

NHS SOUTH WEST LONDON CLINICAL COMMISSIONING GROUP

CONSTITUTION

DRAFT

Document management

Revision history

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Reviewers

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Name	Signature	Title	Date	Version

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Introduction

1.1 Nameⁱ

The name of this clinical commissioning group is NHS South West London Clinical Commissioning Group (“the CCG”).

1.2 Statutory Frameworkⁱⁱ

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 ⁱⁱⁱ

1.3.1 This CCG was first authorised on 1st April 2020.

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 [\[TBC\]](#)

1.4 Amendment and Variation of this Constitution ^{iv}

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 unless:

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

All proposed changes shall be considered by the Governing Body.

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**^{vi} – a virtual CCG Governance Handbook published on the CCG website at [\[TBC\]](#), which includes:
- Standards of Business Conduct Policy;
 - Conflicts of Interest Policy;
 - Scheme of Reservation and Delegation;
 - Dispute Resolution Protocol;
 - Committee terms of reference out with the constitution.

1.6 Accountability and transparency^{vii}

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

- a) publish our constitution and other key documents including:
 - CCG Governance Handbook
 - Governing Body papers
 - Committee terms of reference
 - Committee meeting papers;
- 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
- 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 annual Patient and Public Involvement/Engagement plan, which outlines how the CCG will work with the Patient and Public Engagement Steering Group, the six South West London Healthwatches and other patient organisations; and how the CCG will ensure that the views of patients and their carers will inform commissioning decisions;
- h) when discharging its duties under section 14Z2, the CCG will ensure that the principles of openness, early and active involvement, fairness, and non-discrimination are followed; the CCG will make arrangements to secure public involvement in the planning, development, and consideration of proposals for changes, and decisions affecting the operation of commissioning arrangements, by ensuring that individuals to whom services are or may be provided are involved (whether by consultation or provision of information), in:
 - (i) the planning of the CCG's commissioning arrangements;
 - (ii) the development and consideration of proposals by the CCG, for changes to:
 - commissioning arrangements, where the implementation of proposals would have an impact on the manner in which services are delivered to individuals, or the range of health services available to them; and
 - decisions of the CCG affecting the operation of the commissioning arrangements, where the implementation of the decisions would (if made) have such an impact;
- 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 Boards.

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

- a) working collaboratively between the practices and Board, using a range of tools including:
 - (i) the committee structure and relevant sub committees of the South West London CCG Governing Body
 - (iii) plenary dialogue between practices and the CCG Governing Body or appropriate committee.

and through performing its functions in:

- a) commissioning certain health services (where the NHS England is not under a duty to do so) that meet the reasonable needs of:
 - (i) all people registered with member GP practices; and
 - (ii) people who are usually resident within the area and are not registered with a member of any clinical commissioning group;
- b) commissioning emergency care for anyone present in the CCG's area;
- c) paying its employees' remuneration, fees and allowances in accordance with the determinations made by the South West London CCG Governing Body and determining any other terms and conditions of service of the CCG's employees;
- d) determining the remuneration and travelling or other allowances of members of the South West London CCG Governing Body.

1.6.2.1 In discharging its functions, the CCG will:

- a) act when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and the NHS England of their duty to promote a comprehensive health service and with the objectives and requirements placed on the NHS England through the mandate published by the Secretary of State before the start of each financial year
- b) meet the public sector equality duty by:
 - (i) developing a equality and diversity strategy and monitoring delivery against the associated implementation plan
- c) work in partnership with the six local authorities: London Boroughs of Wandsworth, Merton, Kingston, Richmond, Sutton and Croydon, to develop joint strategic needs assessments and joint health and wellbeing strategies by:
 - (ii) contributing to the work of the individual Health & Wellbeing Boards and underpinning committees as required

1.6.2.2 In discharging its functions, the CCG will promote awareness of, and act with a view to securing that health services are provided in a way that: promotes awareness of, and have regard to the NHS Constitution by:

a) adhering to the NHS Constitution's seven principles which are as follows:

1. The NHS provides a comprehensive service, available to all;
2. Access to NHS services is based on clinical need, not an individual's ability to pay;
3. The NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on the patient experience;
4. The NHS aspires to put patients at the heart of everything it does;
5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population;
6. The NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources; and
7. The NHS is accountable to the public, communities and patients it serves.

b) the CCG shall, in the exercise of its functions:

- act with a view to securing that health services are provided in a way which promotes the NHS Constitution; and
- promote awareness of the NHS Constitution amongst patients, staff and members of the public.

