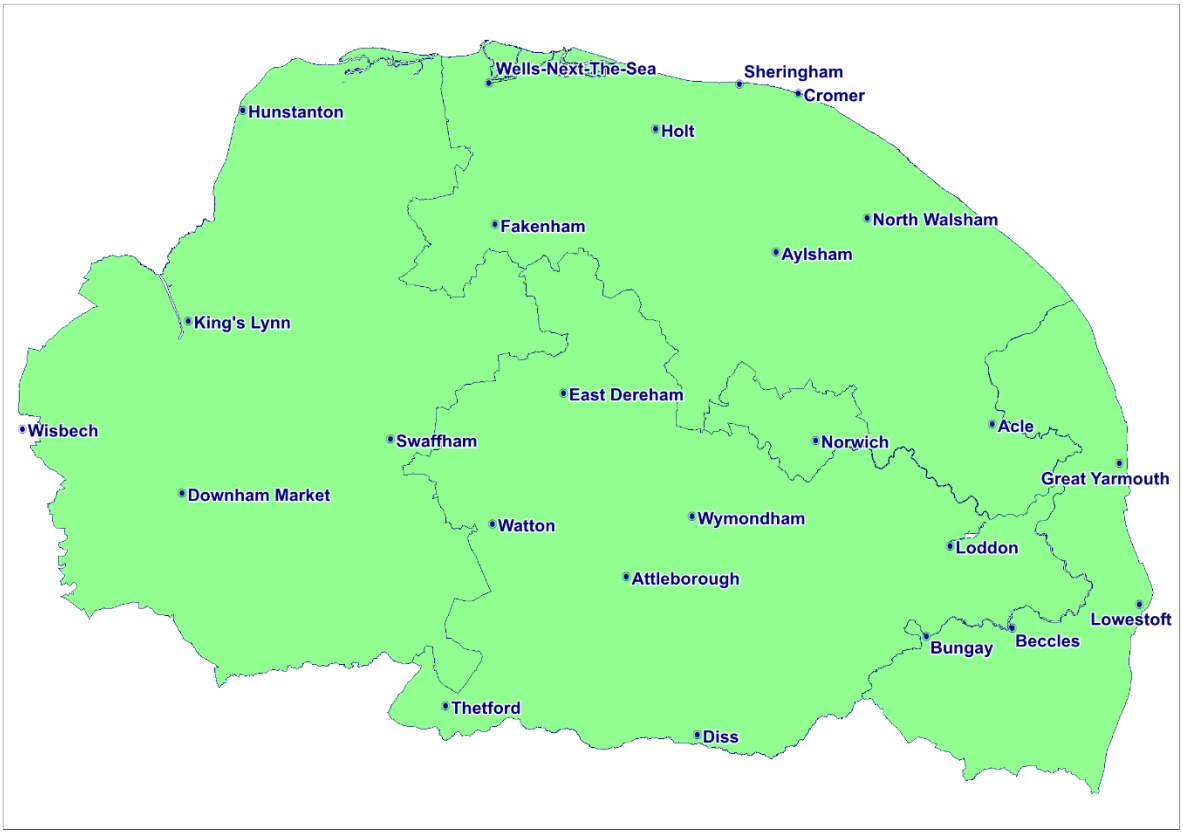
1.9 LMC and CCG Engagement

1.9.1 The CCG will engage with the Norfolk and Waveney Local Medical Committee, as statutory representative of General Practitioners. The CCG and the LMC have prepared an agreement, to define the terms of this engagement. The detail of this agreement is appended to the Constitution at Appendix 5.

2 Area Covered by the CCG

2.1.1 The area covered by the CCG is the area known as Norfolk and Waveney set out in the map below. The CCG is fully coterminous with Norfolk

County Council. In Suffolk County Council the CCG covers the LSOAs set out in Appendix 7.



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.

Acle Medical Partnership	Bridewell Lane, Acle, Norwich, NR13 3RA
Aldborough Surgery	Chapel Road, Aldborough, NR11 7NP
Alexandra Road / Crestview	Alexandra Road Surgery, Alexandra Road, Lowestoft, NR32 1PL
Andaman Surgery	303 Long Road, Lowestoft, NR33 9DF

Attleborough Surgeries	Station Road Surgery, Station Road, Attleborough, NR17 2AS
Bacon Road Medical Centre	16 Bacon Road, Norwich, NR2 3QX
The Beaches Medical Centre	Sussex Road, Gorleston, Great Yarmouth, NR31 6QB
Beccles Medical Centre	St Marys Road, Beccles, NR34 9NX
Beechcroft & Old Palace Surgery	23 Beechcroft, Three Mile Lane, New Costessey, Norwich NR5 0RS
Birchwood Surgery	Park Lane, North Walsham, NR28 0BQ
Blofield Surgery	Plantation Road, Blofield, Norwich, NR13 4PL
Boughton Surgery	Chapel Road, Boughton, King's Lynn, PE33 9AG
Bridge Road Surgery	1a Bridge Road, Oulton Broad, NR32 3LJ
Bridge Street Surgery	30-32 Bridge Street, Downham Market, PE38 9DH
Brundall Medical Centre	The Dales, Brundall, Norwich, NR13 5RP
Bungay Medical Centre	28 St Johns Road, Bungay, NR35 1LP
Burnham Market Surgery	Church Walk, Burnham Market, PE31 8DH
Campingland Surgery	Beech Close, Swaffham, PE37 7RD
Castle Partnership	Mile End Road Surgery, 29 Mile End Road, Norwich, Norfolk, NR4 7QX
Chet Valley Medical Practice	George House, 40-48 George Lane, Loddon, Norwich NR14 6QH
Church Hill Surgery	Station Road, Pulham Market, IP21 4TX
Coastal Villages Practice	Ormesby Surgery, Pippin Close, Ormesby St Margaret, NR29 3RW
Coltishall Medical Practice	Coltishall Surgery, St. John's Close, Coltishall, NR12 7HA
Cromer Group Practice	Mill Road, Cromer, NR27 0BG
Cutlers Hill Surgery	Bungay Road, Halesworth, IP19 8SG
Drayton Medical Practice	Drayton Surgery, Manor Farm Close, School Road, Drayton Norwich, NR8 6EE
East Harling & Kenninghall Medical Practice	The Surgery, Market Street, East Harling, Norwich NR16 2AD
East Norfolk Medical Practice	Newtown Surgery, 147 Lawn Avenue, Great Yarmouth, NR30 1QP
East Norwich Medical Partnership	St. Williams Way, Thorpe St. Andrew, Norwich, NR7 0AJ
Elmham Surgery	Holt Road, North Elmham, Dereham, NR20 5JS
Fakenham Medical Practice	Meditrina House, Trinity Road, Fakenham, NR21 8SY
Feltwell Surgery	Old Brandon Road, Feltwell, Thetford, IP26 4AY
Fleggburgh Surgery	Mill Lane, Fleggburgh, Great Yarmouth, NR29 3AW
Great Massingham Surgery	The Surgery, Station Road, Great Massingham, King's Lynn, PE32 2JQ
Grimston Medical Centre	Congham Road, Grimston, King’s Lynn, PE32 1DW
Grove Surgery	Grove Lane, Thetford, IP24 2HY
Harleston Medical Practice	Bullock Fair Surgery, Bullock Fair Close, Harleston, IP20 9AT
Heacham Group Practice	45 Station Road, Heacham, Kings Lynn, PE31 7EX

Heathgate Medical Practice	Heathgate Surgery, The Street, Poringland, Norwich, NR14 7JT
Hellesdon Medical Practice	343 Reepham Road, Hellesdon, Norwich, NR6 5QJ
High Street Surgery	High Street, Lowestoft, NR32 1JE
Hingham Surgery	26-28 Hardingham Street, Hingham, Norwich, NR9 4JB
The Hollies Surgery, Vida Healthcare	Paradise Road, Downham Market, PE38 9JE
Holt Medical Practice	Kelling Hospital, Old Cromer Road, High Kelling, Holt, NR25 6QA
Hoveton & Wroxham Medical Centre	Stalham Road, Hoveton, Norwich, NR12 8DU
Howdale Surgery	Howdale Road, Downham Market, PE38 9AF
Humbleyard Practice	Cringleford Surgery, Cantley Lane, Cringleford, Norwich NR4 6TA
Kirkley Mill Health Centre	Clifton Road, Lowestoft, NR33 0HF
Lakenham Surgery	1 Ninham Street, Norwich, NR1 3JJ
Lawns Medical Practice	Mount Street, Diss, IP22 4WG
Lawson Road Surgery	Lawson Road, Norwich, NR3 4LE
Lionwood Practice	30a Wellesley Avenue North, Norwich, NR1 4NU
Litcham Health Centre	Manor Drive, Kings Lynn, PE32 2NW
Longshore Surgery	Kessingland Surgery, Field Lane, Kessingland, NR33 7QA
Long Stratton Medical Partnership	Swan Lane Surgery, Swan Lane, Tharston, NR15 2UY
Ludham and Staltham Green Surgeries	Ludham Surgery, Staithe Road, Ludham, NR29 5AB
Magdalen Medical Practice	Lawson Road, Norwich, NR3 4LF
Manor Farm Medical Centre	Mangate Street, Swaffham, PE37 7QN
The Market Surgery, Aylsham	26 Norwich Road, Aylsham, NR11 6BW
Mattishall Surgery	15 Dereham Road, Mattishall, East Dereham, NR20 3QA
Millwood Partnership	Millwood Surgery, Mill Lane, Bradwell, Great Yarmouth, NR31 8HS
Mundesley Medical Centre	Munhaven Close, Mundesley, NR11 8AR
Nelson Medical Centre	Pasteur Road, Great Yarmouth, NR31 0DW
Norwich Practices Health Centre	Rouen House, Rouen Road, Norwich, NR1 1RB
Oak Street Medical Practice	Oak Street, Norwich, NR3 3DL

Old Catton Medical Practice	55 Lodge Lane, Old Catton, Norwich, NR6 7HQ
Old Mill & Millgates Medical Practice	Old Mill Surgery, Hardley Road, Poringland, Norwich, NR14 7FA
Orchard Surgery	Commercial Road, East Dereham, NR19 1AE
Parish Fields	Health Centre, Mount Street, Diss, IP22 4WG
Park Surgery	4 Alexandra Road, Great Yarmouth, NR30 2HW
Paston Surgery	9-11 Park Lane, North Walsham, NR28 0BQ
Plowright Medical Centre	1 Jack Boddy Way, Swaffham, PE37 7HJ
Prospect Medical Practice	95 Aylsham Road, Norwich, NR3 2HW
Rosedale Surgery	Ashburnham Way, Lowestoft, NR33 8LG
Reepham & Aylsham Medical Practice	60 Hungate Street, Aylsham, NR11 6AA
Roundwell Medical Centre	25-27 Dr Torrens Way, Costessey, Norwich, NR5 0GB
School Lane Surgery	The Surgery, School Lane, Thetford, IP24 2AG
School Lane Surgery PMS	The Surgery, School Lane, Thetford, IP24 2AG
Shipdham Surgery	Chapel Street, Shipdham, Thetford, IP25 7LA
Sole Bay Health Centre	Teal Close, Reydon, Southwold, IP18 6GY
Southgates Medical & Surgical Centre	41 Goodwins Road, King's Lynn, PE30 5QX
St Clement’s Surgery	Churchgate Way, Terrington St Clement, Kings Lynn, PE34 4LZ
St James' Medical Practice	County Court Road, King’s Lynn, PE30 5SY
St Stephens Gate Medical Partnership	55 Wessex Street, Norwich, NR2 2TJ
Sheringham Medical Practice	Cromer Road, Sheringham, NR26 8RT
Stalham Staithe Surgery	Lower Staithe Road, Stalham, NR12 9BU
Taverham Partnership	Sandy Lane, Taverham, Norwich, NR8 6JR
Terrington St John’s Surgery First Health	St John's Surgery, Main Road, Terrington St John, Wisbech, PE14 7RR
Theatre Royal Surgery	27 Theatre Street, Dereham, NR19 2EN
Thorpewood Medical Group	Woodside Road, Thorpe St Andrew, Norwich, NR7 9QL

Toftwood Medical Centre	2 Chapel Lane, Dereham, NR19 1LD
Trinity and Bowthorpe Medical Practice	Trinity Street Surgery, 1 Trinity Street, Norwich, NR2 2BQ
UEA Medical Centre	University of East Anglia, Earlham Road, Norwich, NR4 7TJ
Upwell Health Centre	Townley Close, Upwell, Wisbech, PE14 9BT
Victoria Road Surgery	82 Victoria Road,Oulton Broad, Lowestoft, NR33 9LU
Vida Healthcare	Gayton Road Health Centre, Gayton Road, King's Lynn, PE30 4DY
Watlington Medical Centre	Rowan Close, Watlington, King's Lynn, PE33 0TU
Watton Medical Practice	24 Gregor Shanks Way, Watton, Thetford, IP25 6FA
Wells Health Centre	Bolts Close, Wells-next-the-Sea, NR23 1JP
Wensum Valley Medical Practice	Earlham West Centre, Norwich, NR5 8AD
West Pottergate Medical Practice	The Health Centre, West Pottergate, Earlham Road, Norwich NR2 4BX
Windmill Surgery	London Road, Wymondham, NR18 0AF
Woodcock Road Surgery	29 Woodcock Road, Norwich, NR3 3UA
Woottons' Surgery	Spring Cottage,Priory Lane, North Wootton, King's Lynn PE30 3PT
Wymondham Medical Partnership	Postmill Close, Wymondham, NR18 0RF

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 Member Practice Rights

3.4.1 Member Practices have the following rights and obligations:

- Calling a Council of Members meeting in accordance with section 3.3.3 of the Standing Orders;
- Attending and contributing to the Council of Members meetings, please refer to the Standing Orders;
- A Healthcare Professional of any Member Practice to put themselves forward for election to the Governing Body;
- A Healthcare Professional of any Member Practice to put themselves forward to be a Member Practice Representative or a Nominated Practice Representative.
- On occasions when the Governing Body defer to the membership in accordance with section 1.4. Approval on changes to the CCG's constitution.
- Support the CCG in taking forward plans to develop and improve primary care services within the geographical area covered by the CCG;
- Hold the Governing Body to account for delivery of its functions, duties duty and roles;
- Receive the CCG's Annual Report and Accounts.
- Subject to regulatory requirements, approval of arrangements for:

a) Appointment and removal of Healthcare Professionals from Member Practices to represent the CCG's membership on the Governing Body;

3.5 Members' Meetings

3.5.1 The CCG has established a Council of Members to ensure that membership engagement, involvement and communications is effective and appropriately maintained.

