NHS
Bury Clinical Commissioning Group

NHS Bury Clinical Commissioning Group Constitution

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Foreward

The Health & Social Care Act 2012 requires the NHS Commissioning Board to ensure that the whole of England is covered by Clinical Commissioning Groups. Clinical Commissioning Groups are membership organisation and, from April 2013, they will be required to commission healthcare services on behalf of the people for whom they are responsible.

In Bury, work has been underway for some time to prepare for the transfer of commissioning responsibility from Bury PCT (NHS Bury) to **NHS Bury Clinical Commissioning Group (the "Group").** This Constitution replaces the interim constitution put in place in January 2012 to govern the development of the Clinical Commissioning Group in shadow form. In broad terms, this Constitution includes all the key principles set out in that earlier document, particularly as to how the organisation works and relates to members of the public and partners but it has been updated to meet the requirements of legislation and put into the format of the model document published by the NHS Commissioning Board authority. The Constitution therefore continues to reflect the views of its member practices, members of the public and local partners expressed during the consultation process carried out by the shadow Clinical Commissioning Group.

This Constitution sets out the arrangements made by the Group to meet its responsibilities for commissioning care for the people for whom it is responsible. It describes the governing principles, rules and procedures that the Group will establish to ensure probity and accountability in the day to day running of the Group; to ensure that decisions are taken in an open and transparent way and that the interests of patients and the public remain central to the goals of the Group.

The Constitution includes:

- the name of the Group
- the membership of the Group
- the area of the Group
- the arrangements for the discharge of the Group's functions and those of its Governing Body,
- the procedure to be followed by the Group and its Governing Body in making decisions and securing transparency in its decision making
- arrangements for discharging the Group's duties in relation to registers of interests and managing conflicts of interests
- arrangements for securing the involvement of persons who are, or may be, provided with services commissioned by the Group in certain aspects of those commissioning arrangements and the principles that underpin these.

The Constitution applies to the following, all of whom are required to adhere to it as a condition of their appointment:

- the Group's member practices
- the Group's employees,

- individuals working on behalf of the Group and
- anyone who is a member of the Group's Governing Body (including the Governing Body's audit and remuneration committees)
- anyone who is a member of any other committee(s) or sub-committees established by the Group or its governing body

Any policies / procedures / strategies referenced in this constitution are available on the Clinical Commissioning Group's website

Chair - Dr Kiran Patel Accountable Officer – Stuart North

Contents

1. INTRODUCTION AND COMMENCEMENT

1.1 Name

1.1.1 The name of this Clinical Commissioning Group is NHS Bury Clinical Commissioning Group.

1.2 Statutory Framework

1.2.1 Clinical Commissioning Groups are established under the Health and Social Care Act 2012 ("the 2012 Act").[i] They are statutory bodies which have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2006 ("the 2006 Act").[ii] The duties of NHS Bury Clinical Commissioning Group is to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.[iii]

1.2.2 The NHS Commissioning Board is responsible for determining applications from prospective groups to be established as Clinical Commissioning Groups[iv] and undertake an annual assessment of each established group.[v] It has powers to intervene in NHS Bury Clinical Commissioning Group where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.[vi]

1.2.3 Clinical Commissioning Groups are clinically led membership organisations made up of general practices[vii]. The members of the NHS Bury Clinical Commissioning Group are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.[viii]

1.3 Status of this Constitution

1.3.1 This constitution is made between the members of NHS Bury Clinical Commissioning Group and each of the Member Practices (Appendix B) and has effect from 1st day of April 2013 [ix] .
The constitution is published on the group's website at www. bury.nhs.uk
This document will also be made available on request for inspection at our headquarters or will be available upon formal application by post:

The Corporate Office
NHS Bury Clinical Commissioning Group
21, Silver Street
Bury
BL9 0EN

1.3.2 NHS Bury Clinical Commissioning Group recognises and confirms that 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 group, 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 group or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.

1.4 **Amendment and Variation of this Constitution**

1.4.1 This constitution can only be varied in two circumstances.[x]

a) where the group applies to the NHS Commissioning Board and that application is granted;

b) where in the circumstances set out in legislation the NHS Commissioning Board varies the group's constitution other than on application by the group.

2. AREA COVERED

2.1 The geographical area covered by NHS Bury Clinical Commissioning Group is fully coterminous with that covered by Bury Metropolitan Borough Council.

3. MEMBERSHIP

3.1 **Membership of the Clinical Commissioning Group**

3.1.1 Each Member of the Group has signed a letter confirming acceptance and agreement to the Constitution, which are held in the Corporate Office.

An Inter Practice Agreement sets out the basis of the relationship between member practices and NHS Bury Clinical Commissioning Group. Hard copies are available upon request from the Corporate Office. The Constitution is available on the website

3.1.2 Appendix B of this Constitution contains the list of member practices.

3.1.3 Where Practices are failing to meet their commissioning responsibilities, performance management will be addressed in a supportive way and escalated as required as outlined in the Inter Practice Agreement.

3.2 Eligibility

3.2.1 Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract, will be eligible to apply for membership of this group - and must have their site located within the Borough of Bury.

3.2.2 A member shall cease to be a member if :

a) it ceases to hold a contract for the provision of primary medical services within the Borough of Bury; and
b) the NHS Commissioning Board approves its removal from the Group.

4. MISSION, VALUES AND AIMS

4.1 Mission

4.1.1 The mission of NHS Bury Clinical Commissioning Group is to continually improve Bury's health and wellbeing by listening to you and working together across boundaries.

Bury's Clinical Commissioning Group will work as a collective group of practices in Bury to increase independence and provide the best care for our patients and population within the finances available

4.1.2 The group will promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties.

4.2 Values

4.2.1 Good corporate governance arrangements are critical to achieving the group's objectives.

4.2.2 Our core values have been developed from those of the NHS Constitution and reflect the internal culture we need to underpin our overarching aims. The values that lie at the heart of the groups work are:

- Inclusive and transparent decision making;
- Challenge inequalities together with partnership working;
- Bold, innovative and supporting;
- People-centred, clinically effective, efficient and sustainable care;

- Value individuals and promote self-development;
- Listening to you and learn together.

4.3 Aims

4.3.1 The group's aims are to:

- Deliver improvement in outcomes for patients
- Deliver service improvement through system redesign in priority areas
- Develop Clinical Commissioning Group and Primary Care capability as commissioners and leaders
- Deliver through the Health and Wellbeing Board improved population health and reduction in inequalities
- Deliver the Clinical Commissioning Group element of Quality, Innovation, Prevention and Productivity through effective system management and working with partners and stakeholders and ensuring a culture with focus on quality, fostering innovation, improving health outcomes and reducing inequalities.

