

Governing Body (public) meeting

DATE: 21 May 2015

Title	Constitution and Committee in Common for Strategic Decision Making
Recommended action for the Governing Body	<p>1) Subject to PCAG approval the Governing both is asked to APPROVE the application to NHS England to change the constitution as laid out in the report and attachments.</p> <p>2) Subject to PCAG and NHS England Approval of the constitutional changes the Governing Body is asked to PASS A RESOLUTION authorising:</p> <ul style="list-style-type: none"> a) the Governing Body representatives to take decisions that are within the remit of the Committee in Common for the Purpose of Strategic Decision Making (or any subsequent name the committee may adopt) on behalf of the CCG and b) that decisions are to be taken by a majority of the NHS Bexley CCG representatives that <ul style="list-style-type: none"> i) are present at the meeting of the committee in common at which the decision is to be taken and ii) in addition to being present at the meeting, vote on the decision.
Executive summary	<p>In order to facilitate decision making in South East London over major strategic decisions (including the Our Healthier South East London Programme) the six CCGs have agreed in principle to create a committee in common across the six CCGs (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) plus as appropriate NHS England and other relevant (surrounding) CCGs.</p> <p>As committees are listed in the CCGs constitution a formal change to the constitution is required, as this required membership approval the changes are currently being consulted on with the membership.</p> <p>Minor amendments to the scheme of delegation and wording of</p>

Clinical Commissioning Group

	<p>the constitution are proposed in order to ensure that formal constitutional changes are not required in the future when the CCG or Governing Body are desirous of creating a committee.</p> <p>The Governing Body are asked to approve the application to NHS England for a formal change to the constitution (annex A) – dependent on the outcome of the member decision which will be given verbally at the Governing Body meeting.</p> <p>The application to NHS England needs to be made by 1st June 2015.</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>	✓
	<p>Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation</p>	✓
	<p>Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience</p>	✓
Organisational implications	<p>Key risks <small>(corporate and/or clinical)</small></p>	<p>To avoid the possibility of any challenge to decisions made at South East London level the framework for those decisions must be properly constituted.</p>
	<p>Equality and diversity</p>	<p>None arising from this report.</p>
	<p>Patient impact</p>	<p>None arising from this report – decisions in relation to Our Healthier South East London should have had proper consultations beforehand.</p>
	<p>Financial</p>	<p>None arising from this report – decisions in relation to Our Healthier South East London should have had proper consultations beforehand.</p>
	<p>Legal issues</p>	<p>To avoid the possibility of any challenge to decisions made at South East London level the framework for those decisions must be properly constituted.</p>
	<p>NHS constitution</p>	<p>None arising from this report – decisions in relation to Our Healthier South East</p>

Clinical Commissioning Group

		London should have had proper consultations beforehand.
Consultation (public, member or other)	Discussed and agreed in principle by <ul style="list-style-type: none"> • SEL Clinical Strategy Group • SEL Chief Officers • SEL Directors of Governance 	
Audit (considered/approved by other committees/groups)	PCAG 20/05/2015	
Communications plan	n/a	
Author	Simon Evans-Evans	
	Clinical lead Dr Howard Stoate Chair	Executive sponsor Simon Evans-Evans Director of Governance and Quality
Date	6 May 2015	

Establishing a South East London Committee in Common for Strategic Decision Making

1. Introduction

The six CCGs in south east London have been revising their collaborative governance arrangements to ensure that they reflect the work which the CCGs wish to do together.

Our Healthier South East London, the commissioning strategy for south east London, is currently governed through a programme board (the Clinical Commissioning Board) which reports into the South East London Commissioning Strategy Committee and to the Governing Bodies. As the strategy develops further, it may lead to proposals for strategic change which require collaborative decision making by the six CCGs with NHS England in its commissioner role.

The Clinical Strategy Committee has therefore been considering the governance arrangements to support the delivery of any elements of this or any successor strategy which may require decisions beyond an individual borough.

