NHS BARNSLEY
CLINICAL COMMISSIONING GROUP

CONSTITUTION [APRIL 2020]

NHS Barnsley Clinical Commissioning Group Constitution

Version	Effective Date	Changes
V1	Aug 2018	Standard model
V0.1	Jun 2019	First Draft New Model Constitution adapted for BCCG
V0.2	Jan 2020	Second Draft New Model considered and approved by BCCG Governing Body (16.1.2020) and Membership Council (21.1.2020)
V1.)	Apr 2020	Final version following NHSE approval

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1 Introduction

1.1 Name

The name of this clinical commissioning group is NHS Barnsley Clinical Commissioning Group ("the CCG").

1.2 Statutory Framework

1.2.1 CCGs are established under the NHS Act 2006 ("the 2006 Act"), as amended by the Health and Social Care Act 2012. The CCG is a statutory body with the function of commissioning health services in England and is treated as an NHS body for the purposes of the 2006 Act. The powers and duties of the CCG to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to CCGs, as well as by regulations and directions (including, but not limited to, those issued under the 2006 Act).

1.2.2 When exercising its commissioning role, the CCG must act in a way that is consistent with its statutory functions. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to CCGs, including the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to CCGs take the form of statutory duties, which the CCG must comply with when exercising its functions. These duties include things like:

a) Acting in a way that promotes the NHS Constitution (section 14P of the 2006 Act);
b) Exercising its functions effectively, efficiently and economically (section 14Q of the 2006 Act);
c) Financial duties (under sections 223G-K of the 2006 Act);
d) Child safeguarding (under the Children Acts 2004,1989);
e) Equality, including the public-sector equality duty (under the Equality Act 2010); and
f) Information law, (for instance under data protection laws, such as the EU General Data Protection Regulation 2016/679, and the Freedom of Information Act 2000).

1.2.3 Our status as a CCG is determined by NHS England. All CCGs are required to have a constitution and to publish it.

1.2.4 The CCG is subject to an annual assessment of its performance by NHS England which has powers to provide support or to intervene where it is satisfied that a CCG is failing, or has failed, to discharge any of our functions or that there is a significant risk that it will fail to do so.

1.2.5 CCGs are clinically-led membership organisations made up of general practices. The Members of the CCG are responsible for determining the governing arrangements for the CCG, including arrangements for clinical leadership, which are set out in this Constitution.

1.3 Status of this Constitution

1.3.1 This CCG was first authorised on 1 April 2013, initially with 16 conditions then from September 2013 NHS England confirmed all outstanding conditions for authorisation had been met.

1.3.2 Changes to this constitution are effective from the date of approval by NHS England.

1.3.3 The constitution is published on the CCG website at http://www.barnsleyccg.nhs.uk/about-us/ .

1.4 Amendment and Variation of this Constitution

1.4.1 This constitution can only be varied in two circumstances.

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

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

1.4.2 The Accountable Officer may periodically propose amendments to the constitution which shall be presented to the Governing Body for approval. Any such amendments will not require approval by the Membership Council unless:

- the changes are thought to have a material impact, or
- at least half of the Governing Body (representing a quorum as set out in standing orders) formally request that the amendments be put before the membership for approval.

1.4.3 Changes considered to have a material impact will require approval by the Membership Council. These include, but are not limited to:

- Changes to the reserved powers of members
- Changes to the composition of the Governing Body
- Proposals for merger with one or more other CCG(s)

1.5 Related documents

1.5.1 This Constitution is also informed by a number of documents which provide further details on how the CCG will operate. With the exception of the Standing Orders and the Standing Financial Instructions, these documents do not form part of the Constitution for the purposes of 1.4 above. They are the CCG's:

a) **Standing orders –** which set out the arrangements for meetings and the selection and appointment processes for the CCG's Committees, and the CCG Governing Body (including Committees).

b) **The Scheme of Reservation and Delegation –** sets out those decisions that are reserved for the membership as a whole and those decisions that have been delegated by the CCG or the Governing Body

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

d) **Standing Financial Instructions –** which set out the delegated limits for financial commitments on behalf of the CCG.

e) **The CCG Governance Handbook –** This can be found on the CCG's website (**INSERT URL**) and includes:

- Information about the CCG (vision & values, functions & duties)
- Committee handbook (incorporating committee terms of reference, joint decision making arrangements etc)
- Scheme of Reservation & Delegation
- Prime Financial Policies
- Standards of Business Conduct Policy (including the arrangements the CCG has made for the management of conflicts of interest)
- Arrangements for the admission and removal of member practices
- Detailed descriptions of Governing Body roles
- Procedure for Nominating Practice Representatives.