4.4 Principles of Good Governance

4.4.1 In accordance with section 14L (2)(b) of the 2006 Act,[xi] the group will at all times observe "such generally accepted principles of good governance" in the way it conducts its business. 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*;[xii]

c) the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the 'Nolan Principles'[xiii]

d) the seven key principles of the *NHS Constitution*;[xiv]

e) the Equality Act 2010.[xv]

f) Standards for members of NHS Boards and Governing Bodies in England. NB – currently a draft document

4.4.2 Good Corporate Governance arrangements are critical to achieving the Group's objectives.

a) It will be the responsibility of the Clinical Commissioning Group Governing Body GP members to represent the membership as a whole and not individual practices or groups.

b) It will be the responsibility of the Clinical Commissioning Group Governing Body to ensure that members have as timely information as is available, to enable them to manage their responsibilities in line with the membership agreement.

c) Resignations: the mechanism for resigning as a Governing Body member is via written correspondence addressed to the Chair as specified in the Business Operating Framework and the Standing Orders.

4.4.3 Communication with the Membership

a) NHS Bury Clinical Commissioning Group Governing Body will take a proactive approach to communication and will ensure all communication is timely, honest, open and transparent.

b) Papers for all Clinical Commissioning Group Governing Body meetings will be made available to all members.

c) None of the members shall make or permit or authorise the making of any press release or other public statement or disclosure concerning the Clinical Commissioning Group or any of the members without the explicit approval of the Clinical Commissioning Group Governing Body. It should be noted that the Whistle-blowing Policy supersedes this where applicable.

d) The communication strategy can be found on the Clinical Commissioning Group's Website.

4.5 Accountability

4.5.1 The group will demonstrate its accountability to its members, local people, stakeholders and the NHS Commissioning Board in a number of ways, including by:

a) publishing its constitution;

b) appointing independent lay members and non - GP clinicians to its governing body;

c) holding meetings of its governing body in public (except where the group considers that it would not be in the public interest in relation to all or part of a meeting);

d) publishing annually a commissioning plan;

e) complying with local authority health overview and scrutiny requirements;

f) meeting annually in public to publish and present its annual report (which must be published);

g) producing annual accounts in respect of each financial year which must be externally audited;

h) having a published and clear complaints process;

i) complying with the Freedom of Information Act 2000;

j) providing information to the NHS Commissioning Board as required.

4.5.2 In addition to these statutory requirements, the group will demonstrate its accountability by:

a) publishing on the Clinical Commissioning Group website principal commissioning and operational policies, e.g. a policy about funding exceptional cases

b) holding engagement events

4.5.3 The Governing Body of the group will throughout each year have an on-going role in reviewing the group's governance arrangements to ensure that the group continues to reflect the principles of good governance.

4.6 Extraordinary General Meeting

4.6.3 An extraordinary general meeting (EGM) can be called at the written request of one-third of the Clinical Commissioning Group membership. The written request must include the item(s) to be raised at this meeting and be signed by all members requesting the EGM. The meeting will be restricted to the business raised and must be held within one calendar month of the request.

4.6.4 The written request must be submitted to the Chair and the Administrator of the Committee. The conduct of this meeting is described in the Inter Practice Agreement.

5. FUNCTIONS AND GENERAL DUTIES

5.1 Functions

5.1.1 The functions that the group is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. An outline of these appears in the Department of Health's *Functions of Clinical Commissioning Groups: a working document*. They relate to:

a) commissioning certain health services (where the NHS Commissioning Board is not under a duty to do so) that meet the reasonable needs of all people registered with member GP practices, and people who are usually resident within the area and are not registered with a member of any Clinical Commissioning Group;

b) commissioning emergency care for anyone present in the group's area;

c) paying its employees' remuneration, fees and allowances in accordance with the determinations made by its governing body and determining any other terms and conditions of service of the group's employees;

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

5.1.2 In discharging its functions the group will:

a) act[xvi], when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and the NHS Commissioning Board of their duty to ***promote a comprehensive health service***[xvii] *and* with the objectives and requirements placed on the NHS Commissioning Board through *the mandate*[xviii] published by the Secretary of State before the start of each financial year by:

- delegating responsibility to the Group's Governing Body;
- specifying a policy which sets out how the Group intends to discharge this duty.

b) ***meet the public sector equality duty***[xix]:

c) work in partnership with its local authority to develop ***joint strategic needs assessments***[xx] and ***joint health and wellbeing strategies***[xxi]

5.2 **General Duties** - in discharging its functions the group will:

5.2.1 Make arrangements to ***secure public involvement*** in the planning development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements[xxii] as described in the Communication and Engagement Policy

5.2.1.1 The Clinical Commissioning Group has adopted three key principles to guide its engagement work which set out an ethical framework against which the Clinical Commissioning Group invites the public to judge its engagement activity against:

a) Accessibility, equitability and supporting involvement

b) Honesty, accountability and transparency

c) Responsive engagement with clear outcomes

5.2.1.2 The Clinical Commissioning Group's public involvement activities will be compliant with the relevant legislation and guidance.

In accordance with Section 14Z2(2) of the 2006 Act (inserted by section 26 of the 2012 Act), the Clinical Commissioning Group will make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information in other ways) :

a) in the planning of the commissioning arrangements by the group;

b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which services are delivered to the individuals or the range of service available to them, and

c) in the decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact"

- Where it is intended that services will change, The Clinical Commissioning Group will engage with Bury Council's Health Overview and Scrutiny Committee, the Local Medical Committee and other local professional committees where appropriate.
- Where the Clinical Commissioning Group has to formally consult on changes, it will take account of the Cabinet Office's *Code of Practice on Consultation*.

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

5.2.3 Act ***effectively, efficiently and economically***[xxiv]

5.2.4 Act with a view to ***securing continuous improvement to the quality of services***[xxv]

5.2.5 Assist and support the NHS Commissioning Board in relation to the Board's duty to ***improve the quality of primary medical services***[xxvi]

5.2.6 Have regard to the need to ***reduce inequalities***[xxvii]:

5.2.7 ***Promote the involvement of patients, their carers and representatives in decisions about their healthcare***[xxviii]:

5.2.8 Act with a view to ***enabling patients to make choices***[xxix]

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

5.2.10 ***Promote innovation***[xxxi]

5.2.11 ***Promote research and the use of research***[xxxii]

5.2.12 Have regard to the need to ***promote education and training***[xxxiii] for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty[xxxiv]

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

5.3 General Financial Duties – the group will perform its functions so as to:

5.3.1 **Ensure its expenditure does not exceed the aggregate of its allotments and any required surplus for the financial year**

5.3.2 **Ensure its use of resources does not exceed the amount specified by the NHS Commissioning Board for the financial year**

5.3.3 **Take account of any directions issued by the NHS Commissioning Board in respect of specified types of resource use in a financial year, to ensure the group does not exceed an amount specified by the NHS Commissioning Board**

5.3.4 **Publish an explanation of how the group spent any payment in respect of quality** made to it by the NHS Commissioning Board

5.3.5 **Arrangements by the Group to comply with its functions –** The Group will comply with its functions (including its duties and powers) as set out in legislation and this Constitution (paragraphs 5.2 and 5.3 in particular) by:

a) Delegating its functions to the Governing Body unless the functions are reserved to the Members, acting through the Council of Members, under the Scheme of Delegation or delegated to a committee or sub-committee or a member or employee of the Group;

b) The Governing Body ensuring that the Group has appropriate arrangements for ensuring that it functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it.

c) Acting in accordance with its Statement of Policy for Compliance with General, Financial and Public Sector Equality Duties that the Governing Body will adopt keep under review and update for the Group.

d) The Governing Body monitoring the performance of functions through the Group's reporting mechanisms.