2. Background

The Clinical Strategy Committee has discussed the options for arrangements for collective decision making: committees in common, joint committees and governing bodies meeting together; and concluded that the arrangements should be determined by the nature of the issues to be decided, with an emphasis on the effectiveness, as well as efficiency, of decision making. The importance of recognising local needs and partnerships alongside the wider needs of south east London was emphasised. The committee also required that governance arrangements for major strategic decisions ensure that decision-making is transparent, effective and robust, binding on all parties and can stand up to potential legal challenge. A set of principles were identified, which any proposal would need to demonstrate:

- An appropriate forum for the decisions to be taken
- Ownership/engagement in advance of decision
- Openness/transparency of decision making
- Equality of representation of CCGs in all decisions
- Decisions made by any joint decision-making forum must be binding on CCGs and NHS England if relevant with regard to implementation

The Clinical Strategy Committee agreed that:

- Decisions will only be taken collaboratively following extensive local engagement, including with the membership of all CCGs and with their governing bodies.
- Decisions will be taken in public and the members of the public will wish to be assured that such decisions have been taken after due consideration of all the issues.
- In line with the Secretary of State's four tests:
 - support from GP commissioners will be essential
 - arrangements for public and patient engagement, including local authorities, should be strong
 - there should be clarity about the clinical evidence base underpinning proposals
 - proposals should take into account the need to develop and support patient choice
- In addition, the implications of the Lewisham judgement (on the judicial review of the Secretary of State's decision following the Trust Special Administrator's recommendations) need to be considered, ie that the CCGs where the majority of the patients will be most affected by the service change should apply a test of reasonableness and consider on balance whether they can demonstrate that they have GP commissioner support

3. Proposal

The Clinical Strategy Committee concluded that a committee in common would be the most appropriate arrangement for collaborative decision making on strategic issues. This would mean decisions are made by each CCG's representatives within the authority delegated to them by their CCG.

Key issues would be taken to the membership by the governing body of each CCG before they could be considered by a committee in common. The governing body would reach a conclusion through its normal processes, following its normal arrangements for testing with its membership.

Decisions by the committee in common would require unanimity amongst the CCGs.

NHS England is currently reviewing its own scheme of delegation. It is proposed that the committee in common is established with the ability for NHS England to be included in the membership and further discussions will take place with NHS England colleagues about how NHS England is best included in the arrangements for south east London.

The establishment agreement for a committee in common is attached as an appendix, along with the governance structure for the Our Healthier South East London programme, showing where the committee in common would fit. It is proposed that there are three members from each CCG Governing Body, with the ability to include additional members from neighbouring CCGs affected by any potential changes and from NHS England, plus non-voting members to reflect the partnership approach taken by the CCGs in developing the strategy.

4. Constitutional changes

To enable the Committee in Common to be established it is **recommended** that there the following changes need to be made to the NHS Bexley CCG constitution.

These are currently being consulted upon with the membership (to whom decisions relating to constitutional change have been reserved)

Constitution reference	original	Change	Reason
6.9.1	the governing body has appointed the following five committees:	The Primary Care Advisory Group may create a committee or sub-committee of the governing body, and agree terms of reference for that committee, without the need to change the constitution, any changes to the committee structures will be included in subsequent revisions of the constitution. At the date of the of this constitution (see section 1.3.1) the Primary Care Advisory Group has appointed the following five committees:	To retain the PCAG control over the CCG committee structure without the need for NHS England approval, of a new committee
6.9.6		<p>6.9.6. South East London Committee in Common for Strategic Decision Making which is accountable to the governing body</p> <p>6.9.6.1. Function – The role of the South East London Committee in Common for Strategic Decision Making shall be to take decisions in relation to any healthcare service changes (either in hospital or out of hospital) proposed as part of the Our Healthier South East London programme or subsequent programmes, as agreed by the CCGs, which involve public consultation and which have not already or will not be consulted on as part of a separate process on behalf of the CCG. Such decisions will be taken by the representatives of the CCG and will be taken only after consideration of the issues by the</p>	To create the committee