1.6.2.3 In discharging its functions, the CCG will act effectively, efficiently and economically by:

a) securing the most efficient use of resources for patients as determined by the South West London CCG Governing Body, consistent with statutory obligations.

1.6.2.4 In discharging its functions, the CCG will act with a view to securing continuous improvement to the quality of services by:

a) exercising functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness. In particular the CCG must act with a view to securing continuous improvement in the outcomes that are achieved from the provision of the services. These outcomes include, in particular, outcomes which show the: effectiveness of the services; safety of the services and quality of the experience undergone by patients;

b) learning from complaints by developing a complaints policy with proactive monitoring by a committee of the South West London CCG Governing Body;

- c) developing a clear line of accountability for patient safety through the Quality committee of the South West London CCG Governing Body including regular reporting to the National Reporting and Learning System;
- d) ensure effective arrangements are in place to learn from serious incidents and never events;
- e) ensure a clear line of accountability for safeguarding is reflected in the governance arrangements through the Quality Committee and to co-operate with the local authorities in the operation of Local and SWLondon wide Safeguarding arrangements.

1.6.2.5 In discharging its functions, the CCG will assist and support NHS England in relation to the Governing Body's duty to improve the quality of primary medical services by:

- a) assisting and supporting the NHS England Authority in discharging its duty under Section 13 E of the Act (NHS England Authority's duty as to improvement in quality of services) so far as it relates to securing continuous improvement in the quality of primary medical services.

1.6.2.6 In discharging its functions, the CCG will have regard to the need to reduce inequalities by:

- a) carefully considering inequalities between patients with respect to their ability to access health services;
- b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services;
- c) eliminate discrimination; harassment, victimisation and any other conduct that is prohibited under the Equality Act 2010;
- d) advance equality of opportunity between persons who share a relevant protected characteristic (under the Equality Act 2010) and persons who do not share it;
- e) foster good relations between persons who share a relevant protected characteristic (under the Equality Act 2010) and persons who do not share it; and;
- f) report annually on the CCG's progress in respect of the Equality & Diversity strategy; and
- g) The Equality Delivery System ("EDS") or future variation shall be used to enable the CCG to meet its requirements in relation to the public sector Equality Duty and aspects of the NHS Constitution and the NHS Outcomes Framework;
- h) The CCG shall champion the use of the EDS to embed areas for improvement within commissioned services;
- i) The South West London CCG Governing Body will agree a number of equality objectives for the CCG to implement annually, which will be derived from stakeholder consultation. These will be published on the CCG's website and will form the basis of an action plan for the CCG to improve performance against equality standards and outcomes.

1.6.2.7 In discharging its functions, the CCG will promote the involvement of patients, their carers and representatives in decisions about their healthcare by:

- a) The CCG shall in the exercise of its functions, promote the involvement of patients, and their carers and representatives (if any), in decisions which relate to the prevention or diagnosis of illness in the patients, or their care or treatment;
- b) The CCG shall have regard to any guidance published by the NHS England in respect of its duty;
- c) The CCG will develop the Patient and Public Engagement Steering Group to be a key advisory body in the development of CCG's strategies.

1.6.2.8 In discharging its functions, the CCG will act with a view to enabling patients to make choices by:

- a) Enabling patients to make choices with respect to aspects of health services provided to them;
- b) The CCG will uphold the principles of patient choice in ensuring that services it directly commissions promote patient choice;
- c) The CCG will ensure its Complaints function supports patients with issues over patient choice.

1.6.2.9 In discharging its functions, the CCG will obtain appropriate advice from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

- a) ensuring the CCG effectively discharges its functions from persons who together have a broad range of professional expertise in the prevention, diagnosis and treatment of illness and the protection or improvement of public health;
- b) having regard to any Guidance issued by the NHS England Authority in respect of this duty;
- c) obtaining appropriate specialist (e.g. legal) advice when required in order to execute its legislative requirements fully.