5.4 Other Relevant Regulations, Directions and Documents

5.4.1 The Group will:

a) comply with all relevant regulations;

b) comply with directions by the Secretary of State for Health or the NHS Commissioning Board; and

c) take account, as appropriate, of documents issued by the NHS Commissioning Board.

5.4.2 The Group will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary, its scheme of reservation and delegation and other relevant group policies and procedures and Business Operating Framework; which includes the Statement of Policy compliance. The Governing Body will be responsible for refreshing and updating the Statement of Policy, the Business Operating Framework and The Scheme of Reservation and Delegation.

6. DECISION MAKING: THE GOVERNING STRUCTURE

6.1 Authority to act

6.1.1 The Clinical Commissioning Group is accountable for exercising the statutory functions of the group. It may grant authority to act on its behalf to:

a) any of its members;

b) its governing body;

c) employees;

d) a committee or sub-committee of the group;

e) other public bodies, designated groups and representatives.

6.1.2 The extent of the authority to act of the respective bodies and individuals depends on the powers delegated to them by the group as expressed through:

a) the Constitution;

b) the group's Scheme of Reservation and Delegation; and

b) for committees, their terms of reference.

6.2 Scheme of Reservation and Delegation[xxxvi]

6.2.1 The group's scheme of reservation and delegation sets out:

a) those decisions that are reserved for the membership as a whole;

b) those decisions that are the responsibilities of its Governing Body (and its committees), the group's committees and sub-committees, individual members and employees.

6.2.2 The Clinical Commissioning Group remains accountable for all of its functions, including those that it has delegated.

6.3 General

6.3.1 In discharging functions of the group that have been delegated to its governing body, committees, joint committees, sub committees, groups and individuals must:

a) comply with the group's principles of good governance;[xxxvii]

b) operate in accordance with the group's scheme of reservation and delegation;[xxxviii]

c) comply with the group's standing orders;[xxxix]

d) comply with the group's arrangements for discharging its statutory duties;[xl]

e) where appropriate, ensure that member practices have had the opportunity to contribute to the group's decision making process.

6.3.2 When discharging their delegated functions, committees, sub-committees, joint committees and groups must also operate in accordance with their approved terms of reference.

6.3.3 Where delegated responsibilities are being discharged collaboratively, the joint (collaborative) arrangements must:

a) identify the roles and responsibilities of those clinical commissioning groups who are working together;

b) identify any pooled budgets and how these will be managed and reported in annual accounts;

c) specify under which clinical commissioning group's scheme of reservation and delegation and supporting policies the collaborative working arrangements will operate;

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

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

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

6.4 Committees of the group

6.4.1 The Governing Body on behalf of the Group may appoint such committees of the Group as it considers may be appropriate and delegate to them the exercise of any functions of the Group which in its discretion it considers to be appropriate except insofar as this Constitution has reserved or delegated the exercise of the Group's functions to its members, employees or a committee or sub-committee of the Group or Governing Body.

6.4.2 A committee of the Group may consist of or include persons other than members or employees of the Group.

6.4.3 A committee of the CCG includes a joint committee of the CCG and one or more other clinical commissioning groups and/or one or more local authorities and/or NHS England.

6.4.4 Committees will only be able to establish their own sub-committees, to assist them in discharging their respective responsibilities, if this responsibility has been delegated to them by the Governing Body on behalf of the Group or the committee they are accountable to.

6.4.5 All decisions taken in good faith at a meeting of any committee or sub-committee shall be valid even if there is any vacancy in its membership or it is discovered subsequently that there was a defect in the calling of the meeting, or the appointment of a member attending the meeting.

6.5 Joint commissioning arrangements with other Clinical Commissioning Groups

6.5.1 The Group may work together with other Clinical Commissioning Groups in the exercise of its commissioning functions.

6.5.2 The Group may make arrangements with one or more Clinical Commissioning Groups in respect of:

a) delegating any of the Group's commissioning functions to another Clinical Commissioning Group;

b) exercising any of the commissioning functions of another Clinical Commissioning Group; or

c) exercising jointly the commissioning functions of the Group and another Clinical Commissioning Group.

6.5.3 For the purposes of the arrangements described at paragraph 6.5.2, the Group may:

a) make payments to another Clinical Commissioning Group;

b) receive payments from another Clinical Commissioning Group;

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

d) receive the services of the employees or the resources made available by another Clinical Commissioning Group.

6.5.4 Where the Group makes arrangements with one or more Clinical Commissioning Groups which involve all of the Clinical Commissioning Groups exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions.

6.5.5 For the purposes of the arrangements described at paragraph 6.5.2 above, the Group may establish and maintain a pooled fund made up of contributions by all of the Clinical Commissioning Groups working together pursuant to paragraph 6.5.2 c) 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.

6.5.6 Where the Group makes arrangements with one or more other Clinical Commissioning Groups as described at paragraph 6.5.2 above, the Group shall develop and agree with that Clinical Commissioning Group/ those Clinical Commissioning Groups an agreement setting out the arrangements for joint working, including details of:

- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.5.7 Arrangements made pursuant to paragraph 6.5.2 above do not affect the liability of the Group for the exercise of any of its functions.

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

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

6.5.10 The governing body shall require, in all joint commissioning arrangements, that the lead clinician and lead manager of the lead CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

6.5.11 Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year.

6.6 Joint commissioning arrangements with the NHS Commissioning Board for the exercise of Clinical Commissioning Group functions

6.6.1 The Group may work together with the NHS Commissioning Board in the exercise of its commissioning functions.

6.6.2 The Group and the NHS Commissioning Board may make arrangements to exercise any of the Group's commissioning functions jointly.

6.6.3 The arrangements referred to in paragraph 6.6.2 above may include other Clinical Commissioning Groups.

6.6.4 Where joint commissioning arrangements are entered into pursuant to paragraph 6.6.2 above, the parties may establish a joint committee to exercise the commissioning functions in question.

6.6.5 Arrangements made pursuant to paragraph 6.6.2 above may be on such terms and conditions (including terms as to payment) as may be agreed between the NHS Commissioning Board and the Group.

6.6.6 Where the Group makes arrangements with the NHS Commissioning Board (and one or more other Clinical Commissioning Groups if relevant) as described at paragraph 6.6.2 above, the Group shall develop and agree with the NHS Commissioning Board a framework setting out the arrangements for joint working, including details of:

- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.6.7 Arrangements made pursuant to paragraph 6.6.2 above do not affect the liability of the Group for the exercise of any of its functions.

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

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

6.6.10 The governing body shall require, in all joint commissioning arrangements, that the lead clinician and lead manager of the lead CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

6.6.11 Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year.