		<p>CCG Governing Body and the engagement of the CCG membership</p> <p>6.9.6.2. The South East London Committee in Common for Strategic Decision Making shall work with Clinical Commissioning Groups in South East London, NHS England and other key stakeholders, as detailed in section 6.10 – Joint arrangements</p> <p>6.9.6.3. to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England and those functions relating to primary Care, (including the duty to support NHS England improve the quality of primary care) within the Act within the London Borough of Bexley</p> <p>6.9.6.4. The Terms of reference for this committee will be agreed by the governing body from time to time, however any changes to the membership of the committee will be presented to the next meeting of the Primary Care Advisory Group, where the change is not endorsed the Primary Care Advisory Group can reinstate the original membership or alter the membership</p>	
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Addition to the scheme of delegation

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Financial Officer	Committees & Sub committees, <u>Joint arrangements and individuals</u>
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 <u>formally recordeddisclosed in this scheme of reservation and delegation.</u> Approve decisions delegated to joint committees established under section 75 of the NHS Act 2006.		✓			
<u>54 Delegated Decision making</u>	<u>Decisions delegated by formal resolution of the governing body</u>					<u>✓</u>

These minor tweaks to the scheme of delegation, together with the permissive clauses already in the constitution (see paragraphs 5.1.3, 6.1 and 6.10). enable the governing body, in the future to be able to add new arrangements simply by passing a resolution.

The changes can be seen on the attached amended version of the constitution on pages 20 and 22. The full constitution can be seen [here](#).

May's CCG governing body will be notified PCAG's decision in relation to the constitutional change.

5. Recommendations

Subject to PCAG approval the Governing both is asked to **APPROVE** the application to NHS England to change the constitution as laid out in the report and attachments.

Subject to PCAG and NHS England Approval of the constitutional changes the Governing Body is asked to **PASS A RESOLUTION** authorising:

- 1) the Governing Body representatives to take decisions that are within the remit of the Committee in Common for the Purpose of Strategic Decision Making (or any subsequent name the committee may adopt) on behalf of the CCG and
- 2) that decisions are to be taken by a majority of the NHS Bexley CCG representatives that
 - a) are present at the meeting of the committee in common at which the decision is to be taken and
 - b) in addition to being present at the meeting, vote on the decision.

DRAFT 24.04.15

South East London Clinical Commissioning Groups

**Establishment Agreement for a Committee in Common for the Purpose of
Strategic Decision Making**

**Establishment
Agreement**

Preamble

1. The Clinical Strategy Committee of the six Clinical Commissioning Groups (CCGs) in south east London (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) agreed at its meeting on January 2015 to propose the establishment of a Committee in Common for the purpose of strategic decision making, with particular reference to Our Healthier South East London, the joint commissioning strategy, or any successor strategy as agreed by the CCGs. The governing body of each of the CCGs has resolved to participate (through its nominated members) in a committee to be known as the Committee in Common for Strategic Decision Making. This Agreement sets out the membership and terms of reference for the Committee in Common for Strategic Decision Making, which is a prime committee of each CCG's Governing Body.

Statutory Framework

2. Under paragraph 3(3) of Schedule 1A of the National Health Service Act 2006 (inserted by the Health and Social Care Act 2012) CCGs' constitutions may provide for their functions to be exercised by any members or employees of the CCG. Each of the CCGs provides in its constitution that its functions in relation to decisions taken on its behalf at meetings of the Committee in Common are delegated to the majority of such of its members of the committee as attend the meeting of the committee at which the relevant decision is taken and vote on the decision, provided further that to be binding on a CCG the decision must be unanimously agreed by a majority of all of the members attending and voting for each of the CCGs and, if represented by voting members on the committee at that time, NHS England.