1.6.2.10 In discharging its functions, the CCG will promote innovation by:

- a) promoting continuous improvement in its commissioned services - this will ensure better health outcomes are attained;
- b) promote health outcomes through a commitment to increasing the use of alternatives to block contracts, for example, payment by outcomes.

1.6.2.11 In discharging its functions, the CCG will promote research and the use of research by:

- a) encouraging research on matters relevant to the health service and the use of the health service of evidence obtained from research;

- b) work with local providers and across organisational boundaries to understand how the latest evidence can be commissioned within its contracts.

1.6.2.12 In discharging its functions, the CCG will have regard to the need to promote education and training for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England so as to assist the Secretary of State for Health in the discharge of his related duty.

1.6.2.13 In discharging its functions, the CCG will act with a view to promoting integration of both health services with other health services and health services with health-related and social care services where the CCG considers that this would improve the quality of services or reduce inequalities by:

- a) fostering an improvement in the quality of those services (including the outcomes that are achieved from their provision);
- b) reducing inequalities between persons with respect to their ability to access those services; or
- c) reducing inequalities between persons with respect to the outcomes achieved for them by the provision of those services;
- d) the CCG will work with local stakeholders and across organisational boundaries to develop needs and evidence based services;
- e) the CCG will ensure understanding of whole-system pathways and explore opportunities for integration to improve overall outcomes.

1.6.2.14 In discharging its general financial duties, the CCG will:

- a) ensure its expenditure does not exceed the aggregate of its allotments for the financial year
- b) ensure its use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by the NHS England for the financial year
- c) take account of any directions issued by the NHS England, in respect of specified types of resource use in a financial year, to ensure the CCG does not exceed an amount specified by the NHS England
- d) publish an explanation of how the CCG spent any payment in respect of quality made to it by the NHS England.

1.6.2.15 In discharging its functions, the CCG will:

- a) comply with all relevant regulations;
- b) comply with directions issued by the Secretary of State for Health or NHS England; and
- c) take account, as appropriate, of documents issued by NHS England;
- d) the CCG will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary

in this Constitution, its Scheme of Reservation and Delegation and other relevant CCG policies and procedures.

1.6.3 Confidentiality:

1.6.3.1 South West London Clinical Commissioning Group supports the need for openness and transparency when carrying out its functions. However, there is an absolute need to balance openness with the need to protect information that is deemed to be properly confidential.

1.6.3.2 While conversations about confidentiality often revolve around person identifiable information (about patients, staff or others), it is also not always possible to have complete openness about some non-person identifiable information. For example, tenders submitted by potential providers are commercially confidential, and “what if” discussions on, for example provider reconfiguration or the investigation of a Serious Incident might well cause unnecessary public anxiety if released prematurely.

1.6.3.3 To balance the need for openness with the need to preserve confidentiality on some matters, South West London CCG will corporately and individually work to the following principles:

- (a) Person identifiable information (patients, staff, others) will be handled according to the standards set for the NHS as a whole and in accordance with the law
- (b) It is accepted that some information gained during the course of negotiations, discussions and investigations will need to be treated as confidential for commercial reasons or because it is incomplete and premature public release would be misleading. In such situations any requests that information remains confidential must be carefully considered. One test that may be applied is whether there would be legitimate reason to withhold the information in response to a Freedom of Information Act request.
- (c) The CCG (in the form of a nominated officer or officers) may advise that the confidentiality of a particular piece of non-person identifiable information should be maintained. A clear reason for the decision must be given. All such instances will be reported to the South West London CCG Quality or Audit Committee for their consideration and a record should be kept. This will act as a check that information is not being held back inappropriately.
- (d) South West London CCG recognizes and confirms that nothing in or referred to in this Constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any Member Practice (or individual within that Member Practice) of the South West London Clinical Commissioning Group, any member of its Governing Body, any member of its

Committees or sub-committees or any employee, nor will it affect the rights of any worker (as defined in that Act) under that Act.

1.6.3.4 South West London Clinical Commissioning Group will draw up internal guidelines on this area to support individuals and organisations listed in (d) above.

