NHS BOLTON
CLINICAL COMMISSIONING GROUP

CONSTITUTION

(Effective from 2015/16 - Version Final 1.0)

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CHAIRMAN'S FOREWORD

We are a membership organisation, our GP practices are the key building blocks of our CCG. This constitution is a product of wide engagement with member practices and it lays down a clear governance structure that demonstrates that we have appropriate arrangements in place to exercise our functions effectively, efficiently, economically and in accordance with the accepted good governance principles.

The values that we will adhere to are clear:

Bolton CCG will commission in an environment where there is meaningful engagement with patients, our Health and Wellbeing Board, the Local Authority, the voluntary sector, our providers and all our practices. We will collaborate with CCGs across a wider footprint to ensure that specialist services provided on a Greater Manchester basis are fit for purpose and reflect the needs of the Bolton population. Together we will tackle the issues that matter and make the sustainable improvements that are necessary to integrate between services across the health economy.

We have significant challenges to deliver high quality services in a tight financial environment; I believe that together we can deliver our mission:

"To commission services that improve the health of the population, ensures best care for patients; delivers services that demonstrate value for money and high levels of positive patient experience. We will commission for outcomes and focus on whole patient pathways from prevention to end of life care".

Dr Wirin Bhatiani
Chair – NHS Bolton CCG

1. INTRODUCTION AND COMMENCEMENT

1.1. Name

1.1.1. The name of this clinical commissioning group is **NHS Bolton Clinical Commissioning Group.**

1.2. Statutory Framework

1.2.1. Clinical commissioning groups are established under the Health and Social Care Act 2012 ("the 2012 Act").[1] They are statutory bodies which have the function of commissioning services for the purposes of the health service in England and are treated as NHS bodies for the purposes of the National Health Service Act 2006 ("the 2006 Act").[2] The duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act, and the regulations made under that provision.[3]

1.2.2. The NHS Commissioning Board – operational name being NHS England is responsible for determining applications from prospective groups to be established as clinical commissioning groups[4] and undertakes an annual assessment of each established group.[5] It has powers to intervene in a clinical commissioning group where it is satisfied that a group is failing or has failed to discharge any of its functions or that there is a significant risk that it will fail to do so.[6]

1.2.3. Clinical commissioning groups are clinically led membership organisations made up of general practices. The members of the clinical commissioning group are responsible for determining the governing arrangements for their organisations, which they are required to set out in a constitution.[7]

1.3. Status of this Constitution

1.3.1. This constitution is made between the members of NHS Bolton Clinical Commissioning Group and has effect from 1st day of April 2014 – an updated version of the 2013/14 version when NHS England established the group.[8]

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

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

3 Duties of clinical commissioning groups to commission certain health services are set out in section 3 of the 2006 Act, as amended by section 13 of the 2012 Act

4 See section 14C of the 2006 Act, inserted by section 25 of the 2012 Act

5 See section 14Z16 of the 2006 Act, inserted by section 26 of the 2012 Act

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

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

8 See section 14D of the 2006 Act, inserted by section 25 of the 2012 Act

1.3.2. The constitution is published on the group's website at www.bolton.nhs.uk and is available for inspection on request from the CCG Headquarters at St Peter's House, Silverwell Street, Bolton, BL1 1PP.