Role of Committee in Common

3. In autumn 2013 the South East London CCGs and NHS London established a commissioning strategy programme to address the health needs and inequalities in south east London and to develop proposals for improved services across south east London which are both clinical and financially viable, and sustainable. Since then, the *Our Healthier South East London* programme has worked with clinicians, local authority colleagues, patients and the public, and other

stakeholders to develop proposals for improved services which are both clinically and financially viable and sustainable. The role of the Committee in Common is to take decisions on behalf of the CCGs as set out below. Such decisions will be taken by the representatives of each CCG on behalf of their individual CCG and will be taken only after consideration of the issues by the CCG Governing Body and the engagement of the CCG membership.

Functions of the Committee:

4. The Committee in Common will perform the functions delegated to its members by their CCGs in relation to any healthcare service changes (either in hospital or out of hospital) proposed as part of the Our Healthier South East London programme or subsequent programmes, as agreed by the CCGs, which involve public consultation and which have not already or will not be consulted on as part of a separate process. At meetings of the committee, the members representing each participating CCG and, if it wishes to participate and has voting members at that time, NHS England, will (on behalf of the organisation they represent):
 - Agree the planning assumptions that will be used to underpin financial, workforce, access and activity modelling as part of the option selection process.
 - Agree the processes by which the Decision Making Business Case will be developed and tested
 - Endorse the Decision Making Business Case.
 - Make any necessary decisions arising from the Decision Making Business Case.
 - Liaise with the relevant Local Authorities about the process.
 - Take or arrange for all necessary steps to be taken to enable the CCGs to comply with their public sector equality duties in relation to any consultation.
 - Take or arrange for all necessary steps to be taken to enable the CCGs to comply with their duties in relation to the quality of health care provision
 - Determine the mechanism by which, following the completion of the consultation process, any decision about service change will be made that takes into account all of the representations received in response to the consultation and specifically any recommendations made by any of the health service bodies involved in the consultation and any recommendations received from the public, any Overview and Scrutiny Committee, any Council executive, any local Health watch organisation or any other relevant organisations
 - Approve the formal report on the outcome of the consultation that incorporates all of the representations received in response to the consultation document in order to reach a decision.
 - Make decisions to satisfy any legal requirements associated with consulting the public and making decisions arising from it.

In discharging their responsibilities the members of the Committee in Common will also:

- Oversee the development of proposals for the range, scale and location of healthcare services as models, options and proposals are developed.
- Ensure that the redesign process identifies those areas that require formal public consultation
- Ensure that the redesign process identifies any proposal for a substantial development of the health service in the area of the relevant local authority or any

substantial variation in the provision of such service that will trigger the requirement for the CCG to consult with the relevant local authority

- Receive and or review recommendations from the Clinical Commissioning Board for Our Healthier South East London and decide on a model for future healthcare provision that is safe, sustainable and financially viable.
- Oversee stakeholder engagement and consultation on those areas of service change that will impact on service users.

Geographical Coverage

5. The Committee in Common will comprise the relevant CCGs in south east London (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark), together with other CCGs for whose populations the proposals may amount to a substantial change or development in services and, if appropriate, NHS England as a commissioner of relevant services, if in either case they wish to participate in the committee.

Membership

6. The Committee in Common shall consist of:
 - a) An independent chair, who will not be a voting member
 - b) Three governing body members from each participating CCG, who will be appointed by the governing body and who will be voting members
 - c) Up to three members from NHS England (if it wishes to participate in the committee), who may be voting members

Where a member of the committee is unable to attend a meeting, they may nominate as their deputy another member of the governing body of their CCG, who will be a voting member.

The committee will also include a number of non-voting members, to reflect the partnership approach of the programme, who may include representation from providers, local authorities, Healthwatch and the programme's Public and Patient Advisory Group.