6.7 Joint commissioning arrangements with the NHS Commissioning Board for the exercise of the NHS Commissioning Board's functions

6.7.1 The Group may work with the NHS Commissioning Board and, where applicable, other Clinical Commissioning Groups, to exercise specified NHS Commissioning Board functions.

6.7.2 The Group may enter into arrangements with the NHS Commissioning Board and, where applicable, other Clinical Commissioning Groups to:

- Exercise such functions as specified by the NHS Commissioning Board under delegated arrangements;
- Jointly exercise such functions as specified with the NHS Commissioning Board.

6.7.3 Where arrangements are made for the Group and, where applicable, other Clinical Commissioning Groups to exercise functions jointly with the NHS Commissioning Board a joint committee may be established to exercise the functions in question.

6.7.4 Arrangements made between the NHS Commissioning Board and the Group may be on such terms and conditions (including terms as to payment) as may be agreed between the parties.

6.7.5 For the purposes of the arrangements described at paragraph 6.7.2 above, the NHS Commissioning Board and the Group may establish and maintain a pooled fund made up of contributions by the parties working together. 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.

6.7.6 Where the Group enters into arrangements with the NHS Commissioning Board as described at paragraph 6.7.2 above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:

- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.7.7 Arrangements made pursuant to paragraph 6.7.2 above do not affect the liability of the NHS Commissioning Board for the exercise of any of its functions.

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

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

6.6.10 The governing body shall require, in all joint commissioning arrangements, that the lead clinician and lead manager of the lead CCG make a quarterly written report to the governing body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.

6.6.11 Should a joint commissioning arrangement prove to be unsatisfactory the governing body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year.

6.8 Joint commissioning arrangements with local authorities

6.8.1 The Group may enter into joint commissioning arrangements with one or more local authorities pursuant to Section 75 of the 2006 Act.

6.9 The Governing Body

6.9.1 **Functions -** the governing body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution.[xli] The governing body may also have functions of the Clinical Commissioning Group delegated to it by the group. Where the group has conferred additional functions on the governing body connected with its main functions, or has delegated any of the group's

functions to its governing body. The Governing Body has responsibility for:

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

b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the group and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act;

c) approving any functions of the group that are specified in regulations;

d) approving, publishing and monitoring the implementation of the Group's equality strategy for meeting the public sector equality duty;

e) promoting the involvement of all Members in the work of the Group in securing improvements in commissioning of care and services and developing the vision, values and culture of the Group in consultation with Members;

f) reviewing and monitoring the arrangements for working in partnership with the local authority to develop joint strategic needs assessments and joint health and well-being strategies and monitoring the delivery of the Group's responsibilities within such strategies;

g) approving and publishing the Group's public engagement strategy and annual public involvement report;

h) ensuring effective arrangements are in place to commission health services in such a way as promotes awareness of, and has regard to the NHS Constitution;

i) approving and monitoring the implementation of the Group's strategies and plans to secure continuous improvement in the safety and quality of services including safeguarding children and vulnerable adults utilising information available to help identify areas for improvement to ensure better health, better outcomes and better value for the residents of Bury;

j) assisting the NHS Commissioning Board in its duty to improve the quality of primary medical services by seeking to increase the capability, competence and capacity of primary care, and the proportion of health and social care provided by primary and community services;

k) ensuring the Group has effective plans in place to reduce inequalities across the borough;

l) promoting the involvement of patients, their carers and representatives in decisions about their healthcare;

m) ensuring effective systems are in place across its Member practices and commissioned providers to enable patients to make choices about their care;

n) ensuring the Group, in its decision making, obtains advice from a wide-range of professionals and representative organisations including LMC,LPC,LDC and LOC

o) engaging in a collaborative approach within the local health system including but not limited to:

    i) the Local Medical Committee;
    ii) other local representative committees;
    iii) Bury Metropolitan Borough Council;
    iv) Health Watch;
    v) local health & social care providers;
    vi) the voluntary sector
    vii) other clinicians and allied health professionals;

p) ensuring effective systems are in place to promote innovation;

q) ensuring effective systems are in place to promote research and the use of research;

r) ensuring effective systems are in place to promote education and training;

s) approving and monitoring plans to support and drive the integration of health and social care services where these improve quality or reduce inequalities.

t) ensuring the Group has in place effective arrangements to:

    i. ensure expenditure does not exceed the aggregate of its allotments for the financial year;

ii. ensure its use of resources does not exceed the amount specified by the NHS Commissioning Board for the financial year;

iii. and in respect of any directions from the NHS Commissioning Board in respect of specified types of resource in a financial year, to ensure the Group does not exceed any amount specified;

u) approving and publishing a process for and an explanation of how the Group spent any payment in respect of quality;

v) managing the corporate strategic risks of the Group including regularly reviewing the groups assurance framework;

w) approving the Group's organisational development plan including the principles by which it will procure commissioning support;

x) exercising any other functions of the Group which are not otherwise reserved or delegated.

6.9.2 **Composition of the Governing Body**[xlii] - the Governing Body comprise the following voting members:

a) A chair and a Chief Operating Officer; one of whom will be the Accountable Officer and one will be a practising GP and from a Bury member practice

b) Six clinical representatives of member practices of which the majority will be GPs from member practices;

In addition, the group has identified other GPs / primary care health professionals to take on roles across the Clinical Commissioning Group as Clinical work-stream Leads instead of specifically representing their own practice. These individuals are not members of the Governing Body in that capacity.

c) Four lay members:

- one to lead on audit, remuneration and conflict of interest matters,
- one to lead on patient and public participation matters;
- one to lead on quality and risk;
- one registered nurse (scrutiny) to lead on Primary Care Quality;

d) one secondary care specialist doctor;

e) the accountable officer;

f) the chief finance officer;

g) one executive nurse;

h) Head of Commissioning;

i) Public health member

6.9.3 Each GP Chair of a Locality Committee can in his/ her absence be represented by the Vice Chair of that Locality Committee who will assume the voting rights of the absent GP Chair.

6.9.4 The Governing Body may invite such other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit insofar as there are no conflicts of interest. Any such person may speak and participate in debate, but may not vote.

6.9.5 The Governing Body will invite the following agreed partner organisation representative to attend any or all of its meetings and participate in the way described in the above paragraph.

a) Bury Local Authority Officer

6.9.6 All decisions taken in good faith at a meeting of the Governing Body shall be valid even if there is any vacancy in its membership or it is discovered subsequently that there was a defect in the calling of the meeting or the appointment of any of the members of the Governing Body attending the meeting.

6.10 Committees of the Governing Body

6.10.1 The Governing Body shall establish the following committees, the Terms of Reference for which are set out in the Business Operating Framework:

a) Clinical Cabinet;

b) Audit Committee;

c) Remuneration Committee;

d) Patient Cabinet;

e) Joint Co-Commissioning Committee

f) Procurement Committee

g) Finance Committee

h) Quality and Risk Committee.