3.5.2 The procedures for the Council of Members is covered by the Standing Orders.

3.6 Member Practice Representatives

3.6.1 Each Member Practice has a nominated lead Healthcare Professional who represents the practice in its dealings with the CCG.

3.6.2 A Member Practice Representative represents their practice's views and act on behalf of the practice in matters relating to the CCG. The role of each Member Practice Representative is to:

a) Represent their Member Practice's views by working with GPs and other practice staff so that the views of the Member practice as a whole are obtained and fed in to discussions;
b) Act on behalf of their Member Practice in all aspects of the CCG's commissioning activities;
c) Enable and facilitate communications between the Member Practice and the CCG;
d) Receives the vote on behalf of their Practice in any election of Healthcare Professional members on the Governing Body;
e) Selects the Nominated Practice representative on behalf of their Locality.

3.7 Nominated Practice Representatives

3.7.1 Nominated Practice Representatives will be selected by Member Practices from the pool of Member Practice Representatives in their Locality. Each Locality will choose four Nominated Practice Representatives to represent them on the Council of Members. A Nominated Practice Representative cannot be a Governing Body member.

3.7.2 The role of a Nominated Practice Representative is to:

a) Represent their Locality's views by working with Member Practice Representatives, GPs and other practice staff so that the views of the Member Practices as a whole in their Locality are obtained and represented at the Council of Members;
b) Act on behalf of their Locality in all aspects of the CCG's commissioning activities;
c) Enable and facilitate communications between their Locality and the CCG;

4 Arrangements for the Exercise of our Functions

4.1 Good Governance

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

a) The highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;

b) *The Good Governance Standard for Public Services*;[1]

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[1] *The Good Governance Standard for Public Services*, The Independent Commission on Good Governance in Public Services, Office of Public Management (OPM) and The Chartered Institute of Public Finance & Accountability (CIPFA), 2004

c) The standards of behaviour first published by the *Committee on Standards in Public Life (1995),* revised by Standards matter: A review of best practice in promoting good behavior in public life (2013) known as the 'Nolan Principles'

d) The seven key principles of the *NHS Constitution*;

e) The Equality Act 2010; and

f) The Standards for Members of NHS Boards and Governing Bodies in England[2].

4.2 General

4.2.1 The CCG will:

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

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

4.3 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;

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2 Professional Standards Authority, November 2012

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[i]

5.1.1 The CCG has agreed an overarching scheme of reservation and delegation (OSoRD) which is attached at appendix 6 to this Constitution. This OSoRD forms part of this Constitution. There is also a detailed scheme of reservation and delegation which is included in the Governance Handbook.

5.1.2 The CCG's OSoRD sets out:

a) those decisions that are reserved for the membership as a whole; and
b) those decisions that have been delegated to the CCG,'s Governing Body and its Committees, Sub-Committees, Joint Committees and employees.

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

5.2 Standing Orders

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

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

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

5.3 Standing Financial Instructions (SFIs)

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

5.3.2 A copy if the Delegated Limits is included at Appendix 4 and form 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.

5.4.2 The CCG has also delegated all functions to the Governing Body except for those set out in section 3.4 which are reserved to the Members. These are also are also set out in the OSoRD. Any delegated functions must be exercised within the procedural framework established by the CCG and primarily set out in the Standing Orders and SFIs.

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

5.5 Composition of the Governing Body

5.5.1 This part of the constitution describes the make-up of the Governing Body roles. Further information about the individuals who fulfil these roles can be found on our website www.norfolkandwaveneyccg.nhs.uk

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

a) The Chair (who will be one of the Healthcare Professionals drawn from Member Practices.)

b) The Accountable Officer

c) The Chief Finance Officer

d) A Secondary Care Specialist;

e) A registered nurse

f) Two lay members:

- one who has qualifications expertise or experience to enable them to lead on financial management and audit matters and is the chair of the Audit Committee; and another who

- has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions

5.5.3 The CCG has agreed the following additional members:

a) A third lay member who leads on primary care and who is the chair of the Primary Care Commissioning Committee;

b) A fourth lay member who leads on financial performance and who is the chair of the Finance Committee and is the vice chair of the Primary Care Commissioning Committee;

c) Four Healthcare Professionals drawn from Member Practices. For the avoidance of doubt there will be five healthcare professionals drawn from member practice in total, including the Chair.

5.6 Additional Attendees at the Governing Body Meetings

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

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

a) Chief Nurse (for the avoidance of doubt this is a different role to the Registered Nurse on the Governing Body);

b) Director of Strategic Commissioning;

c) Localities Director South Norfolk, North Norfolk and Norwich;

d) Locality Director Great Yarmouth & Waveney;

e) Locality Director West Norfolk.

5.7 Appointments to the Governing Body

5.7.1 The process of appointing GPs or other Health Care Professionals from Member Practices 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.

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

5.8 Committees and Sub-Committees

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

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

5.8.3 Each Committee and Sub-Committee established by either the CCG or the Governing Body operates under terms of reference and membership agreed by the CCG or Governing Body as relevant. Appropriate reporting and assurance mechanisms must be developed as part of agreeing terms of reference for Committees and Sub-Committees.

5.8.4 With the exception of the Remuneration Committee, any Committee or Sub-Committee established in accordance with clause 6.8 may consist of or include persons other than Members or employees of the CCG.

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

5.9 Committees of the Governing Body

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

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

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

5.9.4 **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.

5.9.5 The CCG has also delegated additional functions to the Committee as set out in the Terms of reference at appendix 2 including the review and determination of the terms of service for elected Governing Body members.

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

5.9.7 **Primary Care Commissioning Committee**[ii] 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.

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

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

5.9.10 The Governing Body has also established a number of other Committees to assist it with the discharge of its functions. These Committees are set out in the OSoRD and further information about these Committees, including terms of reference, are published in the CCG's Governance Handbook, which can found at www.norfolkandwaveneyccg.nhs.uk

5.10 Collaborative Commissioning Arrangements

5.10.1 The CCG wishes to work collaboratively with its partner organisations in order to assist it with meeting its statutory duties, particularly those relating to integration. The following provisions set out the framework that will apply to such arrangements.

5.10.2 In addition to the formal joint working mechanisms envisaged below, the Governing Body may enter into strategic or other transformation discussions with its partner organisations, on behalf of the CCG.

5.10.3 The Governing Body must ensure that appropriate reporting and assurance mechanisms are developed as part of any partnership or other collaborative arrangements. This will include:

a) reporting arrangements to the Governing Body, at appropriate intervals;

b) engagement events or other review sessions to consider the aims, objectives, strategy and progress of the arrangements; and

c) progress reporting against identified objectives.

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

a) identify the roles and responsibilities of those CCGs or other partner organisations that have agreed to work together and, if formal joint working is being used, the legal basis for such arrangements;

b) specify how performance will be monitored and assurance provided to the Governing Body on the discharge of responsibilities, so as to enable the Governing Body to have appropriate oversight as to how system integration and strategic intentions are being implemented;

c) set out any financial arrangements that have been agreed in relation to the collaborative arrangements, including identifying any pooled budgets and how these will be managed and reported in annual accounts;

d) specify under which of the CCG's supporting policies the collaborative working arrangements will operate;

e) specify how the risks associated with the collaborative working arrangement will be managed and apportioned between the respective parties;

f) set out how contributions from the parties, including details around assets, employees and equipment to be used, will be agreed and managed;

g) identify how disputes will be resolved and the steps required to safely terminate the working arrangements;

h) specify how decisions are communicated to the collaborative partners.

5.11 Joint Commissioning Arrangements with Local Authority Partners

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

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

a) Delegating specified commissioning functions to the Local Authority;

b) Exercising specified commissioning functions jointly with the Local Authority;

c) Exercising any specified health -related functions on behalf of the Local Authority.

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

a) agree formal and legal arrangements to make payments to, or receive payments from, the Local Authority, or pool funds for the purpose of joint commissioning;

b) make the services of its employees or any other resources available to the Local Authority; and

c) receive the services of the employees or the resources from the Local Authority.

d) where the Governing Body makes an agreement with one or more Local Authority as described above, the agreement will set out the arrangements for joint working, including details of:

- how the parties will work together to carry out their commissioning functions;
- the duties and responsibilities of the parties, and the legal basis for such arrangements;
- how risk will be managed and apportioned between the parties;
- financial arrangements, including payments towards a pooled fund and management of that fund;
- contributions from each party, including details of any assets, employees and equipment to be used under the joint working arrangements; and
- the liability of the CCG to carry out its functions, notwithstanding any joint arrangements entered into.

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

5.12 Joint Commissioning Arrangements – Other CCGs

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

5.12.2 The CCG delegates its powers and duties under 5.12 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.

5.12.3 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.

5.12.4 For the purposes of the arrangements described at 5.12.3, 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.

5.12.5 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.

5.12.6 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 5.12.3 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.

5.12.7 Where the CCG makes arrangements with another CCG as described at paragraph 5.12.3 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.

5.12.8 The responsibility of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph [5.12.3 above.

5.12.9 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.12.1 above.

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

5.12.11 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.

5.12.12 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 (or a shorter mutually agreed) period 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 (or the shorter mutually agreed) period.

5.13 Joint Commissioning Arrangements with NHS England

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

5.13.2 The CCG delegates its powers and duties under 5.13 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.

5.13.3 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.

5.13.4 The arrangements referred to in paragraph 5.13.3 above may include other CCGs, a combined authority or a local authority.

5.13.5 Where joint commissioning arrangements pursuant to 5.13.3 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.

5.13.6 Arrangements made pursuant to 5.13.3 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

5.13.7 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 5.13.3 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.

5.13.8 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 5.13.3 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 5.13.

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

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

5.13.11 The Governing Body of the CCG 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.

5.13.12 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 (or a shorter mutually agreed period) 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 (or a shorter mutually agreed 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. These can be found at www.norfolkandwaveneyccg.nhs.uk

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 Chair of the Audit Committee 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 offices detailed at the back of this constitution upon request.

6.2.3 All relevant persons for the purposes of NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.

6.2.4 The CCG will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually. All persons

required to, must declare any interests as soon as reasonably practicable and by law within 28 days after the interest arises.

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

6.2.6 Activities funded in whole or in part by 3rd parties who may have an interest in CCG business such as sponsored events, posts and research will be managed in accordance with the CCG policy to ensure transparency and that any potential for conflicts of interest are well-managed.

6.3 Training in Relation to Conflicts of Interest

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

6.4 Standards of Business Conduct

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

a) act in good faith and in the interests of the CCG;

b) follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles);

c) comply with the standards set out in the Professional Standards Authority guidance - *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England; and*

d) comply with the CCG's Standards of Business Conduct, including the requirements set out in the policy for managing conflicts of interest which is available on the CCG's website and will be made available on request.

6.4.2 Individuals contracted to work on behalf of the CCG or otherwise providing services or facilities to the CCG will be made aware of their obligation with regard to declaring conflicts or potential conflicts of

interest. This requirement will be written into their contract for services and is also outlined in the CCG's Standards of Business Conduct policy.

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 or other Health Care Professional member from a Member Practice 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.

Locality	One of the five CCG Areas in Norfolk and Waveney pre 1 April 2020 as set out in the map at section 3.1 of the Standing Orders at Appendix 3.
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
EMT	The CCG's Executive Management Team, consisting of Chief Officer, Chief Finance Officer, Chief Nurse and Directors.
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.