Procedure

7. The Committee in Common shall adopt the Standing Orders relating to the conduct of meetings, agendas and declaration of interest, of Southwark CCG, save that for a meeting to be quorate there must be present at least two members from each participating CCG and, if NHS England are participating, at least one member from NHS England. The Committee in Common will meet in public except where the committee resolves to exclude the public on grounds of the confidential nature of the business to be discussed, in the interests of public order or because the committee

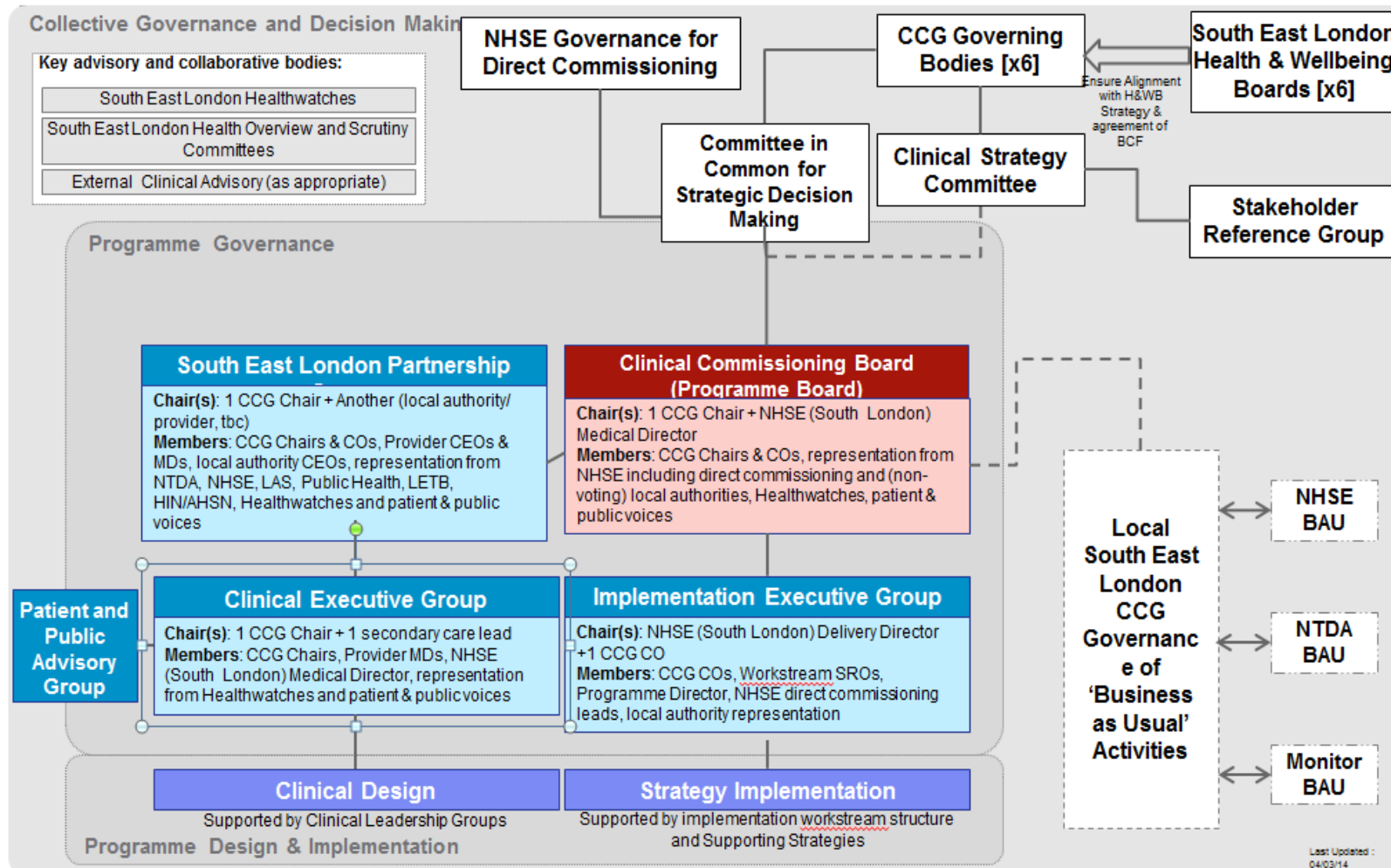
considers that it would otherwise not be in the public interest for the public to be admitted to all or part of a meeting.