1.6 Accountability and transparency

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

a) publish our constitution and other key documents including
   - the CCG's Governance Handbook
   - minutes and agenda papers of public meetings of the Governing Body and the Primary Care Commissioning Committee
   - Registers of interests, procurement decisions, sponsorship, gifts and hospitality.

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

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

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

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

f) procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;

g) involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCG's *Patient and Public Involvement Strategy*;

h) When discharging its duties under section 14Z2, the CCG will ensure that it follows NHS England's *10 Principles of Participation* to ensure we involve the Barnsley public in a way which ensures openness, early and active involvement, fairness and non-discrimination;

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

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

k) produce annual accounts which are externally audited;

l) publish a clear complaints process;

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

n) provide information to NHS England as required; and

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

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

a) Publishing all of the Clinical Commissioning Group's Operational Policies;
b) Allowing members of the public present at Governing Body or Primary Care Commissioning Committee meetings held in public to ask questions;
c) Holding frequent general and specific stakeholder events with the public;
d) Make extensive use of the CCG's website and other social media platforms to keep the public and other stakeholders fully informed and engaged about the work of the CCG;
e) Making public through its Board Meetings the Clinical Commissioning Group's Risk Register and Assurance Framework;
f) Holding an Annual General Meeting each year to which a wide range of stakeholders will be invited.

1.7 Liability and Indemnity

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

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

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

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

2 Area Covered by the CCG

2.1.1 The geographical area covered by NHS Barnsley Clinical Commissioning Group is fully coterminous with the boundaries of Barnsley Metropolitan Borough Council, https://www.barnsley.gov.uk/barnsley-maps/barnsley-interactive-maps/.

3 Membership Matters

3.1 Membership of the Clinical Commissioning Group

3.1.1 The CCG is a membership organisation.

3.1.2 All practices who provide primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract in our area are eligible for membership of this CCG.

3.1.3 The practices which make up the membership of the CCG are listed below.

Practice Name	Address
Apollo Court Medical Centre PMS Practice	Apollo Court Medical Centre, High Street, Dodworth, Barnsley, S75 3RF
Ashville Medical PMS Practice	Oaks Park Primary Care Centre, Thornton Road, Kendray, Barnsley, S70 3NE
BHF Brierley Medical Centre	Brierley Medical Centre, Church Drive, Brierley, Barnsley, S72 9HZ
Caxton House Surgery	Caxton House Surgery, 53 High Street, Grimethorpe, Barnsley, S72 7BB
Cope Street Surgery	Cope Street Surgery, 2a Cope Street, Barnsley, S70 4HY
Craven & Czepulkowski	48 High Street, Royston, Barnsley, S71 4RF
Dearne Valley Group Practice	The Thurnscoe Centre, Holly Bush Drive, Thurnscoe, Rotherham, S63 0LT
The Dove Valley PMS Practice	Worsbrough Health Centre, Powell Street, Worsbrough, Barnsley, S70 5NZ
Dr Eko	The Health Centre, Church Street, Darton, Barnsley, S75 5HQ
Goldthorpe Medical Centre PMS Practice	The Goldthorpe Centre, Goldthorpe Green, Goldthorpe, Rotherham, S63 9EH
Grimethorpe Surgery	Grimethorpe Surgery, The Grimethorpe Centre, Acorn Way, Grimethorpe, Barnsley, S72 7NZ
BHF Lundwood Surgery	BHF Lundwood Surgery, Priory Campus, Pontefract Road, Lundwood, Barnsley, S71 5PN