1.4. Amendment and Variation of this Constitution

1.4.1. This constitution can only be varied in two circumstances:[9]

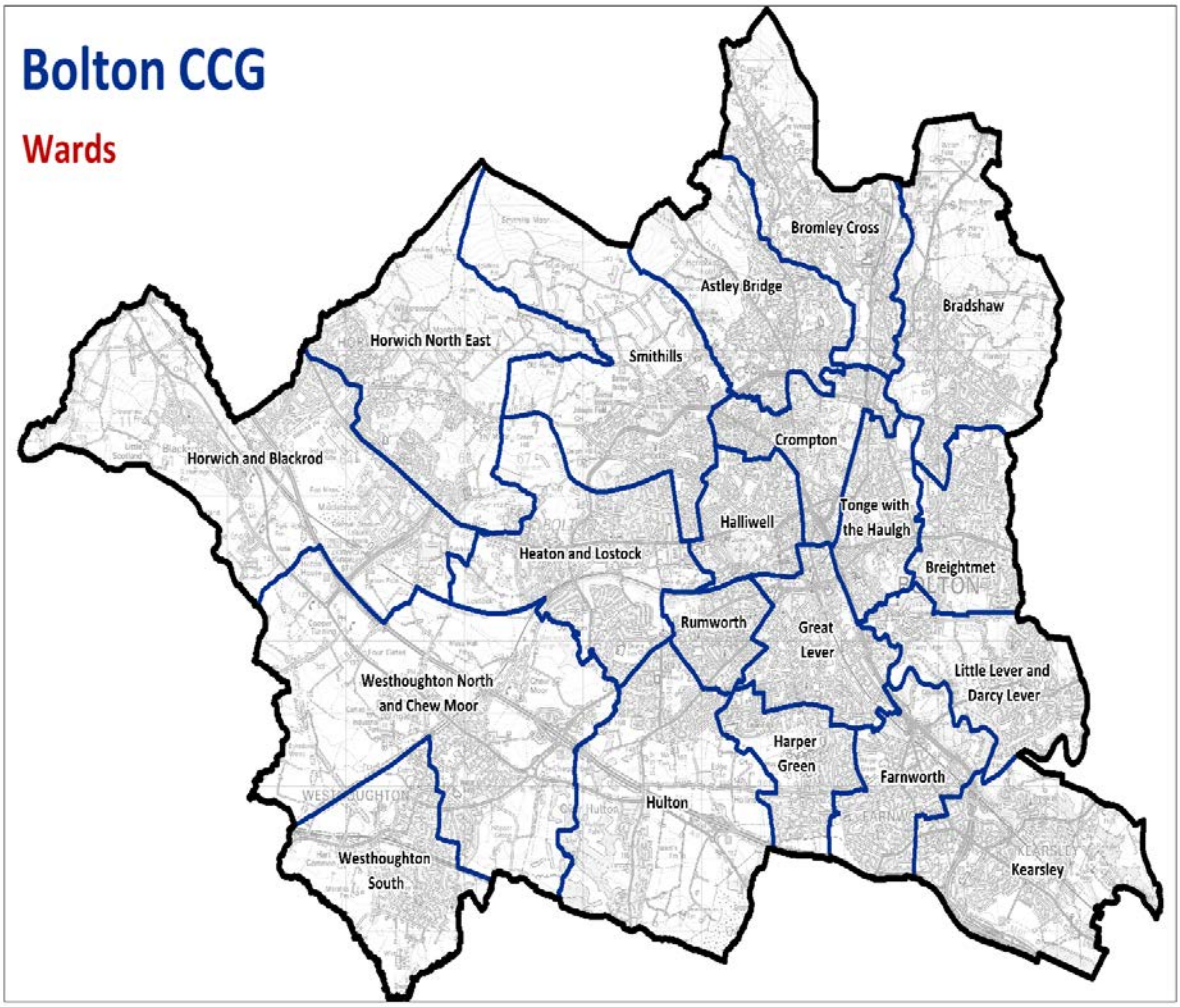
a) where the group applies to NHS England and that application is granted;

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

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

2. AREA COVERED

2.1. The geographical area covered by NHS Bolton Clinical Commissioning Group covers the same area as the Local Authority ie Bolton Borough Council. The current resident population is 279,000 (ONS 2012).