8. For a decision to be taken it must be unanimously agreed by all of the CCGs and (if it has voting members on the committee at that time) NHS England (in each case, a "participating organisation") in accordance with the delegated authority referred to in paragraph 2 above. Each participating organisation takes its decision by a majority vote of those of its committee members that are present and voting at the committee meeting at which the decision is taken.
9. The Committee in Common will make decisions on the issues being consulted on, taking proper account of all the consultation responses and all other relevant matters;
10. The decisions of a CCG's representatives taken at the Committee in Common shall be binding on that CCG by virtue of the delegated authority referred to in paragraph 2 above.

Administration

12. Support for the Committee will be provided by the Our Healthier South East London Programme Team. Papers for each meeting will be sent to Committee members no later than one week prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

Structure and high-level memberships



Last Updated: 04/03/14

Notes & Abbreviations

BCF = Better Care Fund
 NHSE = NHS England
 NTDA = NHS Trust Development Authority
 LAS = London Ambulance Service

LETB = Local Education and Training Boards
 HIN = Health Innovation Network
 AHSN = Academic Health Science Networks

MD = Medical Director
 BAU = 'Business as Usual'
 CBC = Community Based Care
 SRG = Stakeholder Reference Group
 CSC = Clinical Strategy Committee

Key

Programme Decision Making	Existing Governance
Programme Governance	Advisory and Collaborative

221 Erith Road, Bexleyheath
Kent DA7 6HZ

7 May 2015

020 8298 6000
Simon.evans-evans@nhs.net
www.bexleyccg.nhs.uk

Dear Sir,

Application to vary constitution

Our Healthier South East London, the commissioning strategy for south east London, is currently governed through a programme board (the Clinical Commissioning Board) which reports into the South East London Commissioning Strategy Committee and to the Governing Bodies of the six CCGs in South East London:

- NHS Bexley;
- NHS Bromley;
- NHS Greenwich;
- NHS Lambeth;
- NHS Lewisham;
- NHS Southwark.

The six CCGs have been revising their collaborative governance arrangements to ensure that they reflect the work which they wish to do together. The Clinical Strategy Committee has considered the governance arrangements to support the delivery of any elements of this or any successor strategy which may require decisions beyond an individual borough.

Committee in Common

The Clinical Strategy Committee agreed that a Committee in Common should be formed across the six CCGs. The Committee will meet in public to ensure that decision-making is transparent, effective and robust, binding on all parties and can stand up to potential legal challenge. The following set of principles have been identified for the functioning of the Committee in Common:

- An appropriate forum for the decisions to be taken
- Ownership/engagement in advance of decision
- Openness/transparency of decision making
- Equality of representation of CCGs in all decisions

- Decisions made by any joint decision making forum must be binding on CCGs and NHS England if relevant with regard to implementation

The Clinical Strategy Committee agreed that:

- Decisions will only be taken collaboratively following extensive local engagement, including with the membership of all CCGs and with their governing bodies.
- Decisions will be taken in public and the members of the public will wish to be assured that such decisions have been taken after due consideration of all the issues.

The Clinical Strategy Committee concluded that the establishment of a Committee in Common would mean decisions are made by each CCG's representatives within the authority delegated to them by their CCG.

Key issues would be taken to the membership by the governing body of each CCG before they could be considered by a Committee in Common. The governing body would reach a conclusion through its normal processes, following its normal arrangements for testing with its membership. Decisions by the committee in common would require unanimity amongst the CCGs.

As NHS England is currently reviewing its own scheme of delegation, it is proposed that the Committee in Common would be established with the ability for NHS England to be included in the membership.

NHS Bexley CCG's constitution

NHS Bexley CCG's constitution has a provision in Clause 1.4 (Amendment and Variation of this Constitution) which states that the constitution together with its appendices can only be varied in two circumstances:

- Where the CCG applies to NHS England and that application is granted provided that the Primary Care Advisory Group have agreed to the Variances;
- Where in the circumstances set out in legislation NHS England varies the CCG's constitution other than on application by the CCG.