Hill Brow Surgery PMS Practice	Hill Brow Surgery, Long Croft, Mapplewell, Barnsley, S75 6FH
BHF Highgate Surgery	Highgate Surgery (The Grimethorpe Centre, Acorn Way, Grimethorpe, Barnsley, S72 7NZ
Hollygreen Practice	Hollygreen Practice, The Goldthorpe Centre, Goldthorpe Green, Goldthorpe, Rotherham, S63 9EH
Hoyland First PMS Practice	Walderslade Surgery, High Croft, Hoyland, Barnsley, S74 9AF
Hoyland Medical Practice	The Hoyland Centre, High Croft, Hoyland, Barnsley, S74 9AF
Huddersfield Road Surgery	Huddersfield Road Surgery, 6 Huddersfield Road, Barnsley, S70 2LT
The Kakoty PMS Practice	170 Sheffield Road, Barnsley, S70 4NW
Kingswell Surgery PMS Practice	Kingswell Surgery, 40 Shrewsbury Road, Penistone, Sheffield, S36 6DY
Lakeside Surgery	Lakeside Surgery, The Goldthorpe Centre, Goldthorpe Green, Goldthorpe, Rotherham, S63 9EH
Lundwood Medical Centre PMS Practice	The Medical Centre, Pontefract Road, Lundwood, Barnsley, S71 5PN
Monk Bretton Health Centre PMS Practice	Monk Bretton Health Centre, High Street, Monk Bretton, Barnsley, S71 2EQ
The Grove Medical Centre	Park Grove Medical Centre, 124-126 Park Grove, Barnsley, S70 1QE
Park Grove Surgery	Park Grove Surgery, 94 Park Grove, Barnsley, S70 1QE
Penistone Group PMS Practice	19 High Street, Penistone, Sheffield, S36 6BR
The Rose Tree PMS Practice	The Rose Tree PMS Practice, The Cudworth Centre, Carlton Street, Cudworth, Barnsley, S72 8SU
Rotherham Road Medical Centre PMS Practice	100 Rotherham Road, Barnsley, S71 1UT
Royston Group Practice	Royston Group Practice, The Surgery, 65D Midland Road, Royston, Barnsley, S71 4QW

St George's Medical Practice	The Roundhouse Medical Centre, Wakefield Road, Barnsley, S71 1TH
Victoria Medical Centre PMS Practice	Victoria Medical Centre, 7 Victoria Crescent West, Barnsley, S75 2AE
Wombwell Medical Centre	Wombwell Medical Centre, George Street, Wombwell, Barnsley S73 0DD
Wombwell PMS Practice	Chapelfield Medical Centre, Mayflower Way, Wombwell, Barnsley, S73 0AJ

3.2 Nature of Membership and Relationship with CCG

3.2.1 The CCG's Members are integral to the functioning of the CCG. Those exercising delegated functions on behalf of the Membership, including the Governing Body, remain accountable to the Membership.

3.3 Speaking, Writing or Acting in the Name of the CCG

3.3.1 Members are not restricted from giving personal views on any matter. However, Members should make it clear that personal views are not necessarily the views of the CCG.

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

3.4 Members' Rights

3.4.1 Member practices of Barnsley CCG will have a range of rights under this Constitution, including:

- To nominate a representative to represent the practice in its dealings with the CCG (see paragraph 3.6)
- To be represented at meetings of the Membership Council (see paragraph 3.5)
- To put forward agenda items for consideration by Membership Council (see Standing Orders)

- To approve changes to the CCG's Constitution and Scheme of Reservation and Delegation, where those changes are thought to have a material impact, or at least half of the Governing Body (representing a quorum as set out in standing orders) formally request that the amendments be put before the membership for approval (see paragraphs 1.4 and 5.1)
- To elect representatives from among the practice representatives to serve as Elected Members of the CCG Governing Body
- To themselves stand for election to serve as an Elected Member of the CCG's Governing Body
- To represent the Membership on certain CCG Committees where this is stipulated in the Committee's Terms of Reference.