6.10.2 The Governing Body may appoint such other committees as it considers may be appropriate.

6.10.3 The audit committee may include individuals who are not members of the Governing Body. The other committees of the Governing Body (other than the remuneration committee) may include individuals who are:

a) Members, officers or Governing Body members of the Group or another clinical commissioning group;

b) Partners or employees of members of the Group or another clinical commissioning group;

c) Officers of the NHS Commissioning Board.

6.10.4 Each such committee shall regulate its proceedings in accordance with its terms of reference.

6.10.5 Committees will only be able to establish their own sub-committees, to assist them in discharging their respective responsibilities, if this responsibility has been delegated to them by the Governing Body or the committee they are accountable to.

6.10.6 All decisions taken in good faith at a meeting of the Governing Body or any committee or subcommittee of it shall be valid even if there is any vacancy in its membership or it is discovered subsequently that there was a defect in the calling of the meeting, or the appointment of a member attending the meeting.

7. ROLES AND RESPONSIBILITIES

The specific responsibilities of the Governing Body are set out in the Terms of Reference of the Governing Body and its sub committees.

7.1 All Members of the Group's Governing Body

As a member of the Clinical Commissioning Group's Governing Body each individual will share responsibility as part of the team to ensure that the Clinical Commissioning Group exercises its functions effectively, efficiently, economically, with good governance and in accordance with the terms of the Clinical Commissioning Group constitution as agreed by its members. Each individual is there to bring their unique perspective, informed by their expertise and experience.

7.2 The Chair of the Governing Body

The chair of the governing body is responsible for:

a) leading the governing body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this constitution;

b) building and developing the group's governing body and its individual members;

c) ensuring that the group has proper constitutional and governance arrangements in place;

d) ensuring that, through the appropriate support, information and evidence, the governing body is able to discharge its duties;

e) supporting the accountable officer in discharging the responsibilities of the organisation;

f) contributing to building a shared vision of the aims, values and culture of the organisation;

g) leading and influencing to achieve clinical and organisational change to enable the group to deliver its commissioning responsibilities;

h) overseeing governance and particularly ensuring that the governing body and the wider group behaves with the utmost transparency and responsiveness at all times;

i) ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;

j) ensuring that the organisation is able to account to its local patients, stakeholders and the NHS Commissioning Board;

k) ensuring that the group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant local authority.

7.3 The Vice Chair of the Governing Body

In circumstances where the Chair is a GP or other primary care health professional the vice chair of the governing body, who will be a lay member, deputises for the chair of the governing body where he or she has a conflict of interest or is otherwise unable to act.

7.4 Role of the Accountable Officer

The accountable officer of the group is a member of the governing body and is:

a) responsible for ensuring that the Clinical Commissioning Group fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;

b) required to ensure that at all times the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Audit Commission and the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems.

c) In partnership with the chair of the governing body, the accountable officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the governing body) of the organisation's on-going capability and capacity to meet its duties and responsibilities. This will include arrangements for the on-going developments of its members and staff.

d) Ensuring that the Clinical Commissioning Group provide information to the NHS Commissioning Board following requests from the Secretary of State.

7.5 Role of the Chief Finance Officer

7.5.1 The chief finance officer is a member of the governing body and is responsible for providing strategic financial advice to the Clinical Commissioning Group and for supervising financial control and accounting systems.

7.5.2 a) being the governing body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;

b) making appropriate arrangements to support, monitor on the group's finances;

c) overseeing robust audit and governance arrangements leading to propriety in the use of the group's resources;

d) being able to advise the governing body on the effective, efficient and economic use of the group's allocation to remain within that allocation and deliver required financial targets and duties; and

e) producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to the NHS Commissioning Board;

7.6 Role of Executive Nurse

7.6.1 As a member of Bury Clinical Commissioning Group's Governing Body the Executive Nurse will share responsibility as part of the team to ensure that the Clinical Commissioning Group exercises its functions effectively, efficiently, economically, with good governance and in accordance with the terms of this Clinical Commissioning Group constitution as agreed by its members.

7.6.2 The Executive Nurse will providing strategic advice on clinical service quality, patient safety and patient experience to support decisions made by the Governing Body as a whole and will help ensure that:

a) a new culture is developed that ensures the voice of the member practices is heard and the interests of patients and the community remain at the heart of discussions and decisions;

b) the Governing Body and the wider Clinical Commissioning Group act in the best interests of the health of the local population at all times;

c) Engage effectively with the Health and Wellbeing Board and ensure services are commissioned in line with the Health and Wellbeing Strategy.

d) the Clinical Commissioning Group commissions the highest quality services with a view to securing the best possible outcomes for their patients within their resource allocation and maintains a consistent focus on quality, integration and innovation;

e) decisions are taken with regard to securing the best use of public money;

f) the Clinical Commissioning Group, when exercising its functions, acts with a view to securing that health services are provided in a way which promotes the NHS Constitution, that it is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and when we cannot fully recover, to stay as well as we can to the end of our lives;

g) the Clinical Commissioning Group is responsive to the views of local people and promotes self-care and shared decision-making in all aspects of its business;

h) good governance remains central at all times.

7.7 Role of the Head of Commissioning

7.7.1 As a member of Bury Clinical Commissioning Group's Governing Body the Head of Commissioning will share responsibility as part of the team to ensure that the Clinical Commissioning Group exercises its functions effectively, efficiently, economically, with good governance and in accordance with the terms of this Clinical Commissioning Group constitution as agreed by its members.

7.7.2 The Head of Commissioning will bring a lead commissioning perspective, informed by their expertise and experience to support decisions made by the Governing Body as a whole and will help ensure that:

a) a new culture is developed that ensures the voice of the member practices is heard and the interests of patients and the community remain at the heart of discussions and decisions;

b) the Governing Body and the wider Clinical Commissioning Group act in the best interests of the health of the local population at all times;

c) Engage effectively with the Health and Wellbeing Board and ensure services are commissioned in line with the Health and Wellbeing Strategy.

d) the Clinical Commissioning Group commissions the highest quality services with a view to securing the best possible outcomes for their patients within their resource allocation and maintains a consistent focus on quality, integration and innovation;

e) decisions are taken with regard to securing the best use of public money;

f) the Clinical Commissioning Group, when exercising its functions, acts with a view to securing that health services are provided in a way which promotes the NHS Constitution, that it is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and when we cannot fully recover, to stay as well as we can to the end of our lives;

g) the Clinical Commissioning Group is responsive to the views of local people and promotes self-care and shared decision-making in all aspects of its business;

h) good governance remains central at all times.

7.8 Role of clinical representatives

7.8.1 The GP Chairs of the North, East, South and West Locality Committees bring their unique understanding of those locality practices to Governing Body discussions and provide support or challenge to its decision making.

7.8.2 Other GPs and Primary Care Health Professionals in addition to the GP Chairs of Locality Committees identified in section 7.7.1 are Clinical Members.