The lay member with a lead role in overseeing financial management and audit	A Lay Member who has qualifications expertise or experience to enable them to lead on finance and audit matters.
Lay Member with a lead role in championing patient and public involvement	A Lay Member who has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions
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.
Nominated Practice Representative	Member practices will appoint four Healthcare professionals per Locality to act on their behalf at the Council of Members.
PMS Monies	The PMS premium released as a result of the NHS England review of General Medical Services (GMS) and

	Personal Medical Services (PMS) contracts concluded in 2015.
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

Governing Body's

Audit Committee

Revision History

Revision Date	Summary of changes	Author(s)	Version Number

Approvals
This document has been approved by:

Approval Date	Summary of changes	Author(s)	Version Number

Audit Committee – Terms of Reference

1. Introduction

1.1. The Audit Committee ("the Audit Committee") is established in accordance with the CCG's constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Audit Committee and shall have effect as if incorporated into the CCG's constitution.

1.2. The Committee is authorised by the Governing Body to act within its terms of reference. All members and employees of the CCG are directed to co-operate with any request made by the committee.

2. Membership of the Audit Committee

2.1. The Audit Committee shall be appointed by the Governing Body as set out in the CCG's constitution and may include individuals who are not on the Governing Body.

2.2. The lay member on the Governing Body, who has qualifications expertise or experience to enable them to lead on financial management and audit matters will chair the audit committee for the length of their tenure as lay member on the Governing Body. In the event of the chair of the audit committee being unable to attend all or part of the meeting he or she will nominate a replacement from within the membership to deputise for that meeting.

2.3. The Chair of the CCG Governing Body will not be a member of the committee.

The Committee is comprised of:

2.3.1. The lay member with a lead role in overseeing financial management and audit who is chair of the committee;

2.3.2. The lay member with a lead role in championing patient and public involvement;

2.3.3. The lay member who leads on financial performance;

2.3.4. A Healthcare Professional Governing Body member drawn from Member Practices.

2.4. Appointment to the Committee will be selected by the Governing Body.

3. Attendance

3.1. The Chief Finance Officer and Associate Director of Corporate Affairs and ICS Development as well as appropriate Internal and External Audit representatives shall normally attend meetings.

3.2. At least once a year the Audit Committee should meet privately with the external and internal auditors.

3.3. Representatives from local counter fraud and security management (NHS Protect) may be invited to attend meetings and will normally attend at least one meeting each year. Regardless of attendance, external audit, internal audit, local counter fraud and security management (NHS Protect) providers will have full and unrestricted rights of access to the audit committee.

3.4. The Accountable Officer should be invited to attend and discuss, at least annually with the Audit Committee, the process for assurance that supports the Annual Governance Statement.

3.5. Any other directors or appropriate representatives may be invited to attend, particularly when the Audit Committee is discussing areas of risk or operation that are the responsibility of that director or representative.

3.6. The chair of the Governing Body will be invited to attend one meeting each year in order to form a view on, and understanding of, the Audit Committee's operations.

4. Secretary

4.1. The Associate Director of Corporate Affairs and ICS Development or nominated deputy shall be secretary to the Committee and will provide administrative support and advice. The duties of the secretary in this regard shall include but are not limited to:

4.1.1. Supporting the chair in management of Audit Committee business;

4.1.2. Agreement of the agenda with the chair of the Audit Committee and attendees together with the collation of connected papers;

4.1.3. Taking of the minutes and keeping a record of matters arising and issues to be carried forward;

4.1.4. Advising the Audit Committee as appropriate on best practice, national guidance and other relevant documents.

5. Quorum

5.1. A quorum shall be 2 members

6. Decision Making

6.1. Generally it is expected that at the Audit Committee's 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:

a) **Eligibility** –Each member of the Committee listed in section 2.3 physically present at the meeting or present in accordance with section 7.9 below is entitled to one vote.

b) **Majority necessary to confirm a decision** – Each question put to the vote at either an ordinary or extraordinary meeting shall be determined by a majority of votes of those members voting on the question;

c) **Casting vote** - In the case of an equal vote, the Chair of the meeting shall have an additional and casting vote;

d) **Dissenting views** – Should a vote be taken the outcome of the vote, along with any dissenting views, must be recorded in the minutes of the meeting.

7. Frequency and notice of meetings

7.1. There will be a minimum of 5 meetings per annum.

7.2. Agendas will normally be issued seven days prior to a meeting, requests for items to be included on the agenda should be sent to the Chair/secretary at least ten working days before the meeting.

7.3. Any urgent items for the Audit Committee's attention can be agreed by the Chair with 24 hours' notice and "notification of urgent items" will be a standing agenda item.

7.4. If separate papers require circulation, these should, wherever possible, be issued with the agenda.

7.5. In the interests of confidentiality papers will be circulated and disposed of as required by the Audit Committee secretary.

7.6. The Chair of the Governing Body and/or the Chair of the Audit Committee or the external auditors or head of internal audit can call an Extraordinary meeting of the Audit Committee (in addition to the scheduled meetings) by giving all members of the Audit Committee at least twenty one days (21) days' notice.

7.7. The accidental omission to give notice of a meeting to or the non-receipt of notice of a meeting by any person entitled to receive notice shall not invalidate proceedings at that meeting.

7.8. Notice of all extraordinary and ordinary meetings shall be in writing. Such notices shall be given (i) by delivery in person (ii) by a nationally recognised next day courier service, (iii) by first class, registered or certified mail, postage prepaid, to the office address of the Audit Committee member or such other address as either party may specify in writing or (v) by electronic mail to the Audit Committee member.

7.9. Members of the Audit Committee may participate in meetings by the use of telephone, video conferencing facilities and/or webcam where such facilitates are available (subject to the approval of the Chair.) Participation in a meeting in any of these manners shall be deemed as physical presence in person at the meeting.

8. Remit and responsibilities of the Audit Committee

8.1. The Audit Committee shall critically review the CCG's financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained. The key duties of the Audit Committee are:

8.1.1. **Integrated governance, risk management and internal control**

8.1.2. The Audit Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the CCG's activities that support the achievement of the CCG's objectives.

8.1.3. Its work will dovetail with that of the Quality and Performance Committee, which the CCG has established to seek assurance that robust clinical quality is in place.

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

8.1.5. All risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the CCG.

8.1.6. The underlying assurance processes that indicate the degree of achievement of CCG objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

8.1.7. The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.

8.1.8. The policies and procedures for all work related to fraud and corruption as set out in the NHS Counter Fraud Authority (NHSCFA) Standards for Commissioners: Fraud, Bribery and Corruption and the NHS Counter Fraud Manual.

8.1.9. The policies and procedures for ensuring compliance with information governance requirements and the CCG's progress on the submission of annual information governance toolkit evidence in order to provide assurance to the Governing Body.

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

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

8.2. Internal audit

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

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

8.2.3. Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework.

8.2.4. Considering the major findings of internal audit work (and management's response) and ensuring co-ordination between the internal and external auditors to optimise audit resources.

8.2.5. Ensuring that the internal audit function is adequately resourced and has appropriate standing within the CCG.

8.2.6. An annual review of the effectiveness of internal audit.

8.3. External audit

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

8.3.1.1. Consideration of the performance of the external auditors, as far as the rules governing the appointment permit.

8.3.1.2. Discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy.

8.3.1.3. Discussion with the external auditors of their local evaluation of audit risks and assessment of the CCG and associated impact on the audit fee.

8.3.1.4. Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

8.4. Other assurance functions

8.4.1. The Audit Committee shall review the findings of other significant **assurance** functions, both internal and external and consider the implications for the governance of the CCG.

8.4.2. These will include, but will not be limited to, any reviews by Department of Health and Social Care arm's length bodies or regulators/inspectors (for example, the Care Quality Commission and NHS Resolution) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies).

8.5. Counter fraud

8.5.1. The Audit Committee shall satisfy itself that the CCG has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.

8.6. Conflict of Interest

8.6.1. The Audit Committee shall satisfy itself that the CCG has adequate arrangements in place for managing conflicts of interest and shall review the outcomes of conflicts of interest work.

8.7. Management

8.7.1. The Audit Committee shall request and review reports and positive **assurances** from the Accountable Officer and senior management and managers on the overall arrangements for governance, risk management and internal control.

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

8.8. Financial reporting

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

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

8.8.3. The Audit Committee shall review the annual report and financial statements before submission to the Governing Body and the CCG, focusing particularly on:

8.8.3.1. The wording in the governance statement and other disclosures relevant to the terms of reference of the Audit Committee;

8.8.3.2. Changes in, and compliance with, accounting policies, practices and estimation techniques;

8.8.3.3. Unadjusted mis-statements in the financial statements;

8.8.3.4. Significant judgements in preparing of the financial statements;

8.8.3.5. Significant adjustments resulting from the audit;

8.8.3.6. Letter of representation; and

8.8.3.7. Qualitative aspects of financial reporting.

9. Relationship with the Governing Body

9.1. The minutes of Audit Committee meetings shall be formally recorded by the secretary of the Audit Committee and submitted, together with recommendations where appropriate to the Governing Body.

9.2. The submission to the Governing Body shall also include details of any matters in respect of which actions or improvements are needed. This will include details of any evidence of potentially ultra vires, otherwise unlawful or improper transactions, acts, omissions or practices or any other important matters. To the extent that such matters arise, the chair of the Audit Committee shall present details to a meeting of the Governing Body in addition to submission of the minutes.

9.3. The Audit Committee will report annually to the Governing Body in respect of the fulfilment of its functions in connection with these terms of reference. Such report shall include but not be limited to:

9.3.1. Functions undertaken in connection with the statement of internal control; the assurance framework;

9.3.2. The effectiveness of risk management within the CCG;

9.3.3. The integration and adherence to governance arrangements;

9.3.4. Its view as to whether the self-assessment against standards for better health is appropriate; and

9.3.5. Any pertinent matters in respect of which the audit committee has been engaged.

9.4. The CCG's annual report shall include a section describing the work of the audit committee in discharging its responsibilities.

10. Policy and best practice

10.1. The Audit Committee will apply best practice in the decision making process.

10.2. The Audit Committee is authorised by the Governing Body to instruct professional advisors and request the attendance of individuals and authorities form outside the CCG with relevant experience and expertise if it considers this necessary or expedient to exercise its functions. The Audit Committee also has full authority to commission any reports or surveys it deems necessary to help fulfil its obligations.

10.3. The Audit Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

10.4. These terms of reference will be reviewed at least once per annum. The review date will be included in the CCG's Governance Handbook which can be found at www.norfolkandwaveneyccg.nhs.uk

11. Conduct of the Audit Committee

11.1. The Audit Committee will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice, including the Nolan Principles.

11.2. The Audit Committee will assess its performance, membership and terms of reference annually and draw up its own plans for improvement. The Governing Body will approve any subsequent amendment to the terms of reference.

11.3. Any proposed changes must be approved by the Governing Body before they take effect. These terms of reference will be reviewed at least once per annum. The review date will be included in the CCG's Governance Handbook which can be found at www.norfolkandwaveneyccg.nhs.uk

Date Agreed 1 April 2020

Governing Body's

Remuneration Committee

Revision History

Revision Date	Summary of changes	Author(s)	Version Number

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Remuneration Committee – Terms of Reference

1. Introduction

i. The Remuneration Committee ("the Remuneration Committee") is established in accordance with the CCG's constitution. These terms of reference set out the membership, remit responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the clinical commissioning group's constitution and standing orders.

ii. The Remuneration Committee is authorised by the Governing Body to act within its terms of reference. All members and employees of the Group are directed to co-operate with any request made by the Remuneration Committee.

2. Remit and responsibilities of the Remuneration Committee

i. The Remuneration Committee shall make recommendations to the Governing Body on determinations about pay and remuneration for employees of the clinical commissioning group and people who provide services to the clinical commissioning group and allowances under any pension scheme it might establish as an alternative to the NHS pension scheme.

ii. In particular the Remuneration Committee shall review the performance of the Accountable Officer and the Chief Finance Officer and make recommendations on annual salary awards to the Governing Body, if appropriate.

iii. The Remuneration Committee shall consider the severance payments of the Accountable Officer and other employees where necessary and make recommendations to the Governing Body who will approve as appropriate and seek HM Treasury approval in accordance with the guidance 'Managing Public Money.'

iv. For the avoidance of doubt, the Remuneration Committee will at all times follow conflicts of interest guidance and policy. No member of the Remuneration Committee will be present or have any involvement in setting the remuneration for their role and shall not receive the papers for such.

v. Lay Member remuneration will not be determined by the Remuneration Committee. This will be a whole Governing Body decision following conflicts of interest guidance and policy excluding Lay Members from the conversation.

vi. The Remuneration Committee shall review and determine the remuneration for elected Governing Body members taking into account any national or local guidance as appropriate. For the avoidance of doubt this does not include pension arrangements which are for the determination of the Governing Body. The elected Healthcare Professional Governing Body member drawn from Member Practices will not be permitted to be present when this item is discussed and shall not receive the papers for such.