3.5 Members' Meetings

3.5.1 Representatives from all member practices form the NHS Barnsley CCG Membership Council. Arrangements regarding meetings of the Membership Council are detailed in the Standing Orders (Appendix 3 to this Constitution). The functions reserved to the Membership Council are detailed in the Scheme of Reservation and Delegation which is included within the Governance Handbook (INSERT URL) and currently include:

- Approval of changes to the CCG's Constitution and Scheme of Reservation and Delegation, where those changes are thought to have a material impact, or at least half of the Governing Body formally request that the amendments be put before the membership for approval
- Approval of arrangements for nominating practice representatives and electing members of the Governing Body
- Agreeing the vision, values and overall strategic direction of the CCG
- Approval of the annual commissioning plan and supporting financial plan.

3.5.2 Membership Council also functions as a key forum for engagement between the CCG and the membership particularly with respect to proposals for service transformation.

3.6 Practice Representatives

3.6.1 Each member practice has a nominated lead healthcare professional who represents the practice in the dealings with the CCG. The detailed arrangements by which practices will select and or change their representatives are set out in the Governance Handbook (INSERT URL).

3.6.2 The nominated Practice Representative should be a registered healthcare professional practicing in the practice they represent. The CCG's preference is that the Practice Representative is a signatory to the practice's contract although locums, salaried GPs and other registered healthcare professionals can carry out the role as long as they practice for the majority of their time in the practice they are representing.

3.6.3 Where the contract is held by a Federation, a healthcare professional who is also a director of the Federation can act as the Practice Representative if no individual meeting the requirements at paragraph 3.6.2 is available to carry out the role.

3.6.4 Individuals can act as Practice Representative for more than one practice as long as they meet the requirements of paragraphs 3.6.2 or 3.6.3 in all the practices they represent.

3.6.5 Practice representatives represent their practice's views and act on behalf of the practice in matters relating to the group. The role of each of the group's elected practice representatives is to act for their practice on the Group's Membership Council.

3.6.6 Through their membership, the Membership Council nominated practice representatives contribute to developing an organisational culture which ensures that the voice of their member practice is heard in discussions and in matters concerning the Group's responsibilities.

3.6.7 It is the responsibility of the nominated practice representative to:

- Seek contributions to the work of the Group from their practice colleagues;
- Actively contribute to meetings of the Membership Council;
- Ensure that their practice colleagues are aware of the outcome of discussions and their responsibilities in helping to deliver the Group's goals;
- Bring the unique understanding of those member practices to the discussion and decision making of the Governing Body
- Feedback and discuss with colleagues within their Practice matters raised through Membership Council briefings.

4 Arrangements for the Exercise of our Functions

4.1 Good Governance

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

- Adhering to 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;
- Undertaking regular governance reviews;
- Use of the governance toolkit for CCGs www.ccggovernance.org
- The Good Governance Standard for Public Services;
- The standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles (click this link for details);
- The seven key principles of the NHS Constitution;
- Relevant legislation, including the Equality Act 2010;
- The Healthy NHS Board: Principles of Good Governance;
- The standards set out in the Professional Standards Authority's guidance 'Standards for Members of NHS Boards and Governing Bodies in England.'

4.2 General

4.2.1 The CCG will:

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

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

4.3 Authority to Act: the CCG

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

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

4.4 Authority to Act: the Governing Body

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

a) any Member of the Governing Body;
b) a Committee or Sub-Committee of the Governing Body;
c) a Member of the CCG who is an individual (but not a Member of the Governing Body); and
d) any other individual who may be from outside the organisation and who can provide assistance to the CCG in delivering its functions.

5 Procedures for Making Decisions

5.1 Scheme of Reservation and Delegation

5.1.1 The CCG has agreed a scheme of reservation and delegation (SoRD) which is published in full in the CCG's Governance Handbook (INSERT URL).

5.1.2 The CCG's SoRD sets out:

a) those decisions that are reserved for the membership as a whole;
b) those decisions that have been delegated by the CCG, the Governing Body or other individuals.

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

a) Changes are proposed to the reserved powers; or
b) At least half of the Governing Body (representing a quorum as set out in standing orders) formally request that the amendments be put before the membership for approval.