1.6.3 Transparency in Ways of Working:

1.6.4.1 The South West London Clinical Commissioning Group will publish annually a commissioning plan and an annual report, presenting the CCG's annual report to a public meeting.

1.6.4.2 Key communications issued by the CCG, including the notices of procurements, public consultations, South West London CCG Governing Body meeting dates, times, venues, and certain papers will be published on the CCG's website.

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

1.6.4 Transparency in Procuring Services:

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

1.6.5.2 Informed by each Boroughs Local Health and Care Plans, the CCG will publish a Procurement Strategy approved by the South West London CCG Governing Body which will ensure that:

- (a) all relevant clinicians (not just Members of the CCG) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services; and
- (b) service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

1.6.5.3 Copies of this Procurement Strategy will be available on the CCG's website.

1.6.5 Consultation:

1.6.6.1 The CCG shall promote among its Members and shall itself abide by the Duty of Candour.

1.6.6.2 The CCG will be responsible for ensuring that patients and the public are fully consulted and involved in the annual commissioning plan. This will include publishing an Engagement Strategy.

- 1.6.7 External Bodies:
- 1.6.7.1 The CCG shall, in line with the 2006 Act, ensure that its plans are shaped and informed by the Health and Wellbeing Board(s) strategy and priorities.
- 1.6.7.2 The CCG will play a full and active involvement in each of the six the individual Health and Wellbeing Board(s) attending meetings and contributing to the development of the local Health and Wellbeing Strategies locality.
- 1.6.7.3 The CCG shall have ongoing relationships and discussions with other clinical commissioning groups STP/ICSs and provider organisations to enable the development of long term strategy and plans for the wider transformation of services.
- 1.6.7.4 Taking account of individual Borough views, the CCG will look to further develop integrated care arrangements including the pooling of budgets with local partners where this is deemed in the best interests of the people of the Area and is in line with legislation including section 75 agreements under the 2006 Act.
- 1.6.7.5 The CCG recognises the role of the Local Medical Committees (LMCs) in representing the professional interests of GPs in the boroughs. The LMCs and CCG share a common membership. The CCG shall aim to build and maintain a strong, open and collaborative relationship with the LMCs
- 1.6.7.6 In discharging its functions, the CCG shall through its Governing Body, committees and sub-committees, including Borough based Committees or Boards consult the Local Medical Committees on all proposals and decisions that may affect Member Practices in their delivery of primary care services and individual GPs in their professional roles; this will include attendance at appropriate meetings.
- 1.6.7.7 The CCG will seek to comply with any requirements set out by the NHS England as a requirement of authorisation.

1.7 Liability and Indemnity^{viii}

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

No Member 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.

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

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

2 Area Covered by the CCG ^{ix}

2.1.1 The area covered by the CCG is coterminous with the London Boroughs of Merton, Wandsworth, Richmond, Sutton, Kingston and Croydon.

3 Membership Matters ^x

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 list of practices which make up the membership of the CCG will be an annex to the constitution.

3.2 Nature of Membership and Relationship with CCG ^{xi}

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.

3.2.2 Members will act consistently with the provisions of this constitution.

3.3 Speaking, Writing or Acting in the Name of the CCG ^{xii}

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

3.3.2 Nothing in or referred to in this constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act

1996, as amended by the Public Interest Disclosure Act 1998) by any member of the CCG, any member of its Governing Body, any member of any of its Committees or Sub-Committees or the Committees or Sub-Committees of its Governing Body, or any employee of the CCG or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.

3.4 Members' Meetings^{xiv}

The process for local membership meetings will be agreed at a Borough level. The membership will meet at borough level at least two times per year and as often at locality level as is required.

There will be an annual SWLondon membership event.

3.5 Practice Representatives^{xv}

3.6.1 Each Member practice has a nominated lead healthcare professional who represents the practice in dealings with the CCG.

4.1 Good Governance^{xvi}

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

- a) Use of the governance toolkit for CCGs - www.ccggovernance.org;
- b) Undertaking regular governance reviews;
- c) Adoption of standards and procedures that facilitate speaking out and the raising of concerns including a freedom to speak up guardian;
- d) Adopting CCG values that include standards of propriety in relation to the stewardship of public funds, the management of the organisation, impartiality, integrity, and objectivity in the conduct of its business;
- e) Implementing the Good Governance Standard for Public Services;
- f) Adopting the standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles';
- g) Adopting the seven key principles of the NHS Constitution;
- h) Complying with relevant legislation including such as the Equality Act 2010; and
- i) The standards set out in the Professional Standard Authority's guidance 'Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England'.