3. MEMBERSHIP

3.1 Membership of the Clinical Commissioning Group

3.1.1 The following practices comprise the members of NHS Bolton Clinical Commissioning Group;

Practice Name	Address
3D Medical Centre	3D Medical Centre, 200 Deane Road, Bolton, BL3 5DP
AlFal Medical Group	The Pikes Lane Centre, Deane Road, Bolton, BL3 5HP
Dr Agarwal & Partners	Farnworth Health Centre, Frederick St, Bolton, BL4 9AL
Dr Ariff & Partners	Breightmet Health Centre, Bolton, BL2 6NT
Dr Barua & Partners	Farnworth Health Centre, Frederick St, Bolton, BL4 9AH
Bolton Community Practice	Waters Meeting Health Centre, Bolton, BL1 8TU
Bolton General Practice	Marsden House, Marsden Road, Bolton, BL1 2AY
Bolton Medical Centre	Rupert Street, Great Lever, Bolton, BL3 6RN
Dr Caldwell & Partners	Swan Lane Medical Centre, Swan Lane, Bolton, BL3 6TQ
Dr Green	Waters Meeting Health Centre, Bolton, BL1 8TU
Great Lever Practice	Rupert Street, Great Lever, Bolton, BL3 6RN
Dr Kahlan (Casswell) – Beehive Surgery	Beehive Surgery, 108 Crescent Road, Bolton, BL3 2JR
Dr Dakshina-Murthi	The Pikes Lane Centre, Deane Road, Bolton, BL3 5HP
Dalefield Surgery	Avondale Health Centre, Avondale Street, Bolton, BL1 4JP
Dunstan Partnership	Breightmet Health Centre, Bolton, BL2 6NT
Dr Fletcher & Partners	Mandalay Medical Centre, 933 Blackburn Road, Bolton, BL1 7LR
Garnet Fold Surgery	374/376 St Helens Road, Bolton, BL3 3RR
Dr Hallikeri	Little Lever Health Centre, Mytham Road, Bolton, BL3 1JF
Heaton Medical Centre	2 Lucy Street, Heaton, Bolton, BL1 5PU
Dr Hendy & Partners	The Halliwell Surgery, Lindfield Drive, Bolton, BL1 3RG
Dr Hunt & Partners	The Halliwell Surgery, Lindfield Drive, Bolton, BL1 3RG
Dr Jain & Partners	Little Lever Health Centre, Mytham Road, Bolton, BL3 1JF
Kildonan House Surgery	Kildonan House, Ramsbottom Road, Bolton, BL6 5NW
Dr Kirby & Partners	Crompton Health Centre, 501 Crompton Way, Bolton, BL1 8UP
Dr Kumar & Partners	Egerton/Dunscar Health Centre, Darwen Road, Bromley Cross, Bolton, BL7 9RG
Dr Kumar & Partners	Deane Surgery, 155-157 Deane Road, Bolton, BL3 5AH
Dr Lancashire & Partners	Harwood Health Centre, Hough Fold Way, Bolton, BL2 3HQ
Dr Littlewood & Partners	The Pikes Lane Centre, Deane Road, Bolton, BL3 5HP

Practice Name	Address
Dr Liversedge & Partners	Egerton/Dunscar Health Centre, Darwen Road, Bolton, BL7 9RG
Dr Loomba & Partners	Lever Chambers Centre for Health, Ashburner St, Bolton, BL1 1SQ
Dr Lowe & Partners	Tonge Fold Health Centre, Hilton Street, Bolton, BL2 6DY
Dr Lyon & Partners	Lever Chambers Centre for Health, Ashburner St, Bolton, BL1 1SQ
Dr Malhotra & Partners	Pike View Medical Centre, Albert Street, Horwich, Bolton, BL6 7AN
Dr Jeyam	The Halliwell Surgery, Lindfield Drive, Bolton, BL1 3RG
Dr Naseef & Partners	Orient House, 216 Wigan Road, Deane, Bolton, BL3 5QE
Dr Newgrosh	Great Lever Health Centre, Rupert Street, Bolton, BL3 6RN
Olive Family Practice	The Pikes Lane Centre, Deane Road, Bolton, BL3 5HP
Dr Prasad & Partners	Shanti Medical Centre, 160 St Helens Road, Bolton, BL3 3PH
Dr Saul & Partners	Springhouse Surgery, 555 Chorley Old Road, Bolton, BL1 6AF
Dr Selvarajan	Deane Clinic, Horsefield Street, Deane, Bolton, BL3 4LU
Dr Shri-Kant & Partners	Spring View Medical Centre, Mytham Road, Bolton, BL3 1HQ
Dr Sidda & Partners	Waters Meeting Health Centre, Bolton, BL1 8TU
Dr Silvert & Partners	Stonehill Medical Centre, Piggott Street, Bolton, BL4 9QZ
Dr Singh & Partners	46 Wyresdale Road, Bolton, BL1 4DN
Dr Symes & Partners	Stablefold Surgery, 119 Church Street, Westhoughton, Bolton, BL5 3SF
Unsworth Group Practice	Peter House Surgery, Captain Lees Road, Westhoughton, Bolton, BL5 3UB
Dr Walker & Partners	Cornerstone Surgery, 469 Chorley Old Road, Bolton, BL1 6AH
Dr Wall & Partners	Kearsley Medical Centre, Jackson Street, Kearsley, Bolton, BL4 8EP
Dr Walmsley & Partners	Crompton Health Centre, 501 Crompton Way, Bolton, BL1 8UP
Dr Zarrouk	65 Bradford Street, Bolton, BL2 1HT

3.1.2 Appendix B of this constitution contains the list of practices, together with the signatures of the practice representatives confirming their agreement to this constitution.