3. Membership

i. The Remuneration Committee shall be appointed by the Governing Body from amongst its Governing Body members.

ii. Only members of the Governing Body may be members of the Remuneration Committee.

iii. Only members of the Remuneration Committee have the right to attend Remuneration Committee meetings. However, other individuals such as the Accountable Officer, any HR lead and external advisers may be invited to attend for all or part of any meeting as and when appropriate, however, individuals should not be in attendance for discussions about their own remuneration and terms of service.

iv. The membership of the Remuneration Committee shall consist of:

- The lay member with a lead role in championing patient and public involvement who is the Chair;
- The lay member with a lead role in overseeing financial performance;
- The Secondary Care Specialist
- The Registered Nurse on the Governing Body;
- A Healthcare Professional Governing Body member drawn from Member Practices.

v. The Chair must be a Lay Member. The Chair will sit as for the length of their tenure as a Lay Member on the Governing Body or a shorter time upon agreement with the Governing Body.

4. Secretary

i. The Associate Director of Corporate Affairs and ICS Development shall be secretary to the Remuneration Committee and will provide administrative support and advice. The duties of the secretary in this regard shall include but are not limited to:

4.i.1. Supporting the chair in management of remuneration business;

4.i.2. Agreement of the agenda with the chair of the Remuneration Committee and attendees together with the collation of connected papers;

4.i.3. Taking of the minutes and keeping a record of matters arising and issues to be carried forward;

4.i.4. Advising the Remuneration Committee as appropriate on best practice, national guidance and other relevant documents.

5. Quorum

i. A quorum shall be 3 members.

6. Frequency and notice of meetings

i. There will be a minimum of 1 meeting every 6 months.

ii. Agendas will normally be issued seven days prior to a meeting, requests for items to be included on the agenda should be sent to the Chair/secretary at least five working days before the meeting.

iii. Any urgent items for the Remuneration Committee's attention can be agreed by the Chair with 24 hours' notice and "notification of urgent items" will be a standing agenda item.

iv. If separate papers require circulation, these should, wherever possible, be issued with the agenda.

v. In the interests of confidentiality papers will be circulated and disposed of as required by the Remuneration Committee secretary.

vi. The Chair of the Governing Body and or the Chair of the Remuneration Committee can call an Extraordinary meeting of the Remuneration Committee (in addition to the scheduled meetings) by giving all members of the Remuneration Committee at least twenty one days (21) days' notice.

vii. Member Practices can request that the Governing Body call an Extraordinary Meeting of the Remuneration Committee (in addition to the scheduled meetings) if not less than one third of the constituent Member Practices submit a written request to the Governing Body within a fourteen day (14) day period giving all Remuneration Committee members at least twenty one (21) days' notice.

viii. The accidental omission to give notice of a meeting to or the non-receipt of notice of a meeting by any person entitled to receive notice shall not invalidate proceedings at that meeting.

ix. Notice of all extraordinary and ordinary meetings shall be in writing. Such notices shall be given (i) by delivery in person (ii) by a nationally recognised next day courier service, (iii) by first class, registered or certified mail, postage prepaid, to the office address of the Remuneration Committee member or such other address as either party may specify in writing or (v) by electronic mail to the Remuneration Committee member.

x. Members of the Remuneration Committee may participate in meetings by the use of telephone, video conferencing facilities and/or webcam where such facilitates are available (subject to the approval of the Chair.) Participation in a meeting in any of these manners shall be deemed as presence in person at the meeting.

7. Decision Making

7.1. Generally it is expected that at the Remuneration Committee's 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:

a) **Eligibility** – Each member present in person at the meeting or present in accordance with section 5 x above is entitled to one vote.

b) **Majority necessary to confirm a decision** – Each question put to the vote at either an ordinary or extraordinary meeting shall be determined by a majority of votes of those members voting on the question;

c) **Casting vote** - In the case of an equal vote, the Chair of the meeting shall have an additional and casting vote;

d) **Dissenting views** – Should a vote be taken the outcome of the vote, along with any dissenting views, must be recorded in the minutes of the meeting.

8. Policy and best practice

i. The Remuneration Committee will apply best practice in the decision making process, in particular when considering individual remuneration the Remuneration Committee will:

8.i.1. Comply with current disclosure requirements for remuneration;

8.i.2. On occasion seek independent advice including legal advice about remuneration for individuals;

8.i.3. Ensure decisions are based on clear and transparent criteria.

ii. The Remuneration Committee is authorised by the Governing Body to instruct professional advisors and request the attendance of individuals and authorities from outside the Group with relevant experience and expertise if it considers this necessary or expedient to exercise its functions. The Remuneration Committee also has full authority to commission any reports or surveys it deems necessary to help fulfil its obligations.

iii. The Remuneration Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

9. Conduct of the Remuneration Committee

i. The Remuneration Committee will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice, including the Nolan Principles.

ii. The Remuneration Committee will assess its performance, membership and terms of reference annually and draw up its own plans for improvement. The Governing Body will approve any subsequent amendment to the terms of reference.

iii. Any proposed changes must be approved by the Governing Body before they take effect. These terms of reference will be reviewed at least once per annum. The review date will be included in the CCG's Governance Handbook which can be found at www.norfolkandwaveneyccg.nhs.uk

Date Agreed 1 April 2020

Governing Body's

Primary Care Commissioning Committee

Revision History

Revision Date	Summary of changes	Author(s)	Version Number

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Primary Care Commissioning Committee

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Norfolk & Waveney CCG. The delegation is set out in Schedule 1.

3. The CCG has established the Norfolk & Waveney CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

Statutory Framework

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

a) Management of conflicts of interest (section 14O);

b) Duty to promote the NHS Constitution (section 14P);

c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);

d) Duty as to improvement in quality of services (section 14R);

e) Duty in relation to quality of primary medical services (section 14S);

f) Duties as to reducing inequalities (section 14T);

g) Duty to promote the involvement of each patient (section 14U);

h) Duty as to patient choice (section 14V);

i) Duty as to promoting integration (section 14Z1);

j) Public involvement and consultation (section 14Z2).

7. The CCG does also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act.

8. The Committee is established as a committee of the NHS Norfolk & Waveney CCG Governing Body in accordance with Schedule 1A of the "NHS Act".

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

Role of the Committee

10. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Norfolk & Waveney, under delegated authority from NHS England.

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

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

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

14. This includes the following:

a. decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
   i) decisions in relation to Enhanced Services;
   ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);
   iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
      i. decisions about 'discretionary' payments;
      ii. decisions about commissioning urgent care (including home visits as required) for out of area registered patients;

b. the approval of practice mergers;

c. planning primary medical care services in the Area, including carrying out needs assessments;

d. undertaking reviews of primary medical care services in the Area;

e. decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);

f. management of the Delegated Funds in the Area;

g. Premises Costs Directions functions;

h. co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and

i. such other ancillary activities as are necessary in order to exercise the Delegated Functions;

j. approval of the process for submitting and approving business cases for PMS Monies and the approval of the business cases for PMS Monies.

k. review, redesign and decommissioning of existing Local Enhanced Services; and

l. review and design of primary care dashboard.

15. In performing its role, and in particular when exercising its commissioning responsibilities, the committee shall take account of:

a) The recommendations of the clinical executive and other Governing Body committees;

b) The needs assessment and plan for primary medical care services in the areas covered by NHS Norfolk & Waveney CCG including the resilience of general practice providers;

c) Reviews of primary medical care services in the area covered by the CCG;

d) The co-ordination of a common strategic and operational approach to the commissioning of primary care services generally including supporting developments in respect of integration with providers and local authority services including co-location of services;

e) The management of the budget for commissioning of primary medical care services in the area covered by the CCG;

Geographical Coverage

16. The geographical coverage will comprise the area covered by NHS Norfolk & Waveney CCG.

Membership

17. The Committee shall consist of:

Members Part 1 and Part 2

- Lay Member who leads on primary care
- Lay Member who leads on financial performance
- Chief Finance Officer or the Deputy Chief Finance Officer
- Registered Nurse

18. The Chair of the Committee shall be the Lay Member who leads on primary care.

19. The Vice Chair of the Committee shall be the Lay Member who leads on finance.

In attendance **Part 1 and Part 2**

- Chief Nurse or Associate Director of Nursing and Quality
- Director of Strategic Commissioning
- representative from the Norfolk & Waveney Local Medical Committee
- A representative from East local team of NHS England or their deputies
- Associate Director of Primary Care or an Associate Director for PCN Development.
- Head of Medicines Optimisation
- A Healthcare Professional Governing Body member drawn from Member Practices.
- Two Practice Managers drawn from Member Practices.

In attendance Part 1 invitation only

- Norfolk Healthwatch representative
- Suffolk Healthwatch representative
- Norfolk Health and Wellbeing Board representative

- Suffolk Health and Wellbeing Board representative

Meetings and Voting

20. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible (or delegate where appropriate) for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he/they shall specify.

21. An urgent decision is defined as a decision that must be taken by the Committee before the next scheduled meeting of the Committee.

i) If there is an urgent decision to be made, then in the first instance an emergency meeting of the Committee should be called following the procedure set out below.

ii) If an urgent decision needs to be made before an emergency meeting can be arranged then the Chair has the mandate to make that decision provided he/she has consulted with as many Committee members as possible but in any event at least 1 Executive member.

iii) Urgent decisions made will be put on the agenda of the next ordinary Committee meeting and will be formally noted in the minutes.

iv) The Committee or any three members of the Committee can call an emergency meeting of the Committee by giving all members at least seven (7) days' notice.

v) Committee members may participate in emergency meetings by the use of telephone, video conferencing facilities and/or webcam where such facilities are available (subject to the approval of the Chair). Participation in a meeting in any of these manners shall be deemed as presence in person at the meeting.

vi) The accidental omission to give notice of a meeting to or the non-receipt of notice of a meeting by any person entitled to receive notice shall not invalidate proceedings at that meeting.

22. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Quorum

23. The quorum will comprise three voting members of the Committee one of which to be the Chief Finance Officer or their nominated deputy.

Frequency of meetings

24. The Committee shall meet according to business requirements, but is expected to meet a minimum of four times per year. For the avoidance of doubt, the Committee can meet more than this.

25. Meetings of the Committee shall:

a) be held in public, subject to the application of 25(b) below;

b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

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

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

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

29. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Standards of Business Conduct.

30. The Committee will present its minutes to East local team of NHS England and the Part 1 minutes to the Governing Body of the CCG for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 27 above.

31. The CCG will also comply with any reporting requirements set out in its constitution.

32. It is envisaged that these Terms of Reference will be reviewed annually, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Accountability of the Committee

33. This Committee is accountable to the Governing Body and NHS England.

34. Budget and resource accountability arrangements and the decision-making scope of the Committee will be in line with those detailed in these Terms of Reference and in the delegation agreement.

35. For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders or SFI of any of the members, the Delegation will prevail.

36. Any proposed changes must be approved by the Governing Body before they take effect. These terms of reference will be reviewed at least once per annum. The review date will be included in the CCG's Governance Handbook which can be found at www.norfolkandwaveneyccg.nhs.uk

Procurement of Agreed Services

37. Procurement of agreed services will take place in line with the arrangements set out in the delegation agreement and other associated guidance.

Decisions

38. The Committee will make decisions within the bounds of its remit.

39. The decisions of the Committee shall be binding on NHS England and the CCG.

Schedule 1 – Delegation by NHS England

a) Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
   i) decisions in relation to Enhanced Services;
   ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);
   iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
   iv) decisions about 'discretionary' payments;
   v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
b) the approval of practice mergers;
c) planning primary medical care services in the Area, including carrying out needs assessments;
d) undertaking reviews of primary medical care services in the Area;
e) decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
f) management of the Delegated Funds in the Area;
g) Premises Costs Directions functions;
h) co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
i) such other ancillary activities as are necessary in order to exercise the Delegated Functions.

Schedule 2- Reserved Functions

a) management of the national performers list;
b) management of the revalidation and appraisal process;
c) administration of payments in circumstances where a performer is suspended and related performers list management activities;
d) Capital Expenditure functions;
e) section 7A functions under the NHS Act;
f) functions in relation to complaints management;
g) decisions in relation to the GP Access Fund; and
h) such other ancillary activities that are necessary in order to exercise the Reserved Functions;

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 it can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related regulations. They form part of the CCG's constitution.

1.1.2. The statutory and regulatory framework that the CCG operates under is summarised in the Constitution.

1.2. Schedule of matters reserved to the CCG and the Overarching Scheme of Reservation and Delegation

1.2.1. As set out in Sections 4 and 5 of the CCG's Constitution, both the CCG and the Governing Body have the ability to delegate their functions to certain bodies (such as Committees) and individuals. Delegations made are contained in the CCG's Overarching Scheme of Reservation and Delegation, which is set out in appendix 6 of the Constitution.

