

Governing Body (public) meeting

DATE: 29 May 2014

Title	CCG Constitution	
Recommended action for the Governing Body	<p>The Governing Body is requested to:</p> <p>a) AGREE the application to NHS England to amend the constitution</p>	
Executive summary	<p>The CCG created a task and finish group to consider changes to the CCG Constitution. GPs were asked to nominate members to that group.</p> <p>The group met on 8 October, the role of the group was to highlight areas of concerns and discuss options, it was not to make decisions on behalf of the CCG.</p> <p>The full membership of the CCG (PCAG) is the only group who can approve changes to the constitution. At their meeting in November PCAG was asked to decide on the principles to be developed, the officers of the CCG then wrote these up, drafted a new version of the constitution based on those principle for approval and adoption at a later meeting. Under the Health and Social Care Act (2012) the final amended constitution can only come into force if approved by NHS England.</p> <p>At the meeting on 8th May 2014 PCAG agreed the final version of the amended constitution as recommended by the governing body at their meeting of 27th March 2014 with a minor revision to the standing orders relating to the retention of interview documentation</p> <p>The application to change the constitution is attached for reference.</p>	
Which objective does this paper support?	<p>Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders</p>	
	<p>People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London</p>	

Clinical Commissioning Group

	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	
Organisational implications	Key risks <small>(corporate and/or clinical)</small>	The membership has been engaged with the review process, if the changes are rejected by NHS England this may cause a feeling of disenfranchisement in the membership
	Equality and diversity	None anticipated as a direct result of the constitutional changes
	Patient impact	None anticipated as a direct result of the constitutional changes
	Financial	None anticipated as a direct result of the constitutional changes
	Legal issues	None anticipated as a direct result of the constitutional changes
	NHS constitution	None anticipated as a direct result of the constitutional changes
Consultation (public, member or other)	To date informal through member comments only, this is a formal process with the membership	
Audit (considered/approved by other committees/groups)	Constitution approved by PCAG.	
Communications plan	Changes will be submitted to NHS England by 2 nd June 2014 for approval	
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	Clinical lead Dr Howard Stoate	Executive sponsor Simon Evans-Evans
Date	14 th May 2014	

NHS Bexley CCG

Submission to NHS England (London Region) Proposed Changes to the NHS Bexley CCG Constitution June 2014

SPONSOR: Dr Howard Stoate, Chair NHS Bexley CCG

AUTHOR: Simon Evans-Evans, Director of Governance and Quality

TO BE CONSIDERED BY: NHS England (London Region)

1. SUMMARY

NHS Bexley CCG requests permission to update its CCG Constitution

Appendix 1 lists the main proposed changes identified since the original Constitution was issued in April 2014. A track changes version of the original constitution and a clean version of the new constitution are attached for ease of reference.

Appendix 2 comprises the NHS England Checklist for submitting changes.

The main changes are as follows:

Significant changes to the revised constitution are:

- Updating the values of the CCG
- Creating a Clinical Vice Chair

Significant changes to the standing orders are:

- The voting system – votes remain based on member list size with the increment levels changing from 5000 to 2000 list size.
- Elections to the Governing Body – require all practices to vote to ensure a mandate, successful candidates will need 50% of the votes cast – even if only one candidate
- Elections to the Governing Body – create a formal appeal stage, but retain the principle of nomination, section and election
- Governing Body terms of Office – increased from 2 years to 3 years
- Elections with no candidate – allow for co-option followed by allowing non-locality based to stand
- Consistency in meeting quoracy to 50% of the members for all CCG, GB and

- Sub-committees (excepting exceptional circumstances)
- Adopting the “ASPIRE” values

The Revision to the constitution was at the request of the membership initially to improve the election procedures and amend the voting rights of members. During the review the option has been taken to adjust some anomalies within the standing orders and to streamline some decision making within the existing CCG committee structure.

None of the proposed changes alter the functions, roles or responsibilities of NHS Bexley CCG or the population and geographical area it is responsible for.

The Constitution has been reviewed in partnership with the members and the LMC.