3.2 Eligibility

3.2.1 Providers of primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract, will be eligible to apply for membership of this group10[10].

In considering any requests from additional practices to join NHS Bolton CCG, account will be taken of:-

- The percentage of Bolton resident patients on the practice list of patients.
- Any budget implications where a practice is transferring from another existing CCG.

3.2.2 Practices will become ineligible to be a member of NHS Bolton CCG where they cease to hold an NHS contract to provide primary medial services or where they join as a member of another CCG.

3.2.3 A CCG Member Eligibility Policy will describe the application and exit process including appeals.

[10] See section 14A(4) of the 2006 Act, inserted by section 25 of the 2012. Regulations to be made

4. MISSION, VALUES AND AIMS

4.1 Mission

4.1.1 The mission of NHS Bolton Clinical Commissioning Group is:

> ***"To commission services that improve the health of the population, ensures best care for patients; delivers services that demonstrate value for money and high levels of positive patient experience. We will commission for outcomes and focus on whole patient pathways from prevention to end of life care".***

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

4.2 Values

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

4.2.2 The values that lie at the heart of the CCG's work are:

(a) Shared responsibility for developing and delivering agreed objectives (eg prescribing policies; referral pathways and thresholds).

(b) A commitment from members to ensure primary care delivers high quality services, ensuring that what can be delivered in a primary care will be, with appropriate resource and achieving value for money.

(c) Collaboration with partners to ensure seamless high quality care (eg public; patients, Local Authority and providers).

(d) Work to principles of Better Health, Best Care, Value for Money and positive Patient/Public experience.

(e) All services commissioned will include defined outcomes measures as a means of ensuring the group can monitor performance and quality delivery.

(f) Open sharing of information across general practice and wider.

4.3 Aims

4.3.1 The group's aims are to:
(a) improve population health;
(b) improve the care provided and the health care experience to individuals;
(c) work with the public and patients to promote self care;
(d) improve efficiency and value for money with robust financial efficacy to ensure financial balance.

4.4 Principles of Good Governance

4.4.1 In accordance with section 14L(2)(b) of the 2006 Act,[11] the group will at all times observe "such generally accepted principles of good governance" in the way it conducts its business. These include:

(a) the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business;

(b) *The Good Governance Standard for Public Services*;[12]

(c) the standards of behaviour published by the *Committee on Standards in Public Life (1995)* known as the 'Nolan Principles';[13]

(d) the seven key principles of the *NHS Constitution*;[14]

(e) the Equality Act 2010;[15]

(f) Standards for Members of NHS Boards and Governing Bodies in England (Council for Healthcare Regulatory Excellence).

4.5 Accountability

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

(a) publishing its constitution;

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

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

(d) publishing annually a commissioning plan;

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

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11 Inserted by section 25 of the 2012 Act

12 *The Good Governance Standard for Public Services*, The Independent Commission on Good Governance in Public Services, Office of Public Management (OPM) and The Chartered Institute of Public Finance & Accountability (CIPFA), 2004

13 See Appendix F

14 See Appendix G

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

(f) holding an Annual General Meeting in public and inviting member practices. The purpose of the meeting will be to publish and present its annual report and accounts (which must be published) and provide updates on progress on key strategies as defined in section 5.2;

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

(h) having a published and clear complaints process that complies with the statutory framework for complaints handling;

(i) complying with the Freedom of Information Act 2000;

(j) providing information to NHS England as required.

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

(a) taking account of the communication needs of the public and patients to adopt styles of engagement so as not to disadvantage minority groups;

(b) making available to the public key planning and commissioning documents and policies.

4.5.3 The governing body of the group will throughout each year have an ongoing role in reviewing the group's governance arrangements to ensure that the group continues to reflect the principles of good governance.