The Committee in Common being established will be a committee of Bexley CCG's Governing Body. The CCG's constitution however states in Clause 6.9 (Committees of the Governing Body) that the governing body has appointed four committees which are:

- Audit and Integrated Assurance Committee;
- Remuneration Committee;
- Executive Management Committee;
- Primary Care Joint-Commissioning Committee;

In order to create the new committee and any future committees should the need arise without having to amend the constitution on each occasion the CCG is applying to NHS England to vary the constitution and scheme of delegation.

Constitutional changes

To enable the Committee in Common to be established the following changes need to be made to the NHS Bexley CCG constitution.

Constitution reference	original	Change	Reason
6.9.1	the governing body has appointed the following four committees:	The Primary Care Advisory Group may create a committee or sub-committee of the governing body, and agree terms of reference for that committee, without the need to change the constitution, any changes to the committee structures will be included in subsequent revisions of the constitution. At the date of the of this constitution (see section 1.3.1) the Primary Care Advisory Group has appointed the following five committees:	To retain the PCAG control over the CCG committee structure without the need for NHS England approval, of a new committee
6.9.6	NEW	<p>6.9.6. South East London Committee in Common for Strategic Decision Making which is accountable to the governing body</p> <p>6.9.6.1. Function – The role of the South East London Committee in Common for Strategic Decision Making shall be to take decisions in relation to any healthcare service changes (either in hospital or out of hospital) proposed as part of the Our Healthier South East London programme or subsequent programmes, as agreed by the CCGs, which involve public consultation and which have not already or will not be consulted on as part of a separate process on behalf of the CCG. Such decisions will be taken by the representatives of the CCG and will be taken only after consideration of the issues by the CCG Governing Body and the engagement of the</p>	To create the committee

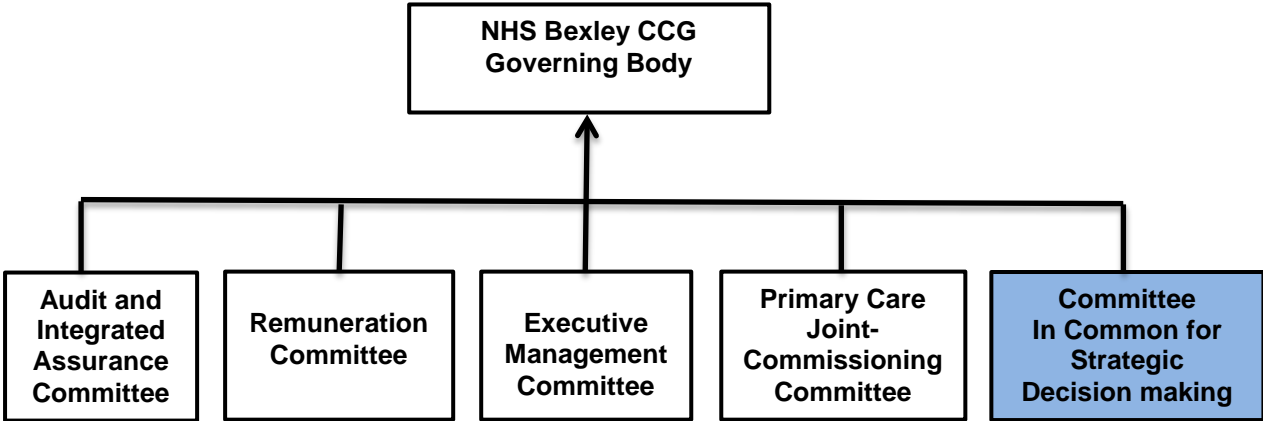
		<p>CCG membership</p> <p>6.9.6.2. The South East London Committee in Common for Strategic Decision Making shall work with Clinical Commissioning Groups in South East London, NHS England and other key stakeholders, as detailed in section 6.10 – Joint arrangements</p> <p>6.9.6.3. to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England and those functions relating to primary Care, (including the duty to support NHS England improve the quality of primary care) within the Act within the London Borough of Bexley</p> <p>6.9.6.4. The Terms of reference for this committee will be agreed by the governing body from time to time, however any changes to the membership of the committee will be presented to the next meeting of the Primary Care Advisory Group, where the change is not endorsed the Primary Care Advisory Group can reinstate the original membership or alter the membership</p>	
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Addition to the scheme of delegation