The review process and high-level changes have been discussed with the Local Area Team, specifically in relation to whether references to the NHS Commissioning Board should be replaced with NHS England

MEMBERSHIP INVOLVEMENT:

Following formal and informal feedback from members regarding the constitution, especially in relation to voting and elections the PCAG created a task and finish group to consider changes to the CCG Constitution. Practices were asked to nominate members to that group.

The group initially met on 8 October, the role of the group was to highlight areas of concerns and discuss options, it was not to make decisions on behalf of the CCG, as that is reserved to the membership.

The full membership of the CCG (PCAG) is the only group who can approve changes to the constitution, but we need NHS England approval to make any changes.

The task and finish group considered the areas they thought should be looked at and On 13 November presented some options to PCAG. This meeting agreed a number of principles that the officers of the CCG then wrote up.

A new constitution was drafted reviewed and amended by the expanded task and finish group.

An update was given at the GP Engagement event on 6th March.

The “final draft” was then presented to the LMC for comment and to the Governing Body for comment.

The changes discussed can be categorised into two main sections.

1. Significant changes

2. General changes for noting comment

The revised constitution was agreed by PCAG at a meeting on 8th May 2014

SELF CERTIFICATION:

The revised constitution remains based on the model CCG constitution and remains consistent with the requirements of CCGs under the Health and Social Care Act

PUBLIC AND USER INVOLVEMENT:

The revised constitution, and this paper have been discussed at public meetings of the governing body

IMPACT ASSESSMENT:

The changes to the constitution are designed solely to support increased clinical and member involvement in the CCG

RECOMMENDATIONS:

NHSE (London Region) is asked to:-

- 1. APPROVE** the changes to the Constitution listed in Appendix 1.

ACRONYMS:

PCAG – Primary Care Advisory Group (the name given to the gathering of the members practice representatives)

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Appendix A: NHS Bexley CCG Constitution – Requested Changes – June 2014

Page	Section	Original	Proposed
Global		National Commissioning Board	NHS England
Global		Group / group	CCG

Constitution

Section	Current	Recommended
4.2 Values	<p>P We put Patients and Public at the heart of everything we do</p> <p>A We strive to Achieve the best value for local people</p> <p>R We act Responsibly and work collaboratively with partners</p> <p>T We work in an open and Transparent way</p> <p>N We support New ideas and innovation</p> <p>E We recognise that we are accountable to the public and take decisions that are Evidence- based and in the best interests of the population we serve</p> <p>R We ensure that our services meet the health needs of all and Respect all of Bexley's diverse communities</p> <p>S We uphold the principles and Standards of the NHS constitution in everything we do</p>	<ul style="list-style-type: none"> • A We are accountable to our members, stakeholders, partners and ourselves • S We support our staff to be the best they can be, so we can deliver the best for our population • P We commission for quality to deliver improved outcomes for our patients • I We encourage new ideas and innovation • R We respect the diverse needs of our population and the expertise of our delivery partners • E We aim for excellence, working to high standards and increasing transparency
6.8.2		One of the Elected GPs (excluding the Chair) will be elected by the elected members of the governing body to be the Clinical Vice Chair of the CCG
6.8.5		The Governing Body will appoint persons in accordance with the standing orders

6.8.6		The Governing Body may co-opt persons to the governing body to fill a vacant or temporarily vacant role
7.6		<p>7.6 The Clinical Vice Chair of the Governing Body</p> <p>7.6.1 The clinical vice chair of the governing body, stands in for the chair of the governing body where the chair is unable to act due to absence or conflicting diary arrangements.</p> <p>7.6.2 The Clinical Vice chair shall be a GP member of the Governing Body and will be elected by the Elected Members of the Governing Body (Chair, Locality Leads and Locality Representatives by a simple majority)</p> <p>7.6.3 The Clinical Vice Chair will chair Governing Body meetings in the absence or unavailability of the of the Chair, unless both the chair and Clinical Vice Chair have a conflict of interest or are otherwise unable to act, as set out in the Conflicts of Interest policy in which case the Deputy Chair shall chair the meeting.</p>

Standing Orders - Changes

2.5 GP Locality Leads on the Governing Body

- 2.5.1 The governing body will have three GP representatives from the localities; these will be elected by the locality they represent.