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

5.2 Standing Orders

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

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

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

5.3 Standing Financial Instructions (SFIs)

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

5.3.2 A copy of the SFIs is included at Appendix 4 and form part of this constitution.

5.3.3 Our Prime Financial Policies, which set out the arrangements for managing the CCG's financial affairs, are included in the Governance Handbook (INSERT URL).

5.4 The Governing Body: Its Role and Functions

5.4.1 The Governing Body has statutory responsibility for:

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

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

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

a) Consideration and approval of changes to the CCG's Constitution not requiring Membership Council approval
b) Consideration and approval of changes to the Scheme of Reservation & Delegation not requiring Membership Council approval
c) Make recommendations to CCG Members on material changes to the Constitution and Scheme of Reservation and Delegation where these are thought to be material or where more than half of elected members on the Governing Body request that the amendments be put before the Membership Council for approval
d) Establish and approve Terms of Reference for Committees and subcommittees in line with Constitution
e) Approval of the CCG's Annual Report and Annual Accounts
f) Approve and notify to CCG Members any changes to the Conflicts of Interest Protocol contained within the Constitution
g) Require and receive declarations of interest
h) Approval of appointments to Governing Body Committees and sub-committees
i) Approval of the CCG's commissioning and corporate (running cost) budgets to meet the CCGs financial duties

j) Approval of changes to budgets 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
k) 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; obtain advice from persons who taken together have a broad range of professional expertise and acting effectively, efficiently and economically
l) Approval of arrangements for discharging the CCG's statutory duties in relation to promoting innovation, promoting research and the use of research and promoting education and training
m) Approval of arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services
n) Nominate representatives from the CCG to be the CCG's representatives on the Barnsley Health and Wellbeing Board
o) Promote integration across health and social care services where the CCG considers that this would improve quality of services and reduce inequalities
p) Approve the Memorandum of Understanding and annual plan for the Public Health Core Offer from Barnsley Metropolitan Borough Council
q) Approve arrangements for coordinating the commissioning of services with other CCGs, NHS England, and or with the local authority, where appropriate
r) Approve arrangements for risk sharing and /or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006)
s) Have oversight of the CCG's responsibilities as an employer
t) Approval of the Terms and Conditions, remuneration and travelling or other allowances for Governing Body Members, including pensions and gratuities
u) Approval of the Terms and Conditions, remuneration and travelling or other allowances, including pensions and gratuities, for employees covered by national Agenda for Change arrangements and employees outside of or in place of national Agenda for Change arrangements
v) Approve human resources policies for employees and for other persons working on behalf of the group
w) Approval of the CCG's detailed operational Scheme of Delegation
x) Preparation and review of the Assurance Framework and Risk Register

y) Approval of the group's arrangements for business continuity and emergency planning
z) Execution of a document by use of the seal
aa) Decide if the CCG will insure through risk pooling arrangements administered via NHS LA
bb) Approve the level of non-pay expenditure on an annual basis
cc) Approval of the CCG's contracts for any commissioning support and the Public Health Core Offer.

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

5.5 Composition of the Governing Body

5.5.1 This part of the constitution describes the make-up of the Governing Body roles. Further information about the individuals who fulfil these roles can be found on our website (http://www.barnsleyccg.nhs.uk/about-us/governing-body.htm).

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

a) The Chair

b) The Accountable Officer (who will be the Chief Officer)

c) The Chief Finance Officer

d) A Secondary Care Specialist;

e) A registered nurse

f) Two lay members:
- one who has qualifications expertise or experience to enable them to lead on finance and audit matters; and another who
- has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions

5.5.3 The CCG has agreed the following additional members:

a) Seven practice representatives elected by the Membership Council (one of whom will be the Chair and one of whom will be the Medical Director)

b) Medical Director

5.5.4 Role descriptions for each category of member described above are included in the Governance Handbook (INSERT URL). Each member of the Governing Body shares responsibility as part of a team to ensure that the CCG exercises its functions effectively and economically with good governance and in accordance with the terms of this constitution. Each brings their unique perspective, informed by their expertise and experience.

5.5.5 The CCG has determined that the Governing Body will have elected to it seven members of the Membership Council to ensure there is a clinical majority in all decision making.