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Financial Officer	Committees & Sub committees, <u>Joint arrangements and individuals</u>
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 <u>formally recorded</u> disclosed in this scheme of reservation and delegation . Approve decisions delegated to joint committees established under section 75 of the NHS Act 2006.		✓			
<u>54 Delegated Decision making</u>	<u>Decisions delegated by formal resolution of the governing body</u>					✓

These minor tweaks to the scheme of delegation, together with the permissive clauses already in the constitution (see paragraphs 5.1.3, 6.1 and 6.10 facilitate that in future the CCG or the governing body will be able to add new committee arrangements simply by passing a resolution.

The new committee structure will be as follows:



The new committee which will report direct to the Governing Body will be known as the Committee in Common for Strategic Decision Making. The establishment of the Committee in Common is an addition to the four committees already appointed by the Governing Body and approved by the Primary Care Advisory Group of the CCG.

The role of the Committee in Common for Strategic Decision Making shall be:

- To take decisions in relation to any healthcare service changes (either in hospital or out of hospital) proposed as part of the Our Healthier South East London programme or subsequent programmes, as agreed by the CCGs, which involve public consultation and which have not already or will not be consulted on as part of a separate process on behalf of the CCG. Such decisions will be taken by the representatives of the CCG and will be taken only after consideration of the issues by the CCG Governing Body and the engagement of the CCG membership;
- To work with Clinical Commissioning Groups in South East London, NHS England and other key stakeholders, as detailed in section 6.10 – Joint arrangements;

The membership of NHS Bexley CCG have been consulted on the formation of the new committee (Committee in Common) and the need for the amendment of the constitution. The membership agreed to the changes on 20th May 2015, the Governing Body ratified the changes on 21st May 2015. The members see it as an opportunity for collaborative decision making on strategic issues.

Legal advice has been sought and taken from Messrs Mills & Reeve LLP.

I have attached for your information a copy of the CCG's revised constitution for your approval. The amended Section 6.9.1 can be found on page 20. The functions of the new committee have been added at Clause 6.9.6 on page 22.

Yours sincerely,

Simon Evans-Evans
Director of Governance and Quality

I declare that the revised constitution continues to meet the requirements of the Health and Social Care Act 2012

Sarah Blow
Accountable Officer

CCG Constitution Review – June 2015 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):	To further develop the ability for the CCG to take collaborative decisions across South East London when sub-regional decisions are needed
CCG Merger:	n/a
Dissolution of CCG:	n/a

APPLICATION CHECKLIST

Criteria	Contained in application (Y/N)?
<i>The reason why a variation is being sought</i>	Yes to create a committee in common with the 5 other CCGs in South East London
<i>The proposed varied constitution with the amended clauses clearly signposted</i>	Yes attached
<i>Assurance that member practices have agreed to the proposed change(s)</i>	Yes Approved by Membership 20/05/2015 Approved by Governing Body 21/05/2015
<i>Assurance that stakeholders have been consulted if required</i>	Yes Agreed across South East London
<i>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.</i>	Yes Application signed by Accountable Officer
<i>Assurance that the CCG has considered the need for legal advice on the implications of the proposed changes, including whether advice has been sought.</i>	Yes Advice sought from Messrs Mills and Reeve LLP

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.

Yes
Attached

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 in membership
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 has made appropriate arrangements to ensure it is able to discharge its functions?	Yes – committee in common designed to enhance the CCGs ability to discharge its functions in an efficient and economic way
Has the CCG made arrangements to ensure that its governing body is correctly constituted and otherwise appropriate?	Yes – additional committee and associated amendments to the constitution
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

<p>Has the CCG sought and taken into account the views of the following;</p> <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>No as no fundamental changes are 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>Once to allow for Co-Commissioning</p>