- 2.5.2 Initially locality roles will only be open to those working in the locality, if no person applies, or if no person passes the selection, or if no person is elected then the nominations will be open to eligible persons from other localities

Nominations:	See section 2.19
Eligibility:	Individuals will be eligible for application for election if they meet the following criteria: <ul style="list-style-type: none">a. that they work in Bexley as a GP principal or salaried GP (a minimum of two sessions per week in Bexley;b. an individual shall not be eligible if they are, or subsequently are, retired from the practice or primary care services provider, suspended by either the GMC or NHS England or any other successor body;c. If the individual is a Sessional GP, they shall not be eligible in the event that they are suspended from their employment or subject to grievance or disciplinary proceedings; andd. For those individuals (including those stated at (a) above) who are not party to direct contractual arrangements for the provision of primary medical services, they must be on a Performers List.
Appointment process:	See section 2.19
Term of office:	3 years
Eligibility for reappointment:	Re-elected for a maximum of three consecutive terms or 9 years whichever is the longer
Grounds for removal from office:	Material failure to comply with the terms of this constitution and/or the passing of a vote of no-confidence vote of no confidence by simple majority of those eligible to vote on Governing Body
Notice period:	6 months

Replicated for 2.6 – Locality Leads

2.9 The Clinical Vice-Chair of the Governing Body

The Clinical Vice-Chair:

- 2.9.1 will stand in for the chair of the governing body where the chair is unable to act due to absence or conflicting diary arrangements;
- 2.9.2 shall be an elected clinical member of the Governing Body;
- 2.9.3 will chair Governing Body meetings in the absence or unavailability of the of the Chair, unless both the Chair and Clinical Vice Chair have a conflict of interest or are otherwise unable to act in which case the Deputy Chair shall chair the meeting;
- 2.9.4 will chair Primary Care Advisory Group meetings in the absence or unavailability of the of the Chair, unless both the Chair and Clinical

Vice Chair have a conflict of interest or are otherwise unable to act in which another member of the CCG will be asked to chair that meeting or part thereof.

2.9.5 The roles and responsibilities of the NHS Bexley CCG Clinical Vice-Chair are defined in the Job Description for this role, which is available on the website at www.bexley.nhs.uk.

2.9.6 The Clinical Vice-Chair of the Governing Body is subject to the following appointment process:

Nominations:	Self-nomination
Eligibility:	An elected clinical member of the Governing Body (either Locality Lead or Locality representative)
Appointment process:	By a vote of the governing body clinical elected members
Term of office:	3 years
Eligibility for reappointment:	Re-elected for a maximum of three consecutive terms or 9 years whichever is the longer
Grounds for removal from office:	Material failure to comply with the terms of this constitution and/or the passing of a vote of no-confidence vote of no confidence by simple majority of those eligible to vote on Governing Body
Notice period:	6 months

2.19 Election Process for all directly elected members of the governing body (Chair, Locality Leads, Locality Representatives)

The election process has three stages:

2.19.1 Nomination

2.19.1.1 Any eligible person may nominate themselves, no seconder is required

2.19.1.2 A nominated person must then apply to the CCG for the role

2.19.2 Selection

2.19.2.1 Applications will be assessed by a panel, convened by the governing body, to assess them against the essential criteria within the person specification. This panel will include a member of the LMC (if willing) as an observer. The panel will normally comprise three members (2 members of the governing body and an independent member [who shall not work for the CCG or a member of the CCG])

2.19.2.2 The panel will decide whether or not a person's candidature will be put to the electorate, all notes from the

panel and pertaining to the interview will be securely stored for 2 weeks before being destroyed.