7.8.3 As a member of the NHS Bury Clinical Commissioning Group each clinical representative will ensure that:

a) a new culture is developed that ensures the voice of the member practices is heard and the interests of patients and the community remain at the heart of discussions and decisions;

b) the governing body and the wider Clinical Commissioning Group act in the best interests of the health of the local population at all times;

c) Engage effectively with the Health and Wellbeing Board and ensure services are commissioned in line with the Health and Wellbeing Strategy.

d) the Clinical Commissioning Group commissions the highest quality services with a view to securing the best possible outcomes for their patients within their resource allocation and maintains a consistent focus on quality, integration and innovation;

e) decisions are taken with regard to securing the best use of public money;

f) the Clinical Commissioning Group, when exercising its functions, acts with a view to securing that health services are provided in a way which promotes the NHS Constitution, that it is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and when we cannot fully recover, to stay as well as we can to the end of our lives;

g) the Clinical Commissioning Group is responsive to the views of local people and promotes self-care and shared decision-making in all aspects of its business;

h) good governance remains central at all times.

7.9 Role of the lay member with a lead role audit, remuneration and conflict of interest matters

7.9.1 The role of this lay member will be to bring specific expertise and experience to the work of the governing body. Their focus will be strategic and impartial, providing an external view of the work of the Clinical Commissioning Group that is removed from the day-to-day running of the organisation.

7.9.2

a) oversee key elements of finance governance including audit, remuneration and managing conflicts of interest;

b) chair the audit committee;

c) ensure that the governing body and the wider Clinical Commissioning Group behaves with the utmost probity at all times and that appropriate and effective whistle blowing and anti-fraud systems are in place;

7.10 Role of the lay member with a lead role on patient and public participation matters

7.10.1

The role of this this lay member will be to bring specific expertise and experience, as well as their knowledge as a member of the local community, to the work of the governing body. Their focus will be strategic and impartial, providing an independent view of the work of the Clinical Commissioning Group that is external to the day-to-day running of the organisation.

7.10.2

a) ensure that, in all aspects of the Clinical Commissioning Group's business the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the Clinical Commissioning Group;

b) ensure that public and patients' views are heard and their expectations understood and met as appropriate;

c) chair the Patient's Cabinet;

d) ensure that the Clinical Commissioning Group builds and maintains an effective relationship with Local Healthwatch and

draws on existing patient and public engagement and involvement expertise;

e) ensure the Clinical Commissioning Group has appropriate arrangements in place to secure public and patient involvement and responds in an effective and timely way to feedback and recommendations from patients, carers and the public;

7.11 Role of the lay member with a lead role on quality and risk

7.11.1 The role of this lay member will be to bring specific expertise and experience to the work of the governing body. Their focus will be strategic and impartial, providing an external view of the work of the Clinical Commissioning Group that is removed from the day-to-day running of the organisation.

a) ensure that the Clinical Commissioning Group has comprehensive and effective systems in place for patient safety and the quality of services it commissions;

b) ensure that the Clinical Commissioning Group has comprehensive and effective systems in place for managing risk;

c) chair the Quality and Risk Committee

d) maintain links with the Chair of the Audit Committee to ensure that all aspects of governance are integrated

e) be lay member of the Audit Committee

7.12 Role of the secondary care specialist doctor

7.12.1 As a clinical member of the governing body, this person will bring a broader view, on health and care issues to underpin the work of the Clinical Commissioning Group. In particular, they will bring to the governing body an understanding of patient care in the secondary care setting.

7.13 Role of the registered nurse (scrutiny) to lead on primary care quality

7.13.1 As a clinical member of the governing body, this person will bring a broader view, from their perspective as a registered nurse, on health and care issues to underpin the work of the Clinical Commissioning Group especially the contribution of nursing and primary care quality.

7.14 Role of the public health member

7.14.1 As a public health member of the governing body, this person will bring a broader view, from their perspective as a public health specialist, on public health issues to underpin the work of the Clinical Commissioning Group.

8. STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1 Standards of Business Conduct

8.1.1 Employees, members, committee and sub-committee members of the group and members of the governing body (and its committees) will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the group and should follow the *Seven Principles of Public Life*, set out by the Committee on Standards in Public Life (the Nolan Principles). The Nolan Principles are incorporated into this constitution at Appendix F.

8.1.2 They must comply with the group's policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be available on the group's website at www.bury.nhs.uk

8.1.3 Individuals contracted to work on behalf of the group or otherwise providing services or facilities to the group 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.

8.1.4 Each Member shall, at all times, use all reasonable endeavours to keep confidential any Confidential Information and shall not use or disclose any such Confidential Information except:

- for any use for which the Confidential Information was disclosed to it;
- to a Member's professional advisers where such disclosure is for a proper purpose related to the operation of the Clinical Commissioning Group; or
- with the consent in writing of the Member to which the information relates; or
- as may be required by law or regulation

- to any tax authority to the extent it concerns the Member; or
- if the information comes within the public domain.

8.2 Conflicts of Interest

8.2.1 As required by section 14 of the 2006 Act, as inserted by section 25 of the 2012 Act, the Clinical Commissioning Group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the group will be taken and seen to be taken without any possibility of the influence of external or private interest.

8.2.2 Where an individual, i.e. an employee, group member, member of the governing body, or a member of a committee or a sub-committee of the group or its governing body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the group 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.

8.2.3 A conflict of interest will include:

a) a direct pecuniary interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);

b) an indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;

c) a non-pecuniary interest: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);

d) a non-pecuniary personal benefit: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);

e) where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.

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

8.3 Declaring and Registering Interests

8.3.1 The group will maintain the following registers of the interests of

a) the members of the group;

b) the members of its governing body;

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

d) its employees.

8.3.2 The registers will be published on the group's website

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

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

8.3.5 The Governing Body will ensure that the register(s) of interest is reviewed every 6 months and updated as necessary.

8.4 Managing Conflicts of Interest: general

Responsibility for overseeing the management of conflicts of interest is:

- through the governing body, the governing body's audit committee
- the Chief Finance Officer will ensure that the registers of interest are maintained and available for inspection.

The body / person with this delegated responsibility will be included in the group's scheme of reservation and delegation**.**

8.4.1 Individual members of the group, the governing body, committees or sub-committees, the committees or sub-committees of its governing body and employees will comply with the arrangements determined by the group for managing conflicts or potential conflicts of interest.

8.4.2 The Audit Committee will oversee the management of conflicts of interest on behalf of the group will ensure that for every interest

declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the group's decision making processes.

8.4.3 Arrangements for the management of conflicts of interest are to be determined by the Audit Committee will oversee the management of conflicts of interest on behalf of the group and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests or potential conflicts of interests, within a week of declaration. The arrangements will confirm the following:

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

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

8.4.4 Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the group's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from the Audit Committee

8.4.5 Where an individual member, employee or person providing services to the group is aware of an interest which:

a) has <u>not</u> been declared, either in the register or orally, they will declare this at the start of the meeting;

b) has <u>previously</u> been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.

- The chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

8.4.6 Where the chair of any meeting of the group, including committees, sub-committees, or the governing body and the governing body's committees and sub-committees, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business

of the meeting, they must make a declaration and the deputy chair will act as chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the deputy chair may require the chair to withdraw from the meeting or part of it. Where there is no deputy chair, the members of the meeting will select one.