1.3. Interpretation

1.3.1. Except as otherwise provided, words and expressions used in these Standing Orders shall have the same meaning as those in the Constitution.

1.4. Amendment and review

1.4.1. These Standing Orders will be reviewed on an annual basis or as required.

1.4.2. Amendments to these Standing Orders will be made pursuant to the process for amendments to the Constitution, as set out in Clause 1.4 of the Constitution.

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

2.1. Composition of membership

2.1.1. Section 3 of the CCG's constitution provides details of the membership of the CCG.

2.1.2. Section 5 of the CCG's constitution provides details of the governing structure used in the CCG's decision-making processes, whilst section 3 and 5 of the constitution outlines certain key roles and responsibilities

within the CCG and its Governing Body, including the role of practice representatives (section 3).

2.2. Key Roles

2.2.1 Section 5.5 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 or in the case of elected roles, how individuals are elected into these roles.

2.2.2 The National Health Service (Clinical Commissioning Groups) Regulations 2012 schedule 5 sets out the individuals excluded from being Members of the Governing Body and/or holding specific roles on the Governing Body and Schedule 4 sets out exclusions for Lay Members All Governing Body Members are expected to be familiar with the statutory exclusions and to comply with them at all times. Each Governing Body Member is responsible for informing the Accountable Officer as soon as practicable if they become aware of an actual or potential exclusion on the basis of the Regulations. A copy of the CCG Regulations can be obtained from the Lay Member responsible for financial management and audit or from the Head of Corporate Governance.

2.2.3 Individuals' interests will be considered as part of the appointment process for these key roles to determine whether there are any conflicts that warrant individuals being excluded from appointment to the Governing Body. The following general principles will be applied:

a) An assessment of the materiality of the interests, in particular whether the individual (or a family member or business partner) could benefit from any decision the Governing Body might make;

b) An assessment of the extent of the interests and whether they are related to a business area significant enough that the individual would be unable to make a full and proper contribution to the Governing Body.

2.2.4 **The Chair** of the Governing Body, as listed in section 5.5 of the CCG's constitution, is subject to the following appointment process:

a) **Eligibility** – The Chair must:

i) be a Healthcare Professional Member of the Governing Body (see below at section 2.2.5)
ii) not be a clinical director for a primary care network;
iii) not be disqualified from membership of a Governing Body as a result of the disqualification criteria, as set out in paragraph 2.2.2 above;
iv) be a suitable person to meet the criteria for being the Chair in accordance with current NHS guidance, as amended from time to time.

b) **Appointment process** – The Chair will be one of the elected Healthcare Professional members drawn from Member Practices of the Governing Body. They will be elected by the member practices.

c) **Term of office** – The term of office will be three or four years with the option to extend based on CCG requirements. This will ordinarily be for three years with the option for the Governing Body to extend for one further year to ensure continuity is maintained between transitions.;

d) **Eligibility for reappointment** – A Chair shall be eligible for re appointment (subject to satisfactory performance review and continuing to meet the eligibility criteria) at the end of his term but may not serve more than two terms of office on the Governing Body. Terms worked as another role within the Governing Body are included when counting the number of terms. The Governing Body will approve any further reappointment.

e) **Grounds for removal from office** –The grounds for removal from office for appointed roles to the Governing Body are set out in Annex A of these Standing Orders.

f) **Notice period** – The Chair shall give three (3) months' notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office.

2.2.5 The **Healthcare Professional members drawn from Member Practices** as listed in section 5.5 of the CCG's constitution, are subject to the following appointment process:

a) **Eligibility** – The Healthcare Professionals drawn from Member Practices on the Governing Body must:

- **Must** be a Healthcare Professional either a partner or employee actively working within a member practice of one of the current Norfolk and Waveney Clinical Commissioning Groups; or
- A locum that is active for the majority of their time within a member practice of one of the current Norfolk and Waveney Clinical Commissioning Groups; and
- **Must not** serve in an executive capacity in any provider organisation that provides or may wish to provide clinical services within the scope of Clinical Commissioning. (this does not include GMS/PMS organisations); and
- **Must not** be disqualified from performing a role on the Governing Body as a result of the statutory disqualification criteria, as set out in Schedule 5 of the Regulations.

- For the avoidance of doubt a Healthcare Professional member of the Governing Body does not have to be a Member Practice Representative but may be.

b) **Appointment process –**

i) Applications will be received and assessed against the selection criteria by a selection panel made up of Associate Director for Corporate Affairs and ICS Development, a CCG Lay member for financial management and audit and a GP Governing Body member from outside of the Norfolk and Waveney area.;

ii) The selection panel will make recommendations for candidates for election;

iii) The CCG is a clinically led organisation therefore 5 roles will be reserved for clinical members.

iv) Each practice holding a GMS,PMS or APMS contract with associated list of patients will have one vote;

v) Positions will be elected per Locality. One position for each Locality. Only the practices from their Locality can vote for the position in their Locality:

- Norwich;
- North Norfolk
- South Norfolk
- West Norfolk
- Great Yarmouth and Waveney.

vi) For uncontested roles each candidate must secure at least 20% of the number of votes cast;

vii) If a geographical locality does not have an eligible candidate at all or one with the requisite number of votes then the locality will not have a Healthcare Professional drawn from Member Practices on the Governing Body. The top remaining Healthcare Professional candidate will take this place regardless of their locality if the election has been across all Localities. If just one Locality is being elected to then there will be an invitation for candidates from any Locality to put themselves for election and election will be by all member practices in Norfolk and Waveney;

viii) Elections will be fair, transparent, quality focussed, democratic, free from conflict and compliant with all current guidance and legislation. To aid the CCG in this, elections will be administered and overseen by a third party

outside of the CCG. The returning officer will not be employed by the CCG and will be completely impartial.

g) **Term of office** – Three years or four years upon agreement with the Chair on appointment.

h) **Eligibility for reappointment** – all elected Healthcare Professionals on the Governing Body shall be eligible for re appointment (subject to satisfactory performance review and continuing to meet the eligibility criteria) at the end of his/her term but may not serve more than two terms of office. Terms worked as another role within the Governing Body are included when counting the number of terms. The Governing Body will approve any further reappointment;

i) **Grounds for removal from office** –The grounds for removal from office for appointed roles to the Governing Body are set out in Annex A of these Standing Orders.

j) **Notice period** – A Healthcare Professional on the Governing Body shall give three (3) months' notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office.

2.2.6 The Lay members, as listed in section 5.5 of the CCG's constitution, are subject to the following appointment process One of the Lay Members will be the Deputy Chair (see section 2.2.11 below):

a) **Applications** – Interested candidates may apply for the role, demonstrating how they meet the essential requirements of the person specification and how they would undertake the role;

b) **Eligibility** – A Lay member must be an individual who is able to meet the competencies required of all Governing Body Members (see definition in Appendix 1) and is not disqualified via Schedule 4 or Schedule 5 of the National Health Service (Clinical Commissioning Groups) Regulations 2012. There are 4 Lay Members on the Governing Body as set out at section 5.5 of the CCG's Constitution.

It is desirable for the Lay member to be a resident or have a significant relationship with the CCG area.

c) **Appointment process** – Appointment to the Lay member posts will be made via advertisement on NHS jobs and in other local media. Interested candidates may apply for the role, demonstrating how they meet the essential requirements of the person specification and how they would undertake the role This process will be overseen by a panel appointed by the Governing Body;

d) **Term of Office:** Three years or four years upon agreement with the Chair on appointment;

e) **Eligibility for reappointment** – A Lay member shall be eligible for re appointment (subject to satisfactory performance review and continuing to meet the eligibility criteria) at the end of his/her term but may not serve more than two terms of office. Terms worked as another role within the Governing Body are included when counting the number of terms. The Governing Body will approve any further reappointment;

f) **Grounds for removal from office** – The grounds for removal from office for appointed roles to the Governing Body are set out in Annex A of these Standing Orders.

g) **Notice period** – A Lay member shall give three (3) month's notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office.

2.2.7 The **registered nurse**, as listed in section 5.5 of the CCG's constitution, is subject to the following appointment process:

a) **Nominations** – Interested candidates may apply for the role, demonstrating how they meet the essential requirements of the person specification and how they would undertake the role;

b) **Eligibility** – The registered nurse must;

i) Be an individual who is able to meet the competencies required of all Governing Body Members and is compliant with the specific requirements of the National Health Service (Clinical Commissioning Groups) Regulations 2012 as they apply to the Registered Nurse role.

ii) It is desirable for the registered nurse to be a resident or have a significant relationship with the CCG area.

c) **Appointment Process:** Appointment to the registered nurse post will be made via advertisement in NHS Jobs and local media. Interested candidates may apply for the role, demonstrating how they meet the essential requirements of the person specification and how they would undertake the role. This process will be overseen by a panel appointed by the Governing Body.

d) **Term of Office:** Three years or four years upon agreement with the Chair on appointment;

e) **Eligibility for reappointment** – The registered nurse shall be eligible for re appointment (subject to satisfactory performance review and continuing to meet the eligibility criteria) at the end of his/her term but may not serve

more than two terms of office. Terms worked as another role within the Governing Body are included when counting the number of terms. The Governing Body will approve any further reappointment;

f) **Grounds for removal from office-** The grounds for removal from office for appointed roles to the Governing Body are set out in Annex A of these Standing Orders.

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g) **Notice period** – The registered nurse shall give three (3) month's notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office.

2.2.8 The **secondary care specialist** as listed in section 5.5 of the CCG's constitution is subject to the following appointment process:

a) **Application** – Interested candidates may apply for the role, demonstrating how they meet the essential requirements of the person specification and how they would undertake the role;

b) **Eligibility** – The secondary care specialist must:

Be an individual who is able to meet the competencies required of all Governing Body Members and is compliant with the specific requirements of the National Health Service (Clinical Commissioning Groups) Regulations 2012 as they apply to the secondary care specialist role. It is desirable for the secondary care specialist to be a resident or have a significant relationship with the CCG area;

c) **Appointment Process:** Appointment to the secondary care Specialist post will be made via advertisement in NHS Jobs or local media. Interested candidates may apply for the role, demonstrating how they meet the essential requirements of the person specification and how they would undertake the role. This process will be overseen by a panel appointed by the Governing Body;

d) **Term of Office:** Three years or four years upon agreement with the Chair on appointment;

e) **Eligibility for reappointment** – The secondary care specialist shall be eligible for re appointment (subject to satisfactory performance review and continuing to meet the eligibility criteria) at the end of his/her term but may not serve more than two terms of office. Terms worked as another role within the Governing Body are included when counting the number of terms. The Governing Body will approve any further reappointment;

f) **Grounds for removal from office-** The grounds for removal from office **for** appointed roles to the Governing Body are set out in Annex A of these Standing Orders.

g) **Notice period** – The secondary care specialist shall give three (3) month's notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office

2.2.9 The **Accountable Officer**, as listed in section 5.5 of the CCG's constitution, is subject to the following appointment process:

a) **Nominations** – The CCG will nominate an individual to take on the Accountable Officer role having followed a fair and transparent recruitment process. This will involve the Accountable Officer post being advertised on NHS Jobs and any other relevant media. Selection will be made against competencies and following process set out in current national guidance, by the Governing Body. Interested candidates may apply for the role, demonstrating how they meet the essential requirements of the person specification and how they would undertake the role;

b) **Eligibility** – The Accountable Officer must

i) Be an individual who is a member of the CCG (e.g. a GP), or a member of anybody which is a member of the CCG (such as a partner in a GP practice); or

ii) an employee of the CCG, or of any member of the CCG; or

iii) in the case of a joint appointment, an employee or member of any of the CCGs in question or an employee or member of any of the bodies which are members of the CCGs in question;

iv) Be an individual who is able to meet the competencies required of all Governing Body Members and demonstrate how they meet the essential requirements of the person specification and how they would undertake the role;;

v) Have passed the national assessment centre or equivalent if this is applicable.

c) **Appointment process** – The Accountable Officer shall be formally appointed by the NHS England. Following approval of the CCG's preferred candidate.

d) **Term of office** – Substantive appointment;

e) **Grounds for removal from office** –As a substantive post holder, this will be in accordance with NHS/CCG policies, other relevant guidance and employment law. The Member Practices are not able to remove substantive post holders by passing a resolution.

f) **Notice period** – The Accountable Officer shall give six (6) month's notice **in** writing to the Governing Body of his/her resignation from office at any time during his/her term of office.

2.2.10 The **Chief Finance Officer**, as listed in section 5.5 of the CCG's constitution, is subject to the following appointment process:

a) **Application** – Interested candidates may apply for the role, demonstrating how they meet the essential requirements of the person specification and how they would undertake the role;

b) **Eligibility** – The Chief Finance Officer must:

i) Be an individual who is able to meet the competencies required of all Governing Body Members;
ii) Have passed the national assessment centre process or equivalent if this is applicable;
iii) Hold a professional qualification of one of the individual CCAB bodies or CIMA and have the expertise or experience to lead the financial management of the CCG
iv) Not be disqualified by Schedule 5 to the Regulations.

c) **Appointment process –** Appointment to the Chief Finance Officer post will be made via advertisement in NHS Jobs or equivalent. A recruitment process will be carried out and selection made against competences. This process will be overseen by a panel appointed by the Governing Body;

d) **Term of office** – Substantive appointment;

e) **Grounds for removal from office** –As a substantive post holder, this will be in accordance with NHS/CCG policies, other relevant guidance and employment law. The Member Practices are not able to remove substantive post holders by passing a resolution.

f) **Notice period** – The Chief Finance Officer shall give six (6) month's notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office.