2.19.2.3 If the panel decides that a person will not be put to the electorate then:

2.19.2.3.1 All members of the panel must be in agreement

2.19.2.3.2 The LMC observer's opinion must be noted (if present)

2.19.2.3.3 The unsuccessful candidate will be given the opportunity to have a full debrief from the chair of the panel as to why they have been unsuccessful. If there are development areas the CCG will offer a support package to assist the candidate in the future

2.19.2.3.4 The unsuccessful candidate may appeal the decision of the panel or the process of the interview within 5 working days, in writing, stating the full reasons for the appeal and the basis of the appeal to:

2.19.2.3.4.1 The Chair of the CCG, or if conflicted

2.19.2.3.4.2 The clinical Vice Chair of the CCG, or if conflicted

2.19.2.3.4.3 The Deputy Chair of the CCG, or if conflicted

2.19.2.3.4.4 The Accountable Officer of the CCG, or if conflicted

2.19.2.3.4.5 The Director of Governance and Quality of the CCG

2.19.2.3.5 The person receiving the appeal shall

2.19.2.3.5.1 Consult with all members of the panel

2.19.2.3.5.2 Consult with any observer before reaching a decision

2.19.2.3.6 The appeal may have two outcomes

2.19.2.3.6.1 The appeal is upheld and a new panel will be convened (there shall be no appeal against the second panel decision) the second panel must have at least two members who were not on the first panel

2.19.2.3.6.2 The appeal is not upheld and panel decision stands

2.19.3 Election

2.19.3.1 To ensure a proper mandate for all elected members an election will be held no matter the number of candidates

2.19.3.2 All members are expected to vote in elections

2.19.3.3 A person will be elected provided that they receive 50% or more of the votes cast

2.19.3.4 The Bexley LMC will have the right to observe any part of the appointment process to ensure objectivity.

2.19.4 Ballots may be held electronically, by post or in person at a Primary Care Advisory Group Meeting, as agreed from time to time by the Primary Care Advisory Group

2.19.5 Where a member has more than one vote they may split their vote to vote for different candidates or not use all their votes at their absolute discretion

Where there is only one candidate

2.19.5.1.1 The ballot paper to include yes/no/abstain options (or equivalent)

2.19.5.1.2 To be successful the candidate must receive a “yes” on 50% or more of the votes cast

Where there are two candidates

2.19.5.1.3 The ballot paper to include yes/no/abstain options (or equivalent)

2.19.5.1.4 To be successful the candidate must receive a “yes” on 50% or more of the votes cast

2.19.5.1.5 Where the candidates both receive 50% of the votes cast, the election will be decided by lot or a flip of a coin or other method as agreed by the candidates, and carried out in the presence of the candidates

Where there are three or more candidates

2.19.5.1.6 The ballot paper to include yes/no/abstain options (or equivalent)

2.19.5.1.7 Voting: In accordance with the election principles used by the Royal College of GPs, the election will be run on the Single Transferable Vote system (see <http://www.electoralreform.org.uk/article.php?id=48> for details of this voting system.)

2.19.5.1.8 The successful candidate will be the first to receive a “yes” on 50% or more of the votes cast

2.20 Matters relevant to all elected members

2.20.1 Elected members of the Governing Body will serve a 3-year term from the date of appointment.

2.20.2 Roles will be funded via an agreed salary remunerated based on the number of sessions worked. Job descriptions for each elected role are available on the website, and specify minimum number of sessions / days required.

2.20.3 Remuneration will be reviewed every annually by the Remuneration Committee.

2.20.4 Elected members may give 6 months’ notice to retire but are expected to serve full terms (or full years if a part term).

2.20.5 Where a member leaves office part way though a year, the Governing Body may convene an election or co-opt a member to the Governing Body for the remainder of the year. Any such co-option to be reported to the Primary Care Advisory Group

2.20.6 Elected Members of the Governing Body may serve a maximum of three consecutive terms of office

3.1.2 Voting mechanisms at Primary Care Advisory Group and Locality Meetings

3.1.2.1 **Voting is by a simple majority. Practices will have one vote per 2000 patient list size (as recorded on 1st April each year) calculated as follows:**

1 vote for the first 2000 patients thereafter 1 vote rounded to the nearest 2000

Patients	total votes
0-2000	1
2000 - 2999	1
3000 - 4999	2
5000 – 6999	3
7000 – 8999	4

9000 – 10999 5

11000 – 12999 6

etc.