5.5.6 *The Chair*
One person will Chair both the Governing Body and Membership Council. The procedure for selecting the Chair from among the elected practice representatives is set out in the Standing Orders (Appendix 3).

5.5.7 *The Vice Chair*
The Governing Body has nominated the Lay Member for Patient and Public Engagement and Primary Care Commissioning as the Governing Body Vice Chair (the Vice Chair should be a lay member if the Chair is a clinician) to deputise for the Chair of the Governing Body where he/she has a conflict of interest or is otherwise unable to act.

5.6 Additional Attendees at the Governing Body Meetings

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

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

a) Director of Commissioning
b) Director of Strategic Planning & Performance
c) Head of Governance & Assurance
d) Head of Communications & Engagement

5.7 Appointments to the Governing Body

5.7.1 The process of electing GPs to the Governing Body, the selection of the Chair, and the appointment procedures for other Governing Body Members are set out in the standing orders (Appendix 3).

5.7.2 Also set out in standing orders are the details regarding the tenure of office for each role and the procedures for resignation and removal from office. In general elections and appointments of 3 years to the Governing Body will be made. When terms of office have been reached, subsequent terms of office may be adjusted to ensure the maximum period of continuous service is not breached. No member may serve more than 7 years continuously before either (a) a break in service of at least one year, or (b) Membership Council agrees to extend the member's term by a maximum of two further years.

5.8 Committees and Sub-Committees

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

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

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

5.8.4 With the exception of the Remuneration Committee, any Committee or Sub-Committee established in accordance with clause 5.8 may consist of or include persons other than Members or employees of the CCG.

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

5.9 Committees of the Governing Body

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

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

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

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

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

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

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

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

5.9.9 The Governing Body has also established a number of other Committees to assist it with the discharge of its functions. These Committees are set out in the SoRD and further information about these Committees, including terms of reference, are published in the Governance Handbook (INSERT URL).

5.10 Collaborative Commissioning Arrangements

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

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

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

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

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

c) progress reporting against identified objectives.

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

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

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

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

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

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

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

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

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

5.11 Joint Commissioning Arrangements with Local Authority Partners

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

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

a) Delegating specified commissioning functions to the Local Authority;

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

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

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

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

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

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

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

- how the parties will work together to carry out their commissioning functions;
- the duties and responsibilities of the parties, and the legal basis for such arrangements;
- how risk will be managed and apportioned between the parties;

- financial arrangements, including payments towards a pooled fund and management of that fund;
- contributions from each party, including details of any assets, employees and equipment to be used under the joint working arrangements; and
- the liability of the CCG to carry out its functions, notwithstanding any joint arrangements entered into.

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

5.12 Joint Commissioning Arrangements – Other CCGs

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

5.12.2 The CCG delegates its powers and duties under 5.12 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.

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

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

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

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

5.12.4 For the purposes of the arrangements described at 5.12.3, the CCG may:

a) make payments to another CCG;

b) receive payments from another CCG; or

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

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

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

5.12.6 For the purposes of the arrangements described above, the CCG may establish and maintain a pooled fund made up of contributions by all of the CCGs working together jointly pursuant to paragraph 5.12.3 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

5.12.7 Where the CCG makes arrangements with another CCG as described at paragraph 5.12.3 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working including details of:

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

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

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

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

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

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

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

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

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

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

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

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

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

5.13 Joint Commissioning Arrangements with NHS England

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

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

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

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

5.13.5 Where joint commissioning arrangements pursuant to 5.13.3 above are entered into, the parties may establish a Joint Committee to exercise the commissioning functions in question. For the avoidance of doubt, this provision does not apply to any functions fully delegated to the CCG by NHS England, including but not limited to those relating to primary care commissioning.

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

5.13.7 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 5.13.3 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

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

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

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

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

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

5.13.8 Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.13.3 above. Similarly, where the arrangements relate to NHS England's functions, the liability of NHS England to carry out its functions will not be affected where it and the CCG enter into joint arrangements pursuant to 5.13.