2.2.11 The **deputy chair** of the Governing Body, as listed in paragraph 5.5 of the CCG's constitution, is subject to the following appointment process:

a) **Nominations**: The deputy chair will be nominated by the Governing Body;

b) **Eligibility** – The deputy chair must

i) be a Lay Member of the Governing Body but not be the Lay Member for financial management and audit;

ii) be competent as a Lay Member as set out at section 2.2.6 above.

c) **Appointment process** – The Governing Body will select and appoint the deputy chair;

d) **Term of office** – Three years or four years upon agreement with the Chair on appointment and as per their term as a Lay Member;

e) **Eligibility for reappointment** – A deputy chair shall be eligible for re appointment (subject to satisfactory performance review and continuing to meet the eligibility criteria) at the end of his term but may not serve more than two terms of office Terms worked as another role within the Governing Body are included when counting the number of terms. The Governing Body will approve any further reappointment;

f) **Grounds for removal from office-** The grounds for removal from office for appointed roles to the Governing Body are set out in Annex A of these Standing Orders.

g) **Notice period** – The deputy chair shall give three (3) month's notice in writing to the Governing Body of his/her resignation from office at any time during his/her term of office.

Council of Member/Member Practice roles

2.2.12 The **Member Practice Representative**, as listed in paragraph 3.6 of the CCG's constitution, is subject to the following appointment process:

a) **Nominations** – Each Member Practice shall nominate one (1) Member Practice Representative.

b) **Eligibility** – The Member Practice Representative must be a Healthcare Professional;

c) **Appointment process** – The name of the Member Practice Representative must be submitted to the Head of Corporate Governance;

d) **Term of office** – Each Member Practice may permanently remove and replace their Member Practice Representative at any time. There is no maximum term;

e) **Grounds for removal from office** – It is for Member Practices to determine if they wish to remove and replace their Member Practice Representative;

f) **Notice period** – Each Member shall give one (1) months' notice in writing to the Governing Body of the removal and replacement of their Member Practice representation at any time.

2.2.13 The **Nominated Practice Representative**, as listed in paragraph 3.7 of the CCG's constitution, is subject to the following appointment process:

a) **Nominations** – Each Nominated Practice Representative will be selected by Member Practices from the pool of Member Practice Representatives in their Locality. Each Locality will choose four Nominated Practice Representatives to represent them on the Council of Members.

b) **Eligibility** – The Nominated Practice Representative must be a Healthcare Professional of a Member Practice;

c) **Appointment process** – The name of the Nominated Practice Representatives must be submitted to the Associate Director of Corporate Affairs;

d) **Term of office** – Each Locality may permanently remove and replace their Nominated Practice Representatives at any time;

e) **Grounds for removal from office** – It is for Member Practices in any Locality to determine if they wish to remove and replace their Nominated Practice Representative;

f) **Notice period** – Each Locality shall give one (1) months' notice in writing to the Governing Body of the removal and replacement of their Nominated Practice Representation at any time.

Annex A: Grounds for removal from office for appointed Governing Body roles

i. Gross misconduct, to be determined by the Governing Body, on the advice of the Remuneration Committee;

ii. Being or becoming disqualified from office;

iii. Where relevant, not having or losing clinical registration;

iv. Not attending three consecutive Governing Body meetings, unless in extenuating circumstances;

v. Failing to disclose a relevant material interest;

vi. Where continuation in the role is not in the interests of either the public or the CCG.

3. MEETINGS OF THE Clinical Commissioning Group

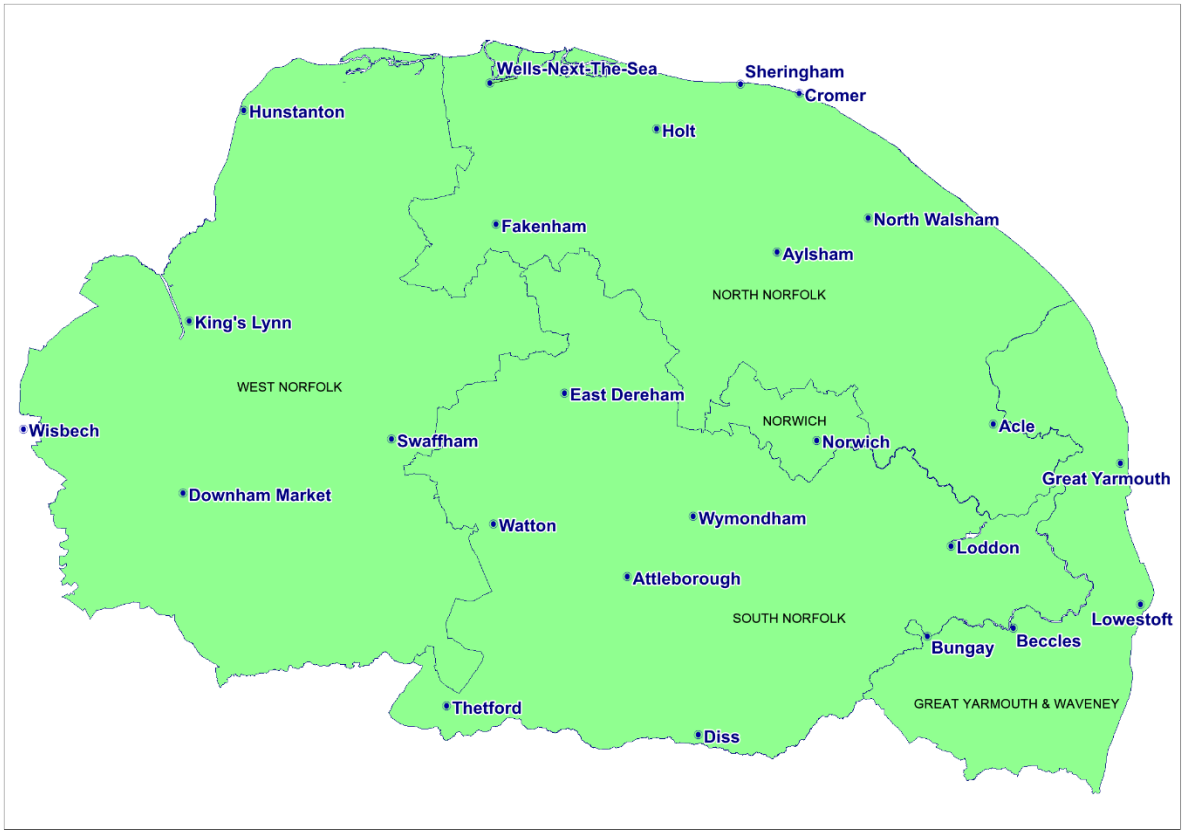
COUNCIL OF MEMBERS

3.1. Membership of the Council of Members

3.1.1. A formal meeting of the CCG's membership as a whole (a "Council of Members" Meeting) is comprised of four Nominated Practice Representatives from each of the following Localities :

3.1.2. Great Yarmouth and Waveney
3.1.3. Norwich
3.1.4. North Norfolk
3.1.5. South Norfolk
3.1.6. West Norfolk

Locality Map



3.1.7. These Nominated Practice Representatives are selected by the Member Practices in their area to represent the rest of the practices in their Locality. There will therefore be 20 Nominated Practice Representatives on the Council of Members.

3.1.8. In addition the Associate Director of Corporate Affairs and the Associate Director of Primary Care will be in attendance to support the Council of Members but are not members.

3.1.9. The Chair, Accountable Officer, Chief Finance officer or any other governing body member or clinical or senior officer may be requested to attend the Council of Members meetings as directed by members of the Council of Members.

3.1.10. Every person who is employed or engaged as a Healthcare Professional or practice manager at a member practice as at the date of the relevant Council of Members meeting shall be entitled to attend and speak at a Council of Members meeting. However only the Nominated Practice Representatives or in their absence an authorised deputy (subject to standing order 3.7.2 below) will be entitled to vote.

CALLING MEETINGS

3.2. Ordinary Meetings

3.2.1. The CCG shall hold at least one ordinary meeting of the Council of Members quarterly at such times and places as the CCG may determine.

3.2.2. Unless specifically agreed to the contrary by the Governing Body, the minutes of these quarterly meeting will be a matter for public record.

3.2.3. Nominated Practice Representatives may participate in both extraordinary and ordinary meetings by the use of telephone, video conferencing facilities and/or webcam where such facilitates are available (subject to the approval of the Chair.) Participation in a meeting in any of these manners shall be deemed as presence in person at the meeting.

3.3. Extraordinary Meetings

3.3.1. The Governing Body or any 6 members of the Governing Body can call an Extraordinary meeting of the Council of Members (in addition to the quarterly meetings) by giving all members at least twenty one days (21) days' notice.

3.3.2. A majority of the Nominated Practice Representatives on the Council of Members can call an Extraordinary meeting of the Council of Members (in addition to the quarterly meetings) by giving all members at least twenty one days (21) days' notice

3.3.3. Member Practices can request that the Governing Body call an Extraordinary Meeting of the Council of Members (in addition to the quarterly meetings) if not less than half of the Member Practices of the whole CCG or two thirds of the Member Practices of a Locality submit a

written request to the Governing Body. When requesting an Extraordinary Meeting the required number of Member Practices must all write within the same fourteen day (14) day period. They must also give all Member Practices at least twenty one (21) days' notice of the Extraordinary Meeting.

3.3.4. The accidental omission to give notice of a meeting to or the non-receipt of notice of a meeting by any person entitled to receive notice shall not invalidate proceedings at that meeting.

3.3.5. Notice of all extraordinary and ordinary meetings shall be in writing. Such notices shall be given (i) by delivery in person (ii) by a nationally recognised next day courier service, (iii) by first class, registered or certified mail, postage prepaid, to the address set out in section 3 or such other address as either party may specify in writing or (v) by electronic mail to the Practice Representative for the member practice.

3.3.6. Where urgent business is required, the Council of Members has agreed that in the interest of urgency extraordinary meetings with one item may be conducted by e-mail. It is anticipated that this section is only used in rare situations.

3.4. Agenda, supporting papers and business to be transacted

3.4.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the administrator for the meeting at least 25 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 20 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of the meeting at least 5 working days before the date the meeting will take place.

3.5. Chair of the Council of Members

3.5.1. The members of the Council of Members will select from amongst their number individuals to fulfil the roles of Chair and deputy chair.

3.5.2. At any meeting of the Council of Members the Chair of the Council of Members if present, shall preside. If the chair is absent from the meeting, the deputy chair, if any and if present, shall preside.

3.5.3. 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 nor deputy present, another Nominated Practice

Representative shall be chosen by the members present, or by a majority of them, and shall preside at that meeting.

3.5.4. If no Nominated Practice Representative is chosen by the members an alternative chair will be appointed by the Governing Body.

3.5.5. The Chair of the CCG Governing Body shall not be eligible to be the chair or the deputy chair of the Council of Members.

3.6. Chair's ruling

3.6.1. The decision of the chair of the Council of Members 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.

3.7. Quorum

3.7.1. At least 14 of the Nominated Practice Representatives shall be a quorum for both an Ordinary and Extraordinary meeting.

3.7.2. If members have sent representation rather than their Nominated Practice Representative then they will count towards the quorum provided the Chair is notified of the representative at the start of the meeting and receives confirmation from the representative that they have authority to act on behalf of their practices. If they do not have authority to act on behalf of their practices they will not count towards the quorum.

3.7.3. If the quorum is lost due to member(s) being disqualified from taking part in a vote or discussion due to a declared interest then the CCG's Managing Conflict of Interest Policy will be followed as set out in the CCG's Governance Handbook and at section 6 of this Constitution.

3.8. Decision making

3.8.1. Section 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 Council of Members 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:

a) **Eligibility** – Each Nominated Practice Representative present at the meeting or present in accordance with section 3.2.3 above or a mandated representative of the Nominated Practice Representative in accordance with section 3.7.2 above is entitled to one vote.

b) **Majority necessary to confirm a decision** – Each question put to the vote at either an ordinary or extraordinary meeting shall be determined by a majority of votes of those Nominated Practice Representatives voting on the question;

c) **Casting vote** - In the case of an equal vote, the Chair of the meeting shall have an additional and casting vote;

d) **Dissenting views** – Should a vote be taken the outcome of the vote, along with any dissenting views, must be recorded in the minutes of the meeting.

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 all Nominated Practice Representatives on the Council of Members are in agreement.