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

4.1.6 The CCG as Employer

- 4.1.6.1 The CCG recognises that its most valuable asset is its people. It will seek to enhance their skills and experience and is committed to their development in all ways relevant to the work of the CCG.
- 4.1.6.2 The CCG will seek to set an example of best practice as an employer and is committed to offering all staff equality of opportunity. It will ensure that its employment practices are designed to promote diversity and to treat all individuals equally.
- 4.1.6.3 The CCG will ensure that it employs suitably qualified and experienced staff who will discharge their responsibilities in accordance with the high standards expected of staff employed by the CCG. All staff will be made aware of this Constitution, the commissioning strategy and the relevant internal management and control systems which relate to their field of work.
- 4.1.6.4 The CCG will maintain and publish policies and procedures (as appropriate) on the recruitment and remuneration of staff to ensure it can recruit, retain and develop staff of an appropriate calibre. The CCG will also maintain and publish policies on all aspects of human resources management, including grievance and disciplinary matters.
- 4.1.6.5 The CCG will ensure that its rules for recruitment and management of staff provide for the appointment and advancement on merit on the basis of equal opportunity for all applicants and staff.
- 4.1.6.6 The CCG will ensure that employees' behaviour reflects the values, aims and principles set out above.
- 4.1.6.7 The CCG will ensure that it complies with all aspects of employment law.
- 4.1.6.8 The CCG will ensure that its employees have access to such expert advice and training opportunities as they may require in order to exercise their responsibilities effectively.
- 4.1.6.9 The CCG will adopt a Code of Conduct for staff and will maintain and promote effective 'whistleblowing' procedures to ensure that concerned staff have means through which their concerns can be voiced.
- 4.1.6.10 Copies of this Code of Conduct, together with the other policies and procedures outlined within this constitution, will be available on the CCG's website.

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 ^{xvii}

5.1.1. The CCG has agreed a scheme of reservation and delegation (SoRD) which is published in full on the CCG website at [TBC]

5.1.2. The CCG's SoRD sets out:

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

5.1.2.2. those decisions that have been delegated by the CCG, the Governing Body or other individuals.

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

5.2. Standing Orders ^{xviii}

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) ^{xix}

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.

5.4. The Governing Body: Its Role and Functions ^{xx}

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) [CCG to insert- see supporting notes]

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

5.5. Composition of the Governing Body ^{xxi}

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 [CCGs to add specific link or part of website].

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

- 5.5.2.1. The Chair – who shall be an elected GP
- 5.5.2.2. 6 elected GPs – one from each borough
- 5.5.2.3. A Secondary Care Specialist (for the purpose of working with committees the secondary care specialist will be considered a lay member)
- 5.5.2.4. A registered nurse (for the purpose of working with committees the registered nurse will be considered a lay member)
- 5.5.2.5. The Accountable Officer
- 5.5.2.6. The Chief Finance Officer
- 5.5.2.7. Three lay members:
 - i) One Lay Member must have qualifications expertise or experience to enable them to lead on finance, governance and audit matters; and another who
 - ii) has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions in particular associated with the involvement of the public voice in SW London; and another who

- iii) Has the qualifications expertise or experience to express informed views on finance, planning, commercial and procurement matters within the NHS

5.5.3. Associate Lay Members

The Governing Body has the flexibility to appoint up to 2 associate lay members if required in order to manage the business. These posts will not be appointed to at the setup of the CCG and will only be appointed to if required. Appointment of additional Associate Lay Members would need to be agreed by the Governing Body.

Any appointed Associate Lay Members will be non-voting and will not be members of the Governing Body.