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

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

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

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

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

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

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

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

6.1 Conflicts of Interest

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

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

6.1.3 Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will comply with the CCG policy on conflicts of interest. Where an individual, including any individual directly involved with the business or decision-making of the CCG and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution and the Standards of Business Conduct Policy.

6.1.4 The CCG has appointed the Lay Member for Governance to be the Conflicts of Interest Guardian. In collaboration with the CCG's governance lead, their role is to:

a) Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
b) Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to conflicts of interest;
c) Support the rigorous application of conflict of interest principles and policies;
d) Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation
e) Provide advice on minimising the risks of conflicts of interest.

6.2 Declaring and Registering Interests

6.2.1 The CCG will maintain registers of the interests of those individuals listed in the CCG's policy.

6.2.2 The CCG will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality of decision making staff at least annually on the CCG website and make them available at our headquarters upon request.

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

6.2.4 The CCG will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually. All persons required to, must declare any interests as soon as reasonable practicable and by law within 28 days after the interest arises.

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

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

6.3 Training in Relation to Conflicts of Interest

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

6.4 Standards of Business Conduct

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

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

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

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

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

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

Appendix 1: Definitions of Terms Used in This Constitution

2006 Act	National Health Service Act 2006
Accountable Officer (AO)	an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the group: complies with its obligations under: sections 14Q and 14R of the 2006 Act, sections 223H to 223J of the 2006 Act, paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006, and any other provision of the 2006 Act specified in a document published by the Board for that purpose; exercises its functions in a way which provides good value for money.
Area	The geographical area that the CCG has responsibility for, as defined in part 2 of this constitution
Chair of the CCG Governing Body	The individual elected by the CCG membership to act as chair of the Governing Body and who is usually either a GP member or a lay member of the Governing Body.
Chief Finance Officer (CFO)	A qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance and who is a member of the Governing Body.
Clinical Commissioning Groups (CCG)	A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act.
Committee	A Committee created and appointed by the membership of the CCG or the Governing Body.
Sub-Committee	A Committee created by and reporting to a Committee.
Governing Body	The body appointed under section 14L of the NHS Act 2006, with the main function of ensuring that a Clinical

	Commissioning Group has made appropriate arrangements for ensuring that it complies with its obligations under section 14Q under the NHS Act 2006, and such generally accepted principles of good governance as are relevant to it.
Governing Body Member	Any individual elected or appointed to the Governing Body of the CCG
Healthcare Professional	A Member of a profession that is regulated by one of the following bodies: the General Medical Council (GMC) the General Dental Council (GDC) the General Optical Council; the General Osteopathic Council the General Chiropractic Council the General Pharmaceutical Council the Pharmaceutical Society of Northern Ireland the Nursing and Midwifery Council the Health and Care Professions Council any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999
Lay Member	A lay Member of the CCG Governing Body, appointed by the CCG. A lay Member is an individual who is not a Member of the CCG or a healthcare professional (as defined above) or as otherwise defined in law.
Primary Care Commissioning Committee	A Committee required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to NHS England and the Governing Body
Professional Standards Authority	An independent body accountable to the UK Parliament which help Parliament monitor and improve the protection of the public. Published *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England* in 2013

Member/ Member Practice	A provider of primary medical services to a registered patient list, who is a Member of this CCG.
Member practice representative	Member practices appoint a healthcare professional to act as their practice representative in dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act or directions under section 98A of the 2006 Act.
NHS England	The operational name for the National Health Service Commissioning Board.
Registers of interests	Registers a group is required to maintain and make publicly available under section 14O of the 2006 Act and the statutory guidance issues by NHS England, of the interests of: the Members of the group; the Members of its CCG Governing Body; the Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body; and Its employees.
STP	Sustainability and Transformation Partnerships – the framework within which the NHS and local authorities have come together to plan to improve health and social care over the next few years. STP can also refer to the formal proposals agreed between the NHS and local councils – a “Sustainability and Transformation Plan”.
Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making

Appendix 2: Committee Terms of Reference

2.1 Audit Committee

2.2 Remuneration Committee

2.3 Primary Care Commissioning Committee

Appendix 3: Standing Orders

Appendix 4: Standing Financial Instructions