3.1.2.2 There is no postal voting

3.1.2.3 Proxy voting is not allowed. All votes must be cast when present at a Primary Care Advisory Group meeting

3.1.2.4 Where a member has more than one vote they may split their vote to vote for different options or not use all their votes at their absolute discretion

3.1.7 Quorum

3.1.7.1 No business shall be transacted at a meeting unless at least 50% of Members, rounded up to the next whole number are represented

3.1.7.2 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 interest, the chair of the meeting shall consult with the governing body on the action to be taken. This may include (Such a position shall be recorded in the minutes of the meeting):

3.1.7.2.1 Deferring the discussion and/or the passing of a resolution. The meeting must then proceed to the next business

3.1.7.2.2 requiring another of the CCG's committees or sub-committees, the CCG's governing body or the governing body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,

3.1.7.2.3 inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the governing body or committee / sub-committee in question) so that the CCG can progress the item of business:

3.1.7.2.3.1 a member of the clinical commissioning group who is an individual;

3.1.7.2.3.2 an individual appointed by a member to act on their behalf in the dealings between it and the clinical commissioning group;

3.1.7.2.3.3 a member of a relevant Health and Wellbeing Board;

3.1.7.2.3.4 a member of a governing body of another clinical commissioning group;

3.1.7.2.4 Reducing the quorum to 40% to include one clinical member

{Replicated in GB and sub-committee meetings except

3.2.12.1. No business shall be transacted at a meeting unless at least 50% of Members, rounded up to the next whole number are represented **to include at least one elected member, one independent member (lay member, registered nurse member or secondary care specialist member) and one voting manager**

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APPENDIX D

Scheme of Delegation

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Financial Officer	Committees & Sub committees
1. REGULATION AND CONTROL	Determine the arrangements by which the members of the CCG approve those decisions that are reserved for the membership.	✓				
2. REGULATION AND CONTROL	Consideration and approval of applications to NHS England on any matter concerning changes to the CCG's constitution, including terms of reference for the CCG's governing body the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.	✓				
3. REGULATION AND CONTROL	Exercise or delegation of those functions of the clinical commissioning group which have not been retained as reserved by the CCG, delegated to the governing			✓		

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Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Financial Officer	Committees & Sub committees
	body or other committee or sub-committee or [specified] member or employee					
4. REGULATION AND CONTROL	Prepare the CCG's overarching scheme of reservation and delegation, which sets out those decisions of the CCG <u>reserved</u> to the membership and those <u>delegated</u> to the: CCG's Governing Body, committees and sub-committees, or its members or employees and sets out those decisions of the Governing Body <u>reserved</u> to the Governing Body and those <u>delegated</u> to the Governing Body's committees and sub-committees, members of the Governing Body, an individual who is member of the CCG but not the governing body or a specified person for inclusion in the CCG's constitution.			✓		
5. REGULATION AND	Approval of the CCG's		✓			

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Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Financial Officer	Committees & Sub committees
CONTROL	overarching scheme of reservation and delegation					
6. REGULATION AND CONTROL	Prepare the CCG's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the CCG, not for inclusion in the CCG's constitution.			✓		
7. REGULATION AND CONTROL	Approval of the CCG's operational scheme of delegation that underpins the CCG's 'overarching scheme of reservation and delegation' as set out in its constitution.		X			Audit and Integrated Assurance Committee
8. REGULATION AND CONTROL	Prepare detailed financial policies that underpin the CCG's prime financial policies.				✓	
9. REGULATION AND CONTROL	Approve detailed financial policies.		X			Finance Sub Committee
10. REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests.		X			Finance Sub Committee

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Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Financial Officer	Committees & Sub committees
11. REGULATION AND CONTROL	Set out who can execute a document by signature / use of the seal		✓			
12. PRACTICE MEMBER REPRESENTATIVE S AND MEMBERS OF THE GOVERNING BODY	Approve the arrangements for: identifying practice members to represent practices in matters concerning the work of the CCG; and appointing clinical leaders to represent the CCG's membership on the CCG's governing body, for example through election (if desired).	✓				
13. PRACTICE MEMBER REPRESENTATIVE S AND MEMBERS OF THE GOVERNING BODY	Approve the appointment of Governing Body members, the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning.	✓				
14. PRACTICE MEMBER REPRESENTATIVE S AND MEMBERS OF THE	Approve arrangements for identifying the CCG's proposed Accountable Officer.		✓			