5.6. Additional Attendees at the Governing Body Meetings ^{xxii}

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:

- 5.6.2.1. Place Based Lead/ Locality Directors
- 5.6.2.2. Director of Strategy and Transformation
- 5.6.2.3. Director of Planning, Performance and Delivery
- 5.6.2.4. Director of Communications and Engagement
- 5.6.2.5. Director of Quality/ Chief Nurse
- 5.6.2.6. 2 Patient Voice Representatives as agreed with PPESG

5.7. Appointments to the Governing Body ^{xxiii}

5.7.1. The process of appointing 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.

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

5.8. Committees and Sub-Committees ^{xxiv}

- 5.8.1. The Governing Body may establish Committees and Sub-Committees.
- 5.8.2. 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
- 5.8.3. 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.
- 5.8.4. All members of the Remuneration Committee will be members of the CCG Governing Body.

5.9. Committees of the Governing Body ^{xxv}

- 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 ^{xxvi}:** 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.

5.10 Other established committees

5.10.1. Performance quality and Oversight Committee

5.10.2. Finance Committee

5.10.3. 6 X Local Borough level committees

5.11 Collaborative Commissioning Arrangements^{xxvii}

5.11.1. The CCG will 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.

5.11.2. 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.

5.11.3. 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.

5.11.4. 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.

5.12. Joint Commissioning Arrangements with Local Authority Partners

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5.12.1. 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.

5.12.2. 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.

5.12.3. For purposes of the arrangements described in 5.11.2 [AMEND], 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.

5.12.4. 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.

5.12.5. [If joint working arrangements have been agreed with a combined authority, include the model wording here].

5.12.6. Where the CCG considers that a new pooled budget with a local authority would be in the best interests of the local population in a Borough of South West London, the CCG will engage the relevant part of its membership prior to finalising such an agreement.

5.13. Joint Commissioning Arrangements – Other CCGs ^{xxxix}

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

- 5.13.2.** 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.
- 5.13.3.** The CCG may make arrangements with one or more other CCGs in respect of:
- p) delegating any of the CCG's commissioning functions to another CCG;
 - q) exercising any of the Commissioning Functions of another CCG; or
 - r) exercising jointly the Commissioning Functions of the CCG and another CCG.
- 5.13.4.** 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.
- 5.13.5.** 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.
- 5.13.6.** 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.
- 5.13.7.** 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.
- 5.13.8.** The responsibility of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.13.1 above.
- 5.13.9.** 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.
- 5.13.10.** 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 shall require, in all joint commissioning arrangements, that the lead Governing Body Member for the joint arrangements:
- a) make regular written reports 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.
- 5.14. **Joint Commissioning Arrangements with NHS England****
- 5.14.1.** 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.
- 5.14.2.** 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

- 5.14.3.** 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.
- 5.14.4.** The arrangements referred to in paragraph 5.13.3 above may include other CCGs, a combined authority or a local authority.
- 5.14.5.** 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.
- 5.14.6.** 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.
- 5.14.7.** 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.
- 5.14.8.** 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.

- 5.14.9.** The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.
- 5.14.10.** Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.
- 5.14.11.** The Governing Body of the CCG shall require, in all joint commissioning arrangements, that the lead Governing Body Member for the joint arrangements:
- a) make a quarterly written report to the Governing Body;
 - b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and
 - c) publish an annual report on progress made against objectives.
- 5.14.12.** 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 ^{xxx}

- 6.1.1** As required by section 140 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 Audit Chair 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 ^{xxxi}

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.

6.2.7 Managing Breaches of the Conflict of Interest Policy

6.2.7.1 All Group members and staff are encouraged to report a suspected breach of the Conflicts of Interest Policy to the Chief of Staff or the Conflict of Interest Guardian. A suspected breach may also be reported by a patient, member of the public or the media.

6.2.7.2 An investigation of the suspected breach will take place using the “Process for managing breaches of the Group’s Conflict of Interest Policy”. This available as an appendix of the Group’s Conflict of Interest Policy and is available on the Group’s website.

6.3 Training in Relation to Conflicts of Interest ^{xxxii}

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.