8.4.7 Any declarations of interests, and arrangements agreed in any meeting of the Clinical Commissioning Group, committees or sub-committees, or the governing body, the governing body's committees or sub-committees, will be recorded in the minutes.

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

8.4.9 In making this decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the group's standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the Audit Committee on the action to be taken.

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

8.4.11 The Chief Finance Officer will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

8.5 Managing Conflicts of Interest: contractors and people who provide services to the group

8.5.1 Anyone seeking information in relation to procurement, or participating in procurement, or otherwise engaging with the Clinical Commissioning Group in relation to the potential provision of services or facilities to the group, will be required to make a declaration of any relevant conflict / potential conflict of interest as described in "Code of Conduct: Managing conflicts of interest where GP practices are potential providers of Clinical Commissioning Group - commissioned services" (July 2012).

8.5.2 Anyone contracted to provide services or facilities directly to the Clinical Commissioning Group will be subject to the same provisions of this constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

8.6 Transparency in Procuring Services

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

8.6.2 The group will publish a Procurement Strategy approved by its governing body which will ensure that:

a) all relevant clinicians (not just members of the group) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;

b) service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

8.6.3 Copies of this Procurement Strategy will be available on the group's Website.

9. THE GROUP AS EMPLOYER

9.1 The group recognises that its most valuable asset is its people. It will seek to enhance their skills and experience and is committed to their development in all ways relevant to the work of the group.

9.2 The group will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.

9.3 The group will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by the group. All staff will be made aware of this constitution, the commissioning strategy and the relevant internal management and control systems which relate to their field of work.

9.4 The group will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. The group will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters

9.5 The group will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.

9.6 The group will ensure that employees' behaviour reflects the values, aims and principles set out above.

9.7 The group will ensure that it complies with all aspects of employment law.

9.8 The group will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.

9.9 The group will adopt a Code of Conduct for staff and will maintain and promote effective 'whistle blowing' procedures to ensure that concerned staff have means through which their concerns can be voiced.

9.10 Copies of this Code of Conduct, together with the other policies and procedures outlined in this chapter, will be available on the group's website at www. bury.nhs.uk

10. TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1 General

10.1.1 The group will publish annually a commissioning plan and an annual report, presenting the group's annual report to a public meeting.

10.1.2 Key communications issued by the group, including the notices of procurements, public consultations, governing body meeting dates, times, venues, and certain papers will be published on the group's website at www. bury.nhs.uk

10.1.3 The group may use other means of communication, including circulating information by post or making information available in venues or services accessible to the public.

10.1.4 Wherever this document refers to specific documents being available on the Group's website or available by post/email from:

The Corporate Office
NHS Bury Clinical Commissioning Group
21, Silver Street
Bury
BL9 0EN

10.2 Standing Orders

10.2.1 This constitution is also informed by a number of documents which provide further details on how the group will operate. They are the group's:

a) *Standing orders (Appendix C)* – which sets out the arrangements for meetings and the appointment processes to elect the group's representatives and appoint to the group's committees, including the governing body;

b) *Scheme of Reservation and Delegation (Appendix D)* – which sets out those decisions that are reserved for the membership as a whole and those decisions that are the responsibilities of the group's governing body, the governing body's committees and sub-committees, the group's committees and sub-committees, individual members and employees;

c) *Prime financial policies (Appendix E)* – which sets out the arrangements for managing the group's financial affairs.

APPENDIX A

DEFINITIONS OF KEY DESCRIPTIONS USED IN THIS CONSTITUTION

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)

Accountable officer	an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, with responsibility for ensuring the group:
	• complies with its obligations under:
	  ○ sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act),
	  ○ sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act),
	  ○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and
	  ○ any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the NHS Commissioning Board for that purpose;
	• exercises its functions in a way which provides good value for money.

Area	the geographical area that the group has responsibility for, as defined in Chapter 2 of this constitution
Chair of the governing body	the individual appointed by the group to act as chair of the governing body
Chief finance officer	the qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance
Clinical Cabinet	
Clinical Commissioning Group	a body corporate established by the NHS Commissioning Board in accordance with Chapter A2 of Part 2 of the 2006 Act (as inserted by section 10 of the 2012 Act)
Committee	a committee or sub-committee created and appointed by: • the membership of the group • a committee / sub-committee created by a committee created / appointed by the membership of the group • a committee / sub-committee created / appointed by the governing body

Financial year	this usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when a Clinical Commissioning Group is established until the following 31 March
Group	NHS Bury Clinical Commissioning Group, whose constitution this is
Governing body	the body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), 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 (as inserted by section 26 of the 2012 Act), and • such generally accepted principles of good governance as are relevant to it.
Governing body member	any member appointed to the governing body of the group
Lay member	a lay member of the governing body, appointed by the group. A lay member is an individual who is not a member of the group or a healthcare professional (i.e. an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or as otherwise defined in regulations
Member	a provider of primary medical services to a registered patient list, who is a members of this group (see tables in Chapter 3 and Appendix B)
Clinical ntatives	Is the nominated clinician and non-clinician nominated by each member practice to represent that member at forums on behalf of the Clinical Commissioning Group, under regulations made under section 89 or 94 of the 2006 Act (as amended by section 28 of the 2012 Act) or directions under section 98A of the 2006 Act (as inserted by section 49 of the 2012 Act)
Registers of interests	registers a group is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: • the members of the group; • the members of its governing body; • the members of its committees or sub-committees and committees or sub-committees of its governing body;

	and • its employees.
Sector Clinical Lead	Is the selected/elected GP in each sector who will represent the members in that sector and who will each be an advisor to the Cabinet or to the Governing Body

APPENDIX B

LIST OF MEMBER PRACTICES

Bury Practices for Constitution Sign-Up March 2012

(SIGNED hard copies available from the Corporate Office)

Practice Code	Practice	Address
P83023	Greenmount Medical Centre	*9 Brandlesholme Road,* *Greenmount,* *Bury, BL8 4DR*
P83017	Woodbank Surgery	*2 Hunstanton Drive,* *Bury, BL8 1EG*
P83006	Ramsbottom Health Centre	*Carr Street,* *Ramsbottom,* *Bury, BL0 9DD*
P83012	Tottington Health Centre	*16 Market Street,* *Tottington,* *Bury, BL8 4AD*
P83612	Mile Lane Health Centre	*Mile Lane,* *Bury, BL8 2JR*
Y02660	RLC Surgery	*Radcliffe Primary Care Centre,* *69 Church Street West,* *Radcliffe,* *Manchester, M26 2SP*
P83010	Monarch Medical Centre	65 *Cross Lane,* *Radcliffe,* *Manchester, M26 9TQ*
P83029	Spring Lane Surgery	*17 Spring Lane,* *Radcliffe,* *Manchester, M26 9TQ*
P83007	Radcliffe Medical Practice	*Radcliffe Primary Care Centre,* *69 Church Street West,* *Radcliffe,* *Manchester, M26 2SP*