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Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Financial Officer	Committees & Sub committees
GOVERNING BODY						
15. STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the CCG.		✓			
16. STRATEGY AND PLANNING	Approval of the CCG's operating structure.		✓			
17. STRATEGY AND PLANNING	Approval of the CCG's commissioning plan.		✓			
18. STRATEGY AND PLANNING	Approval of the CCG's corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the constitution		✓			
19. STRATEGY AND PLANNING	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the CCG's ability to achieve its agreed strategic aims.		✓			
20. ANNUAL REPORTS AND ACCOUNTS	Approval of the CCG's annual report and annual accounts.	✓				

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21. ANNUAL REPORTS AND ACCOUNTS	Approval of the arrangements for discharging the CCG's statutory financial duties.		✓			
22. HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.					Remuneration Committee
23. HUMAN RESOURCES	Approve terms and conditions of employment for all employees of the CCG including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the CCG.			✓		
24. HUMAN RESOURCES	Approve any other terms and conditions of services for the CCG's employees.			✓		
25. HUMAN RESOURCES	Determine the terms and conditions of employment for all employees of the CCG			✓		
26. HUMAN	Determine pensions,					Remuneration

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RESOURCES	remuneration, fees and allowances payable to employees and to other persons providing services to the CCG.					Committee
27. HUMAN RESOURCES	Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the CCG.			✓		
28. HUMAN RESOURCES	Approve disciplinary arrangements for employees, including the Accountable Officer (where he/she is an employee or member of the CCG) and for other persons working on behalf of the CCG.		✓			
29. HUMAN RESOURCES	Review disciplinary arrangements where the Accountable Officer is an employee or member of another CCG.		✓			
30. HUMAN RESOURCES	Approval of the arrangements for discharging the CCG's			✓		

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Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Financial Officer	Committees & Sub committees
	statutory duties as an employer.					
31. HUMAN RESOURCES	Approve human resources policies for employees and for other persons working on behalf of the CCG		✓	✓		
32. QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.		✓			
33. QUALITY AND SAFETY	Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.		X			Quality and Safety Sub Committee
34. OPERATIONAL AND RISK MANAGEMENT	Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within			✓		

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	the CCG.					
35. OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's counter fraud and security management arrangements					Audit and Integrated Assurance Committee
36. OPERATIONAL AND RISK MANAGEMENT	Approval of the CCG's risk management arrangements.					Audit and Integrated Assurance Committee
37. OPERATIONAL AND RISK MANAGEMENT	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other CCGs or pooled budget arrangements under section 75 of the NHS Act 2006).		✓			
38. OPERATIONAL AND RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the CCG		✓			
39. OPERATIONAL AND RISK	Approve proposals for action on litigation and claims		X			Executive Management

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Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Financial Officer	Committees & Sub committees
MANAGEMENT	handling against or on behalf of the CCG.					Committee
40. OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's arrangements for business continuity and emergency planning.			✓		
41. OPERATIONAL AND RISK MANAGEMENT	Approve the CCG's arrangements for handling complaints.			✓		
42. INFORMATION GOVERNANCE	Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.		X			Information Governance Sub Committee
43. TENDERING AND CONTRACTING	Approval of the CCG's contracts for any commissioning support.		X			Executive Management Committee
44. TENDERING AND CONTRACTING	Approval of the CCG's contracts for corporate support (for example finance provision)		X			Executive Management Committee
45. TENDERING AND CONTRACTING new	Approval of changes to the provision or delivery of assurance services to the groups including internal audit					Audit and Integrated Assurance Committee

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Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Financial Officer	Committees & Sub committees
	and counter fraud					
46. PARTNERSHIP WORKING	Approve decisions that individual members or employees of the CCG, participating in joint arrangements on behalf of the CCG can take. Such delegated decisions must be disclosed in this scheme of reservation and delegation. Approve decisions delegated to joint committees established under section 75 of the NHS Act 2006.		✓			
47. COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approval of the arrangements for discharging the CCG's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.		X			Executive Management Committee