DRAFT

Appendix 1: Definitions of Terms Used in This Constitution

2006 Act	The National Health Service Act 2006 after amendment by the 2012 Act.
2012 Act	The Health and Social Care Act 2012.
Accountable Officer (AO)	<p>An individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the group:</p> <ul style="list-style-type: none"> • complies with its obligations under: <ul style="list-style-type: none"> ○ 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 2000; 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.
AGM	Annual General Meeting of the CCG.
Area	The geographical area that the CCG has responsibility for, as defined in part 2 of this constitution.
Audit Committee	A Committee of the CCG Governing Body set up in accordance with part 5.9 of this constitution.
Business Day	9:00am to 5:00pm on a day (other than Saturday or Sunday) on which clearing banks in the City of London are open for the transaction of normal sterling banking business.
Chair of the CCG Governing Body	The individual appointed by the CCG to act as Chair of the Governing Body and who is usually either a GP 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 Group (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.
Constitution	The arrangements made by the CCG to meet its responsibilities for commissioning care for the people for whom it is responsible.
Executive Management Team	The operational team of the CCG.
Finance Committee	A Committee of the CCG Governing Body set up in accordance with part 8.4 of the Standing Orders of this constitution.
Governing Body	The body appointed under section 14L of the NHS Act 2006, with the main function of ensuring that a Clinical Commissioning Group has made appropriate arrangements for ensuring that it complies with its obligations under section 14Q under the NHS Act 2006, and such generally accepted principles of good governance as are relevant to it.
Governing Body Member	Any individual appointed to the Governing Body of the CCG.
GP	A medical practitioner whose name is included in the General Practice Register kept by the General Medical Council, who is either a Member or engaged by a Member of the CCG.
Health and Wellbeing Board	A body established by a Local Authority for the purpose of advancing the health and wellbeing of the people in its area and encouraging persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

Health and Wellbeing Strategy	A strategy developed with a Local Authority for the purpose of advancing the health and wellbeing of the people in its area and implemented by the Health and Wellbeing Board.
Healthcare Professional	A Member of a profession that is regulated by one of the following bodies: <ul style="list-style-type: none"> • General Medical Council (GMC) • General Dental Council (GDC) • General Optical Council; • General Osteopathic Council • General Chiropractic Council • General Pharmaceutical Council • Pharmaceutical Society of Northern Ireland • Nursing and Midwifery Council • Health and Care Professions Council • Any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999.
Independent Members	Those members of the CCG Governing Body or other committees that are not members of or directly employed by the CCG.
Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making.
Lay Member	A member of the CCG Governing Body, appointed by the CCG, who is not a member of the CCG or a healthcare professional (as defined above) or as otherwise defined in law.
Borough	A sub-divided local area of the CCG as set out in the Standing Orders of this constitution.
Place Based Lead/ Locality Director	A member of the CCG Governing Body who provides managerial leadership to a Borough on behalf of the CCG.

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.
Notice of Termination	Notice of contract termination served on a member by the NHS England or other relevant regulating body.
Performers List	The NHSE list that provides an extra layer of reassurance for the public that GPs practicing in the NHS are suitably qualified, have up to date training, have appropriate English language skills and have passed other relevant checks such as with the Disclosure and Barring Service (DBS) and the NHS Litigation Authority (now NHS Resolution).
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 <i>Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England</i> in 2013.
Quality Committee	A Committee of the CCG Governing Body set up in accordance with the Standing Orders of this constitution.
Remuneration Committee	A Committee of the CCG Governing Body set up in accordance with the Standing Orders of this constitution.
Registers of interests	It is a requirement to maintain and make publicly available under section 140 of the 2006 Act and the statutory guidance issued by NHS England a register of the interests of:

	<ul style="list-style-type: none"> • Members of the group; • Members of its CCG Governing Body; <p>Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body; and Its employees.</p>
Special Resolution	A resolution of the members passed by at least 50% of the votes cast by member practices attending (by their Member Representative or by proxy) at a membership Meeting.
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”.
Sub-Committee	A Committee created by and reporting to a Committee.
South West London CCG Governing Body	The group appointed to fulfil the functions of the Governing Body of the CCG as set out in the 2006 Act and also as further set out in this Constitution.

Appendix 2: Committee Terms of Reference ^{xxxiii}

Audit Committee Terms of Reference

Remuneration Committee Terms of Reference

Primary Care Commissioning Committee

Finance Committee

Quality Performance and Oversight Committee

6 X Local Borough level Committees