5 FUNCTIONS AND GENERAL DUTIES

5.1 Functions

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

(a) commissioning certain health services (where NHS England is not under a duty to do so) that meet the reasonable needs of:

- all people registered with member GP practices, and
- people who are usually resident within the area and are not registered with a member of any clinical commissioning group;

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

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

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

5.1.2 In discharging its functions the group will:

5.1.2.1act[16], when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to ***promote a comprehensive health service***[17] *and* with the objectives and requirements placed on NHS England through *the mandate*[18] published by the Secretary of State before the start of each financial year by:

(a) appointing and/or confirming a Chair;
(b) delegating responsibility for monitoring arrangements to its Governing Body;
(c) delegating responsibility for developing and publishing its commissioning plans annually to the Governing Body.

5.1.2.2***meet the public sector equality duty***[19] by:

(d) charging the Chief Officer with responsibility to put in place arrangements to ensure the development of an equality strategy and an annual action plan;

16 See section 3(1F) of the 2006 Act, inserted by section 13 of the 2012 Act
17 See section 1 of the 2006 Act, as amended by section 1 of the 2012 Act
18 See section 13A of the 2006 Act, inserted by section 23 of the 2012 Act
19 See section 149 of the Equality Act 2010, as amended by paragraphs 184 and 186 of Schedule 5 of the 2012 Act

(e) charging the Chief Officer with responsibility to put in place arrangements to publish specific and measurable equality objectives, to be revised at least every four years;
(f) requiring the Governing Body to approve the plan and to monitor its implementation annually;
(g) charging the Chief Officer with responsibility for publishing the equality strategy and equality impact assessments on all relevant plans, service changes and policy decisions;
(h) charging the Chief Officer with responsibility for maintaining a record of progress on the Equality Delivery System (EDS).

5.1.2.3 work in partnership with its local authority to develop ***joint strategic needs assessments***[20] and ***joint health and wellbeing strategies***[21] by:

(i) requiring nominated Governing Body Members and other appropriate senior Officers to play a full and active part in the Bolton Health & Wellbeing Board;
(j) charging the Public Health Consultant Governing Body Attendee with responsibility to ensure the Joint Strategic Needs Assessment and the joint Health and Wellbeing Strategy are developed in partnership with the local authority;
(k) requiring the Governing Body to review at least annually the Bolton Health & Wellbeing Strategy and findings of the Joint Strategic Needs Assessment and to monitor the delivery of CCG responsibilities.

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

5.2.1 Make arrangements to ***secure public engagement*** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements[22] by:

5.2.1.1 charging the Chief Officer with the responsibility for development; implementation and monitoring of a public and patient engagement strategy. In doing so the Chief Officer will ensure:
(a) the strategy is developed in liaison with the public, their representatives and local representative groups;
(b) monitoring arrangements for the delivery of the strategy are in place and meet its objectives;
(c) an annual public engagement report to the AGM describing all the consultations and other engagement the group has undertaken, and the findings and actions resulting;
(d) the Statement of Principles for Public and Patient Engagement are applied (Appendix H);

[20] See section 116 of the Local Government and Public Involvement in Health Act 2007, as amended by section 192 of the 2012 Act
[21] See section 116A of the Local Government and Public Involvement in Health Act 2007, as inserted by section 191 of the 2012 Act
[22] See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act

(e) requiring the Governing Body to approve and review the engagement strategy, and annual *duty to involve* reports prior to publication and monitor implementation of the engagement strategy.

5.2.2 ***Promote awareness of, and act with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution***[23] by:

5.2.2.1 charging the Chief Officer with responsibility to oversee the discharge of responsibilities by:

(a) ensuring the group and governing body members are aware of the duties;
(b) developing policies to promote public awareness; ensure compliance with duties; monitoring and reporting arrangements.

5.2.3 Act ***effectively, efficiently and economically***[24] by:

a) charging the Chief Finance Officer with ensuring plans and processes are in place and published to ensure the group routinely reviews its effectiveness and efficiency and is acting economically;

b) requiring the Governing Body to establish, maintain and utilise financial and performance reporting processes that allow it to monitor its effectiveness and efficiency, and that it is acting economically;

c) requiring the Governing Body to appoint external auditors to review progress it has made annually and publishing the results;

d) requiring the Governing Body to establish an Audit Committee to review and test that the plans and processes established are effective and being fully implemented;

e) requiring the Governing Body to ensure that there are appropriate Standing Financial Instructions, Standing Orders and a Scheme of Delegation in place which is published internally to all members and staff.