3.9.2. A decision to suspend the terms of reference 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. Minutes

3.10.1. The minutes will record the names of the Nominated Practice Representatives present. The minutes will also record the names of the Member Practices in attendance and will also include any names of representatives attending in accordance with section 3.1.4. The name of the minute taker will also be included.

3.10.2. The minutes will be drawn up and circulated in accordance with members wishes and then formally signed off by the Chair of the meeting as a true record of the meeting.

3.11. Conduct of the Council of Members

The Council of Members shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles, the Managing Conflicts of Interest and Standards of Business Conduct Policies.

3.12. Calling meetings

3.12.1. The CCG shall hold at least one ordinary meeting of the Governing Body bi-monthly at such times and places as the Governing Body may determine.

3.12.2. These meetings shall be open to the public unless the Governing Body resolves that the public be excluded from the meeting, whether for the whole or part of the proceedings on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of the business to be transacted or the proceedings.

3.12.3. Meeting dates will be set in April for the financial year and published on the CCG's website www.norfolkandwaveneyccg.nhs.uk. It will be made clear on the website whether the public have been excluded from whole or part of the meeting.

3.12.4. Meetings in addition to those referred to at 3.12.1 above can be called in accordance with section 3.20 of these standing orders below.

3.12.5. Governing Body members may participate in Meetings by the use of telephone, video conferencing facilities and/or webcam where such facilitates are available (subject to the approval of the Chair.) Participation in a meeting in any of these manners shall be deemed as presence in person at the meeting.

3.13. Agenda, supporting papers and business to be transacted

3.13.1. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the administrator at least 20 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 15 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of the meeting at least 5 working days before the date the meeting will take place.

3.13.2. Agendas and 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.norfolkandwaveneyccg.nhs.uk.This information is also available upon request either by post or email or for inspection at our Offices detailed at the back of this constitution. Papers considered at meetings of the Governing Body will only not be published if the

Governing Body considers that it would not be in the public interest to do so in relation to a particular paper or part of a paper.

3.14. Petitions

3.14.1. 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.

3.15. Chair of a meeting

3.15.1. At any meeting of the Governing Body the Chair of the CCG Governing Body, shall preside. If the Chair is absent from the meeting, the deputy chair, shall preside.

3.15.2. 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, the Chair, shall be chosen by the members present, or by a majority of them, and shall preside.

3.16. Chair's ruling

3.16.1. The decision of the CCG 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.

3.17. Quorum

3.17.1. At least seven (7) members of the Governing Body must be present in order for an ordinary or extraordinary meeting to be quorate. Of this 7, one (1) must be either the Accountable Officer or Chief Finance Officer, four (4) must be clinicians and two (2) must be Lay Members (except as provided for in relation to emergency decisions, in section 3.19 below.) For the avoidance of doubt “clinicians” in this section means all healthcare professional elected members, the registered nurse and the secondary care specialist.

3.17.2. If members have sent representation rather than be present in person then they will not count towards the quorum in any circumstances.

3.17.3. If the quorum is lost due to member(s) being disqualified from taking part in a vote or discussion due to a declared interest then the CCG’s Managing Conflict of Interest Policy will be followed as set out in the CCG’s Governance Handbook and at section 6 of this Constitution.

3.18. Decision making

3.18.1. 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 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:

(a) **Eligibility** –The members of the Governing Body set out at section 5.5 of the Constitution are eligible to vote. Each member has one vote.

(b) **Majority necessary to confirm a decision** – Any decision of the Governing Body put to vote must be decided by simple majority decision. The vote will be decided by a show of hands;

(c) **Casting vote** - If the numbers of votes for and against a proposal are equal, the Chair or other person chairing the meeting has a casting vote.

(d) **Dissenting views** - Should a vote be taken the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

(e) **Materiality**

3.18.2. In relation to changes proposed to the constitution, where a decision on materiality is required under the Constitution, the Accountable Officer will be required to reach a decision on materiality, subject to seeking advice from the Chair, the Lay Member with responsibility for Financial Management and Audit and the Director of Corporate Affairs and taking this into account.

3.18.3. When assessing materiality, the following factors shall be taken into account:

(a) The impact of the proposed amendments on the way that the CCG discharges its functions and, in particular, the extent to which they amend the arrangements described in section 5 of the Constitution and/or the detailed procedural framework set out in the Standing Orders;

(b) Whether the proposed amendments materially change section 3 of the Constitution (Membership Matters);

(c) The views expressed on the proposed amendments by any Member Practices involved in developing the proposals and the

extent of any prior involvement and engagement with the Member Practices on the proposed amendments.

(d) Any comments made by Member Practices in accordance with section 1.4.3 of the Constitution.

3.18.4. 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.

3.19. Emergency powers and urgent decisions

3.19.1. An urgent decision is defined as a decision that must be taken by the Governing Body before the next scheduled meeting of the Governing Body.

3.19.2. If there is an urgent decision to be made, then in the first instance an emergency meeting of the Governing Body should be called following the procedure set out below.

3.19.3. If an urgent decision needs to be made before an emergency meeting can be arranged then the Chair or the Accountable Officer has the mandate to make that decision provided he/she has consulted with as many Governing Body members as possible but in any event at least 2 other Governing Body members.

3.19.4. Urgent decisions need to be communicated to all Governing Body members via email within 24 hours of being made.

3.19.5. Any urgent decisions made will be put on the agenda of the next ordinary Governing Body meeting and will be formally noted on the minutes.

3.19.6. Any 7 members of the Governing Body can call an emergency meeting of the Governing Body (in addition to the bi-monthly meeting) by giving all members at least seven days (7) days' notice.

3.19.7. Member Practices can request that the Governing Body call an Emergency Meeting of the Governing Body (in addition to the bi-monthly meetings) if not less than one third of the constituent Member Practice Representatives submit a written request to the Governing Body within a seven day (7) day period giving all members at least fourteen (14) days' notice.

3.19.8. The accidental omission to give notice of a meeting to or the non-receipt of notice of a meeting by any person entitled to receive notice shall not invalidate proceedings at that meeting.

3.19.9. Notice of all emergency meetings shall be in writing. Such notices shall be given (i) by delivery in person (ii) by a nationally recognised next day courier service, (iii) by first class, registered or certified mail, postage prepaid, to the address any member may specify in writing or (if relevant) (v) by electronic mail to the Governing Body member. In the case of Lay Members, the Registered Nurse and Secondary Care doctor, to the email address given by the member on appointment (as updated.)

3.19.10. Notice of all emergency meetings shall be published on the CCG's website at www.norfolkandwaveneyccg.nhs.ukat least 5 working days in advance of the meeting.

3.20. Suspension of Standing Orders

3.20.1. Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or the NHS England, any part of these standing orders may be suspended at any meeting, provided 7 Governing Body members are in agreement.

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

3.20.3. 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.

3.21. Record of Attendance

3.21.1. The names of all members of a 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.

3.22. Minutes

3.22.1. The minutes will record the names of the individuals present and any individuals in attendance. The name of the minute taker will also be included.

3.22.2. The minutes will be drawn up and circulated in accordance with members wishes and then formally signed off by the Chair of the meeting as a true record of the meeting.

3.22.3. Where providing a record of a public meeting the minutes shall be made available to the public save that minutes or sections of the minutes which are confidential in nature will not be made available on the CCG's website.

3.23. Admission of public and the press

3.23.1. The public and representatives of the press will be admitted to all meetings of the Governing Body (unless section 3.13.2 above applies) which will be publicised in advance, on the CCG's website www.norfolkandwaveneyccg.nhs.uk

3.23.2. The public and representatives of the press may attend all meetings of the Governing Body that are held in public according to a schedule to be published annually in advance, but shall be required to withdraw upon the Governing Body resolving as follows:

'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1 (2), Public Bodies (Admission to Meetings) Act 1960

3.24. General disturbances

3.24.1. The Chair or deputy Chair or the person presiding over meetings held in public 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 CCG to complete its business without the presence of the public'. Section 1(8) Public Bodies (Admissions to Meetings) Act 1960.

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

3.25.1. 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 for above, shall be confidential to the members of the CCG.

3.25.2. Members and officers or any employee of the CCG in attendance shall not reveal or disclose the contents of papers without the express permission of the Governing Body. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such reports or papers and to the minutes of the meeting arising.

4. APPOINTMENT OF COMMITTEES

4.1. Appointment of CCG Committees

4.1.1. The Constitution sets out the ability of the CCG to appoint Committees.

4.1.2. Where such a Committee is established by the CCG, it may determine the membership of such committee, subject to any statutory requirements, and agree appropriate terms of reference for the Committee.

4.2. Appointment of Governing Body Committees

4.2.1. The Constitution sets out the ability of the Governing Body to appoint Committees. Where the Governing Body appoints such a Committee it may determine the membership, subject to any statutory requirements, and agree appropriate terms of reference for the Committee.

4.2.2. The Governing Body will require, receive and consider reports of all its Committees at the next appropriate meeting of the Governing Body.

4.3. Terms of Reference

4.3.1. Terms of reference for all non-statutory or otherwise mandated Committees are set out in the CCG Governance Handbook.

4.3.2. All Committees and Sub Committees are subject to the terms of the Standing Orders unless otherwise stated in the Term of Reference for the Committee or sub committees agreed by the Governing Body or the CCG.

4.4. Meetings held “in common”

4.4.1. The CCG and the Governing Body may hold committee meetings in common with the meetings of other organisation. The holding of ‘meetings in common’ will not affect the individual terms of the CCG’s Governing Bodies as set out in their Constitution and the decisions of the Governing Body will be made and recorded in accordance with the Standing Orders.

4.5. Joint Committees

4.5.1. Where Joint Committees are established pursuant to the powers set out in the Constitution, the requirements for such Committees set out in the Constitution must be complied with.

4.5.2. Joint committees may operate committees in common arrangements with other partner organisations.

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 CCG'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:

a) the Accountable Officer;
b) the Chair of the Governing Body;
c) the Chief Finance 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.

a) the Accountable Officer
b) the Chair of the Governing Body
c) the Chief Finance Officer

Appendix 4 Delegated Limits

Delegated Matter		Delegated to
1	**Management of Programme Costs budgets – Contract signing authority (upon gaining authority as per section 3 below.)**	
a)	Whole contract value Under £5,000,000	Accountable Officer; or Chief Finance Officer; or Chief Nurse; or Director of Strategic Commissioning
b)	Whole contract value Over £5,000,000	Accountable Officer; or Chief Finance Officer
2	Commissioning and Decommissioning business cases, all the of the below except where delegated to primary care commissioning committee	
a	**Whole value of business case over £5,000,000 and/or any business case that may have reputational issues as agreed by EMT**	Governing Body

b	**Whole value of business case between £1,000,000 and £5,000,000**	Accountable Officer or Chief Finance Officer after EMT approval
c	**Whole value of business case under £1,000,000**	Either Accountable Officer or Chief Finance Officer
3	**Procurement** The following limits apply to all new contracts including healthcare, external consultants, agency staff and temporary staff service contracts. The contract value is defined as the total estimated cost to the CCG of the complete term of the contract, including payable VAT. If the contract or proposed contract variation exceeds the threshold limits as set out by the Public Contracts Regulations 2015 (PCR15) then a Regulatory procurement shall be undertaken subject to section (b) below. (a) Authority to award or sign a contract after obtaining at least: 1. 1 written quote up to £9,999 2. 2 Written quotations from £10,000 to £24,999 3. 3 written quotations from £25,000 to £99,999.	Accountable Officer, Chief Finance Officer, Chief Nurse, Director of Strategic Commissioning or Locality Director (1-4) on advice from the Associate Director of Contracts and Procurements Accountable Officer or Chief Finance Officer after Governing Body approval (5)

	4. A proportionate procurement process from £100,000 to the PCR 15 limit. (As of September 2018 this limit is £615,278 for a healthcare service.) 5. From the PCR 15 limit upwards- Regulatory procurement process and advertisement on Contracts Finder and in the Official Journal of the European Union (OJEU). For any scenario above the commissioner will obtain advice from the Associate Director of Contracts and Procurement. (b) Waiving of quotations and procurement for the total value of the contract. 1. Up to £5,000,000 2. Over £5,000,000 All approved tender waivers must be reported to Audit Committee.	Chief Finance Officer or Accountable Officer Chief Finance Officer and Accountable Officer

Appendix 5 Memorandum of Understanding between the Norfolk and Waveney LMC and the CCG.

The CCG in its Constitution has committed to engage with the Norfolk and Waveney Local Medical Committee. This relationship is reinforced through the NHSE Delegation Agreement for primary care commissioning. The purpose of this document is to outline some of the working principles underpinning the relationship between the LMC and CCG to enable both organisations to meet their responsibilities to Norfolk and Waveney Member Practices.

The LMC

At the date of signing, the LMC for this area is the Norfolk and Waveney Local Medical Committee, recognised under statute in the NHS Act 1977 and as per its Constitution ratified by NHSE Midlands and East (2018). The CCG will in the future recognise such statutorily constituted LMC as representing general practitioners within its boundaries.