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Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Financial Officer	Committees & Sub committees
48. COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	Approve arrangements for co-ordinating the commissioning of services with other CCGs and or with the local authority(ies), where appropriate		X			Executive Management Committee
49. COMMUNICATIONS/ INFORMATION GOVERNANCE	Approving arrangements for handling Freedom of Information requests.		X			Information Governance Sub Committee
50. COMMUNICATIONS/ INFORMATION GOVERNANCE	Determining arrangements for handling Freedom of Information requests.			✓		
51. COMMUNICATIONS/ INFORMATION GOVERNANCE	Approving a comprehensive Publication Scheme for the CCG		X			Information Governance Sub Committee

CCG Constitution Review – June 2014 review window – Application Checklist	
CCG name: NHS Bexley CCG	
Type and brief description of Constitution Change (mark all that apply)	
Variations to CCG Constitution (excluding CCG mergers or dissolutions):	✓
CCG Merger:	
Dissolution of CCG:	
APPLICATION CHECKLIST	
Criteria	Contained in application (Y/N)?
<i>The reason why a variation is being sought</i>	Yes – at the request of the membership to improve election process and change the voting structure, both designed to increase

	engagement
<p><i>The proposed varied constitution with the amended clauses clearly signposted</i></p>	<p>Yes – summary of main changes included in the application and a track changes version of the constitution provided</p>
<p><i>Assurance that member practices have agreed to the proposed change(s)</i></p>	<p>Yes. The membership created a task and finish group and the revisions have been discussed twice at PCAG, at a member wide consultation, at a full GP engagement event, at the Governing Body twice and with the LMC</p>

Assurance that stakeholders have been consulted if required	Changes are inward facing, however they have been discussed at public meetings included
A self-certification by the Chair or Accountable Officer, on behalf of the CCG, that the revised constitution continues to meet the requirements of the Act.	Legal advice has been considered but not sought as the changes are not fundamental to the constitution yes
Assurance that the CCG has considered the need for legal advice on the implications of the proposed changes, including whether advice has been sought.	
A completed impact assessment of the changes, which should cover as a minimum the factors required to be considered by NHS England set out below. [No factors included with form]	

Factors for NHSE to consider

Considerations	CCG Response:
Does the constitution meet the requirements of legislation and is otherwise appropriate?	Yes
Is each of the members a provider of primary medical services?	Yes – no change to membership other than the amalgamation of two practices following notification from NHS England
Is the area appropriate (i.e. that there are no overlapping CCGs and no gaps)?	Yes – no change
Is the proposed Accountable Officer appropriate?	Yes – no change
Has the CCG made appropriate arrangements to ensure it is able to discharge its functions?	Yes – no change

Appendix D

Has the CCG made arrangements to ensure that its governing body is correctly constituted and otherwise appropriate?	Yes – no change
The likely impact of the requested variation on the persons for whom the CCG has responsibility – the registered and resident population of the CCG been considered? (What is the likely impact?)	None
Will there be an impact on financial allocations for the financial year in which the variation would take effect? (if yes please provide further details)	no
Will the change impact on NHS England's function? (if yes please provide further details)	no
Has the CCG sought and taken into account the views of the following;	No as no fundamental changes are

<ul style="list-style-type: none"> any local authority whose area covers the whole or any part of the CCG's area; any other CCG which would be affected; and any other person or body which in the CCG's view might be affected by the variation requested, 	<p>proposed</p>
<p>Has the CCG(s) suitably sought and taken into account the views of patients and the public?</p>	<p>No as no fundamental changes are proposed</p>
<p>How often has the CCG applied for variation(s) of this kind before?</p>	<p>No</p>

Self-certification by the Chair and Chief Operating Officer of NHS Bexley CCG, on behalf of the CCG, that the revised constitution continues to meet the requirements of the Act.

We the undersigned certify that the revised constitution will continue to meet the requirements of the NHS Act 2006 as amended by the Health and Social Care Act 2012 and is otherwise appropriate.

Signature: _____ Date: May 2014 _____

Dr Howard Stoate, Chair:

Signature: _____ Date: May 2014 _____

Sarah Blow, Chief Officer:

Evidence – example minute(s) where it was discussed with member practices

Minutes of PCAG November 2013 and May 2014 to be attached