5.2.4 Act with a view to ***securing continuous improvement to the quality of services***[25] by:

(a) Charging the Clinical Director for Clinical Governance and Safety with responsibility for development; monitoring and reporting on the Quality Improvement Strategy to ensure demonstrable improvement against measurable outcomes.

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

24 See section 14Q of the 2006 Act, inserted by section 26 of the 2012 Act

25 See section 14R of the 2006 Act, inserted by section 26 of the 2012 Act

(b) Reporting to the CCG Governing Body and annually at the AGM, progress against the delivery of the Quality Improvement Strategy and the quality improvements that have been achieved.
(c) The Quality and Safety committee (sub-committee of the CCG Governing Body) will assure the Governing Body that all health interventions commissioned meet appropriate quality standards.

5.2.5 Assist and support NHS England in relation to the Governing Body's duty to ***improve the quality of primary medical services***[26] by:

5.2.5.1 charging the Clinical Director for Primary Care and Health Improvement with responsibility for ensuring appropriate arrangements are in place for:

(a) delivering programmes of work to improve the quality of personal medical services to raise overall standards; improve quality and reduce variation;
(b) monitoring; sharing and reporting on the quality of delivery in primary medical services;
(c) routine reporting to the Governing Body and annual report to the AGM;
(d) ensuring senior leadership to oversee the work of NHS England

5.2.6 Have regard to the need to ***reduce inequalities***[27] by:

5.2.6.1 charging the Clinical Director for Primary Care and Health Improvement with the responsibility to ensure the CCG's commissioning plans include goals and actions to reduce inequalities that are fully aligned to the local Joint Strategic Needs Assessment and the Health & Wellbeing Strategy;

5.2.6.2 requiring the Governing Body through its routine performance management and through its annual review of its commissioning plans to assess its progress on reducing inequalities and to take action where required.

5.2.7 ***Promote the involvement of patients, their carers and representatives in decisions about their healthcare***[28] by:

5.2.7.1 appointing a Lay Member of the Governing Body to ensure the CCG discharges its duties in patient engagement;

5.2.7.2 charging the Chief Officer with the responsibility to ensure that there are appropriate arrangements in place:

(a) for developing with the public, their representatives and local representative groups an engagement strategy and consultation policy, and publishing these;

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26 See section 14S of the 2006 Act, inserted by section 26 of the 2012 Act
27 See section 14T of the 2006 Act, inserted by section 26 of the 2012 Act
28 See section 14U of the 2006 Act, inserted by section 26 of the 2012 Act

(b) for publishing an annual public involvement report at the AGM describing all the consultations and other involvement the group has undertaken, and the findings and actions resulting;
(c) publishing information on local health services including performance and quality information; guides to local services and promotional information for self care.

5.2.8 Act with a view to ***enabling patients to make choices***[29] by:

a) charging the Chief Officer with the responsibility to ensure that there are appropriate arrangements in place to ensure that relevant guidance related to choice is implemented by providers and that all local referrers are compliant with choice guidance;
b) requiring the Governing Body to routinely monitor the satisfaction of patients with the availability of choices and information to support choices;
c) requiring the Governing Body to ensure the promotion and publication of information on the performance and quality of providers to support patients' choices.

5.2.9 ***Obtain appropriate advice***[30] from persons who, taken together, have a broad range of professional expertise in healthcare and public health by:

(a) establishing a Governing Body with a wide range of professional expertise;
(b) requiring the Governing body to put in place arrangements that ensure that all decisions are informed by a wide range of professional expertise through, for example, its full engagement with the Health and Wellbeing Board, Joint Clinical Group, appointment of clinical lead roles to lead pieces of service transformation;
(c) charging the Chief Officer with responsibility for ensuring that there are arrangements in place which ensure that there are teams available with all the necessary professional expertise from a wide range of clinical, social care and managerial backgrounds to support the CCG in delivery of functions and objectives;
(d) requiring the Governing Body to consider the degree of involvement of a wide range of professionals in the development of proposed strategies, plans and service changes.

5.2.10 ***Promote innovation***[31] by:

(a) charging the Chief Officer with the responsibility to promote innovation for the group and to lead the identification and the adoption of innovative solutions in line with best practice;

29 See section 14V of the 2006 Act, inserted by section 26 of the 2012 Act
30 See section 14W of the 2006 Act, inserted by section 26 of the 2012 Act
31 See section 14X of the 2006 Act, inserted by section 26 of the 2012 Act

(b) adopting a Business Management Process that includes arrangements for promoting innovative solutions for service improvements; sharing good practice and priority setting.