The LMC acts as the local representatives of general practitioners. This role is not in any way diminished by the appointment of local GPs as clinical leaders in commissioning or provider groups. The LMC also has links with the British Medical Association (BMA) and the General Practitioners Committee (GPC).

The LMC has a crucial role in providing, advice, information and support to all GPs working in the area.

Whilst there are key documents that stipulate when the CCG must consult with the LMC, we would not see this as a finite list. The CCG is an organisation made up of membership from all local GP practices, these members should hold the right to elect the LMC, as their representative body, to speak to the CCG on their behalf on any issues they deem appropriate (following discussion and agreement with the LMC).

The CCG

It is recognised that the CCG is a membership organisation made up of practices that fulfil the eligibility criteria set out in the CCG constitution. The prime responsibility of the CCG is to commission services for its population that demonstrably improve quality and outcomes for patients, whilst at the same time maintaining financial balance. Due to the two way line of responsibility between practices and the CCG, the LMC has an important role in the oversight of the CCG role in commissioning and managing contracts with constituent practices. As a Committee made up of a cross section of General Practitioners in the area the LMC is well placed to recognise Conflicts of Interest, interpret decision making processes and adopt the role of a critical friend.

Membership of a CCG is mandatory for all practices, but doing so does not materially change any other rights or responsibilities a practice has as part of their existing GMS/PMS/APMS contract, which the LMC has a legitimate role in representing practices on.

Primary Medical Contract

The Primary Medical Contract is held by the NHSE, and, following Delegated Commissioning CCGs will be responsible for making:

1.1.1. decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:

1.1.1.1. decisions in relation to Enhanced Services;
1.1.1.2. decisions in relation to Local Incentive Schemes (including the design of such schemes);

1.1.1.3. decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
1.1.1.4. decisions about 'discretionary' payments;
1.1.1.5. decisions about commissioning urgent care (including home visits as required) for out of area registered patients;

1.1.2. the approval of practice mergers;
1.1.3. planning primary medical care services in the Area, including carrying out needs assessments;
1.1.4. undertaking reviews of primary medical care services in the Area;
1.1.5. decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
1.1.6. management of the Delegated Funds in the Area;

1.1.7. Premises Costs Directions Functions;

1.1.8. co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and

1.1.9. such other ancillary activities that are necessary in order to exercise the Delegated Functions.

The requirement for the CCG to consult with the LMC is largely covered within the NHSE Delegation Agreement within these sections:

2. Primary Medical Services Contract Management

2.6. The CCG must ensure that it complies with any Guidance in relation to the design and commissioning of Enhanced Services.

2.6.5. consult with Local Medical Committees…

2.8. There is no formal approvals process that the CCG must follow to develop a Local Incentive Scheme, although any proposed new Local Incentive Scheme:

2.8.1. is subject to consultation with the Local Medical Committee;

4. Approving GP Practice Mergers and Closures

4.2. The CCG must undertake all necessary consultation when taking any decision in relation to GP practice mergers or GP practice closures in the Area, including those set out under section 14Z2 of the NHS Act (duty for public involvement and consultation). The consultation undertaken must be appropriate and proportionate in the circumstances and should include consulting with the Local Medical Committee.

Schedule 2 – Part 2:

3.3. Where the CCG wishes to develop and offer a locally designed contract, it must ensure that it has consulted with its Local Medical Committee in relation to the proposal…

4. Integrated working

4.1. The CCG must take an integrated approach to working and co-ordinating with stakeholders including NHS England, Local Professional Networks, local authorities, Healthwatch, acute and community providers, the Local Medical Committee, Public Health England and other stakeholders.

However, the LMC and CCG must work constructively together to ensure the wider range of responsibilities the CCG has under its Delegation Agreement has appropriate input from the LMC to support the CCG in delivering its delegated functions, as well as enabling the LMC to fulfil its statutory responsibility to represent levy paying GMS/PMS/APMS practice in its area.

The exact mechanism for this can be determined by the CCG and LMC on a case by case basis, for example through the Primary Care Commissioning Committee, face to face meetings or emailed communications, but as a minimum, the CCG should ensure the LMC is informed and given the opportunity to provide comment where a decision made by the CCG may directly impact on a GP and/or GP practice. This needs to be carried out in a timely manner that allows the LMC sufficient time to provide a considered response.

In addition to the CCG's Delegated Agreement, the GP contract and Enhanced Services/Local Incentive Schemes will include sections which specify the requirement for CCGs to work with the LMC. These contracts are, ordinarily, reviewed annually and consideration to any additions will need to be made in line with any changes. Currently these additions include involving the LMC when discussing areas of quality improvement (item 3.17), improved access (Annex D item 15) and the development and implementation of PCNs (section 4). It is vital we work together to ensure the national intention for PCNs to be led and directed by practices is met and practices are supported by the CCG and LMC to enable this. With PCNs being at the heart of the delivery of the NHS 10 Year Plan the LMC has a specific role, agreed by NHSE, to act in an advisory role and work with the CCG and practices to resolve any local difficulties and agree solutions. The LMC is well placed for this role as it can act as an advisor in seeking solutions that work for practices and enable PCNs to deliver as we have a wealth of knowledge through close links with the General Practitioners Committee (GPC).

Quality and Performance

CCGs are required to support NHSE in developing and maintaining high quality services to secure continuous improvement in the quality of primary care medical services.

While recognising the importance and focus of quality in primary care and the key role the CCG has in supporting practices, both informally through support, advice, training, workforce planning and through the commissioning process in the provision of services, it must be clear that the CCG's role is commissioning and not GP performance management. In cases where there are performance concerns the CCG should discuss their concerns with the LMC as there maybe ways of addressing such

issues through an informal mechanism. If the concerns require a level of escalation then there needs to be tripartite discussions between the LMC, NHSE and CCG. Any contractual sanctions are a matter to involve both the NHSE and the LMC.

Meeting Attendance

The LMC will continue to be invited to Parts 1 and 2 of the CCG Primary Care Commissioning Committee (or equivalent).

The LMC is the only organisation that has the statutory role to provide representation of general practitioners. It also has access to a wide range of information and historical knowledge. The LMC may therefore be an appropriate attendee at other meetings held by the CCG. The CCG should contact the LMC directly to discuss attendance and the role of the LMC at individual meetings.

Electoral Process

The LMC may act as an independent arbiter to the CCG's electoral processes. Any appointment process must be conducted fairly and impartially.

Constitutional Changes

The LMC should be consulted on any proposed constitutional changes prior to submission to NHSE to ensure transparency and democracy is maintained.

Appendix 6 Overarching Scheme of Reservation and Delegation (OSoRD)

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
REGULATION AND CONTROL	Exercise or delegation of those functions of the clinical commissioning group which have not been retained as reserved by the group, delegated to the Governing Body or other committee or sub-committee or a specified member or employee			✓		
REGULATION AND CONTROL	Holding the Governing Body to account for delivery of functions, duty and roles	✓				
REGULATION AND CONTROL	Approval on changes to the Constitution in accordance with section 1.4.	✓				
REGULATION AND CONTROL	Set out who can execute a document by signature / use of the seal		✓			

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
REGULATION AND CONTROL	Approval of amendments to the Terms of Reference of the Committees of the Governing Body		✓			
REGULATION AND CONTROL	Subject to regulatory requirements, approving the arrangements for appointing and removal of Healthcare Professionals from Member Practices to represent the CCG's membership on the Governing Body; and identifying member Practice representatives from each member Practice and also the Nominated Practice representative for the Council of members in their Locality.	✓				
REGULATION AND CONTROL	Appointment external auditor firm.		✓			
REGULATION AND CONTROL	Appointment of internal auditor firm.		✓			

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
MEMBER PRACTICE REPRESENTATIVES	Calling, attending and contributing to a Council of Member meeting. (section 3.4.1 and/or section 3.3.3 Standing orders)	✓				
ANNUAL REPORTS AND ACCOUNTS	Receive the group's Annual Report and Accounts	✓				
ANNUAL REPORTS AND ACCOUNTS	Approval of the group's Annual Report and Accounts.		✓			
ANNUAL REPORTS AND ACCOUNTS	Approval of the arrangements for discharging the group's statutory financial duties		✓			
HUMAN RESOURCES	Review and determine the terms of service for elected Governing Body members taking into account any national or local guidance as appropriate.				✓ **Remuneration Committee**	
HUMAN RESOURCES	Review the performance and make recommendations with regard to the annual salary awards of the Accountable Officer and Chief Finance Officer.				✓ **Remuneration Committee**	

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
HUMAN RESOURCES	Determine the annual salary awards of the Accountable Officer and Chief Finance Officer		✓			
HUMAN RESOURCES	Determination of remuneration of members of the remuneration committee		✓			
HUMAN RESOURCES	Consideration of severance payments of the Accountable Officer and other senior staff.				✓ **Remuneration Committee**	
HUMAN RESOURCES	Approval of severance payments of the Accountable Officer and other senior staff.		✓			
QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes				✓ **Quality and Performance Committee**	
OPERATIONAL AND RISK MANAGEMENT	Approve the group's counter fraud and security management arrangements				✓ **Audit Committee**	

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
OPERATIONAL AND RISK MANAGEMENT	Responsibility for overseeing conflicts of Interest.		✓			
CONFLICTS OF INTEREST	Where decisions are required to be made on behalf of the Group but cannot be decided by the Governing Body due to the Governing Body not being quorate as a result of Conflicts of Interest decisions are to be taken by the Conflicts of Interest Committee. The Committee has authority to act in accordance with the CCG's Constitution, Standing Orders, Prime Financial Policies and Scheme of Delegation.				✓ **Conflicts of Interest Committee**	
PRIMARY CARE	Work on GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract				✓ **Primary Care Commissioning Committee**	

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
PRIMARY CARE	Design of new enhanced services ("Local Enhanced Services (LES)" and Directed Enhanced Services (DES)")				✓ **Primary Care Commissioning Committee**	
PRIMARY CARE	Review, redesign and decommissioning of existing Local Enhanced Services;				✓ **Primary Care Commissioning Committee**	
PRIMARY CARE	Approval of the process for submitting and approving business cases for PMS Monies and the approval of the business cases for PMS Monies.				✓ **Primary Care Commissioning Committee**	
PRIMARY CARE	Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities: i) decisions in relation to Enhanced Services;				✓ **Primary Care Commissioning Committee**	

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
	ii) decisions in relation to Local Incentive Schemes (including the design of such schemes); iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices; iv) decisions about 'discretionary' payments; v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;					
PRIMARY CARE	Planning primary medical care services in the Area, including carrying out needs assessments				✓ **Primary Care Commissioning Committee**	
PRIMARY CARE	Approval of practice mergers				✓	

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
					Primary Care **Commissioning Committee**	
PRIMARY CARE	Undertaking reviews of primary medical care services in the Area				✓ **Primary Care** **Commissioning Committee**	
PRIMARY CARE	Decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list)				✓ **Primary Care** **Commissioning Committee**	
PRIMARY CARE	Management of the Delegated Funds in the Area				✓ **Primary Care** **Commissioning Committee**	

Policy Area	Decision	Reserved to the Membership (Via the Council of Members)	Reserved or delegated to Governing Body	Accountable Officer	Committee	Specified Individual
PRIMARY CARE	Premises Costs Directions functions				✓ **Primary Care Commissioning Committee**	
PRIMARY CARE	Co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate				✓ **Primary Care Commissioning Committee**	
PRIMARY CARE	Such other ancillary activities as are necessary in order to exercise the Delegated Functions				✓ **Primary Care Commissioning Committee**	
PRIMARY CARE	Review and design of primary care dashboard;				✓ **Primary Care Commissioning Committee**	

Appendix 7 Lower Super Output Areas -Waveney – Suffolk County Council

Waveney 006A Waveney 012B
Waveney 004F Waveney 014C Waveney 012C
Waveney 003A Waveney 009A Waveney 012D
Waveney 003B Waveney 013D Waveney 007B
Waveney 006C Waveney 006B Waveney 005A
Waveney 006D Waveney 011B Waveney 007C
Waveney 005C Waveney 009B Waveney 008A
Waveney 003C Waveney 008D Waveney 007D
Waveney 012E Waveney 006E Waveney 001D
Waveney 010A Waveney 009C Waveney 001E
Waveney 012F Waveney 005D Waveney 002A
Waveney 010B Waveney 005E Waveney 002B
Waveney 008B Waveney 009D Waveney 005B
Waveney 010C Waveney 008E Waveney 004E
Waveney 008C Waveney 012A
Waveney 011A Waveney 011C
Waveney 007E Waveney 001A
Waveney 010D Waveney 011D
Waveney 002C Waveney 001B
Waveney 010E Waveney 011E
Waveney 003D Waveney 001C
Waveney 015A Waveney 014D
Waveney 002D Waveney 015B
Waveney 013A Waveney 015C
Waveney 003E Waveney 015D
Waveney 002E Waveney 004A
Waveney 013B Waveney 007A
Waveney 014A Waveney 004B
Waveney 013C Waveney 004C