P83603	Redbank Group Practice	*Radcliffe Primary Care Centre,* *69 Church Street West,* *Radcliffe,* *Manchester, M26 2SP*
P83611	Walmersley Road Practice	*110 Walmersley Road,* *Bury, BL9 6DX*
P83026	Peel GPs (Dr Cleary)	*Townside Primary Care Centre,* *1 Knowsley Place,* *Knowsley Street,* *Bury, BL9 0SN*
P83030	Peel GPs (Dr Chacko)	*Townside Primary Care Centre,* *1 Knowsley Place,* *Knowsley Street,* *Bury, BL9 0SN*
P83021	Peel GPs (Dr Jackson)	*Townside Primary Care Centre,* *1 Knowsley Place,* *Knowsley Street,* *Bury, BL9 0SN*
Y02755	Rock Healthcare	*Moorgate Primary Care Centre,* *22 Derby Way,* *Bury, BL9 0NJ*
P83019	Minden Family Practices Ltd (Dr Deakin)	*Moorgate Primary Care Centre,* *22 Derby Way,* *Bury, BL9 0NJ*
P83020	Minden Family Practices Ltd (Dr Saxena)	*Moorgate Primary Care Centre,* *22 Derby Way,* *Bury, BL9 0NJ*
P83008	Minden Family Practices Ltd (Dr Shekar)	*Moorgate Primary Care Centre,* *22 Derby Way,* *Bury, BL9 0NJ*
P83621	Huntley Mount Medical Centre	*Huntley Mount Road,* *Bury, BL9 6JA*
P83005	Ribblesdale Medical Practice (Dr Subbiah)	*Townside Primary Care Centre,* *1 Knowsley Place,*

		Knowsley Street, *Bury, BL9 0SN*
P83015	Ribblesdale Medical Practice (Dr Woodcock)	*Townside Primary Care Centre,* *1 Knowsley Place,* *Knowsley Street,* *Bury, BL9 0SN*
P83024	Knowsley Medical Centre	*9-11 Knowsley Street,* *Bury, BL9 0ST*
P83009	Blackford House Medical Centre	*137 Croft Lane,* *Hollins,* *Bury, BL9 8QA*
P83609	The Birches	*Polefield Road,* *Prestwich,* *Manchester, M25 2GN*
P83001	Fairfax Group Practice	*Prestwich Health Centre,* *Fairfax Road,* *Prestwich,* *Manchester, M25 5BT*
P83025	St Gabriel's Medical Centre	*4 Bishops Road,* *Prestwich,* *Manchester, M25 0HT*
P83608	The Elms Medical Centre	*Green Lane,* *Whitefield,* *Manchester, M45 7FD*
P83623	Longfield Medical Centre	*Prestwich Health Centre,* *Fairfax Road,* *Prestwich,* *Manchester, M25 5BT*
P83605	Whittaker Lane Medical Centre	*'Daisy Bank',* *Whittaker Lane,* *Prestwich,* *Manchester, M25 1EX*

P83027	Greyland Medical Centre	*468 Bury Old Road,* *Prestwich,* *Manchester, M25 5NL*
P83011	Unsworth Medical Centre	*Parr Lane,* *Bury, BL9 8JR*
P83004	Uplands Medical Centre	*Bury New Road,* *Whitefield,* *Manchester, M45 6GH*
P83620	Garden City Medical Centre	*Holcombe Brook,* *Bury, BL0 9TN*

All practices have signed a membership agreement which outlines the 2-way responsibility between the Clinical Commissioning Group and the Member practices. This membership agreement connects directly to the detail outlined within the Constitution.

APPENDIX C – STANDING ORDERS

See Standing Orders document

APPENDIX D – SCHEME OF RESERVATION & DELEGATION

See Scheme of Reservation & Delegation document

APPENDIX E – PRIME FINANCIAL POLICIES

See Prime Financial Policies document

APPENDIX F- NOLAN PRINCIPLES

1. The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:

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

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

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

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

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

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

   g) **Leadership** – Holders of public office should promote and support these principles by leadership and example.

Source: *The First Report of the Committee on Standards in Public Life* (1995)[xliii]

APPENDIX G – NHS CONSTITUTION

The NHS Constitution sets out seven key principles that guide the NHS in all it does:

- **the NHS provides a comprehensive service, available to all** - irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population

- **access to NHS services is based on clinical need, not an individual's ability to pay** - NHS services are free of charge, except in limited circumstances sanctioned by Parliament.

- **the NHS aspires to the highest standards of excellence and professionalism** - in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

- **NHS services must reflect the needs and preferences of patients, their families and their carers** - patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.

- **the NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population** - the NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being

- **the NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources** - public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves

- **the NHS is accountable to the public, communities and patients that it serves** - the NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and

staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose
(**Source:** ***The NHS Consti****tution: The NHS belongs to us all* (March 2012)[xliv]

APPENDIX I - endnotes

[i] See section 1I of the 2006 Act, inserted by section 10 of the 2012 Act

[ii] See section 275 of the 2006 Act, as amended by paragraph 140(2)(c) of Schedule 4 of the 2012 Act

[iii] Duties of Clinical Commissioning Groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act

[iv] See section 14C of the 2006 Act, inserted by section 25 of the 2012 Act

[v] See section 14Z16 of the 2006 Act, inserted by section 26 of the 2012 Act

[vi] See sections 14Z21 and 14Z22 of the 2006 Act, inserted by section 26 of the 2012 Act

[vii] The National Health Service (Clinical Commissioning Groups) Regulations 2012 (2012 No. 1631)

[viii] See in particular sections 14L, 14M, 14N and 14O of the 2006 Act, inserted by section 25 of the 2012 Act and Part 1 of Schedule 1A to the 2006 Act, inserted by Schedule 2 to the 2012 Act and any regulations issued

[ix] See section 14D of the 2006 Act, inserted by section 25 of the 2012 Act

[x] See sections 14E and 14F of the 2006 Act, inserted by section 25 of the 2012 Act and any regulations issued

[xi] Inserted by section 25 of the 2012 Act

[xii] *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

[xiii] See Appendix F

[xiv] See Appendix G

[xv] See http://www.legislation.gov.uk/ukpga/2010/15/contents

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

[xvii] See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act

[xviii] See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act

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

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

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

[xxii] See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act

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

[xxiv] See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act

[xxv] See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act

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

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

[xxviii] See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act

[xxix] See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act

[xxx] See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act

[xxxi] See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act

[xxxii] See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act

[xxxiii] See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act

[xxxiv] See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act

[xxxv] See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act

[xxxvi] See Appendix D

[xxxvii] See section 4.4 on Principles of Good Governance above

[xxxviii] See appendix F

[xxxix] See appendix C

[xl] See chapter 5 above

[xli] See section 14L(3)(c) of the 2006 Act, as inserted by section 25 of the 2012 Act

[xlii] See sections 11-12 of the National Health Service (Clinical Commissioning Groups) Regulations 2012 (2012 No. 1631)

[xliii] Available at http://www.public-standards.gov.uk/

[xliv] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961