5.2.11 ***Promote research and the use of research***[32] by

(a) delegating responsibility to the Governing Body and as appropriate via the Governing Body to appropriate committees or individuals, ensuring that progress is monitored by the Governing Body.

5.2.12 Have regard to the need to ***promote education and training***[33] 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[34] by:

(a) charging the Clinical Director for Primary Care and Health Improvement with responsibility for ensuring appropriate arrangements are in place for:-
(i) The delivery of programmes of work to promote education and training.
(ii) Monitoring and reporting to the Governing Body on outcomes of programmes.

5.2.13 Act with a view to ***promoting integration*** of *both* health services with other health services *and* health services with health-related and social care services where the group considers that this would improve the quality of services or reduce inequalities[35] by:

5.2.13.1 charging responsibility to the Clinical Director of Integrated Commissioning who will be responsible for:
(a) identifying and promoting opportunities for integration;
(b) developing with appropriate partners, strategies and plans to implement integration of health and social care services.

5.2.13.2 requiring the Governing Body within its strategic plan to approve actions to further integration where it believes these would improve the quality and efficiency of services or reduce inequalities.

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

5.3.1 ***Ensure its expenditure does not exceed the aggregate of its allotments for the financial year***[36] by:

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32 See section 14Y of the 2006 Act, inserted by section 26 of the 2012 Act
33 See section 14Z of the 2006 Act, inserted by section 26 of the 2012 Act
34 See section 1F(1) of the 2006 Act, inserted by section 7 of the 2012 Act
35 See section 14Z1 of the 2006 Act, inserted by section 26 of the 2012 Act
36 See section 223H(1) of the 2006 Act, inserted by section 27 of the 2012 Act

5.3.1.1Charging the Chief Finance Officer with responsibility for:

(a) developing and proposing an annual budget to the Governing Body;
(b) identifying risks and a suitable contingency;
(c) establishing policies and processes to manage expenditure;
(d) providing monthly reports to the Governing Body and as appropriate via the Governing Body on the financial position and forecasts;
(e) bringing forward to the Governing Body or as appropriate via the Governing Body plans to address any potential overspend or increase in levels of risk.

5.3.1.2requiring the Governing Body at every meeting to review the financial position and forecast of the Group and to initiate or agree action to address any concerns.

5.3.1.3requiring the Governing Body to establish an Audit Committee to approve and oversee the effectiveness and implementation of any policies and processes to control expenditure.

5.3.2 ***Ensure its use of resources*** *(both its capital resource use and revenue resource use)* ***does not exceed the amount specified by NHS England for the financial year***[37] by:

(a) delegating responsibility to the Governing Body and as appropriate via the Governing Body to appropriate committees or individuals, ensuring that progress is monitored by the Governing Body.

5.3.3 ***Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the group does not exceed an amount specified by NHS England*** [38] by:

5.3.3.1charging the Chief Finance Officer with responsibility for:

(a) clearly identifying within the annual budget specified types of resource;
(b) identifying risks and a suitable contingency for each such resource,
(c) ensuring policies and processes to manage expenditure reflect each specified type of resource;
(d) in providing monthly reports to the Governing Body on the financial position and forecasts ensuring specified resource positions are clearly identified;
(e) bringing forward to the Governing Body plans to address any potential overspend or increase in levels of risk in any specified area as required.

5.3.3.2requiring the Governing Body at every meeting to review the financial position and forecast of the Group and take account of specified types of resource and to initiate or agree action to address any concerns.

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37 See sections 223I(2) and 223I(3) of the 2006 Act, inserted by section 27 of the 2012 Act

38 See section 223J of the 2006 Act, inserted by section 27 of the 2012 Act

5.3.3.3requiring the Governing Body to establish an Audit Committee to approve and oversee the effectiveness and implementation of any policies and processes to control expenditure in all specified areas.

5.3.4 ***Publish an explanation of how the group spent any payment in respect of quality*** made to it by NHS England[39] by:

5.3.4.1charging the Chief Financial Officer with:

(a) proposing a process for determining how the group will spend any payment in respect of quality;
(b) overseeing the agreed process;
(c) publishing as part of the Annual Report an explanation of the process and the outcome.

5.4 Other Relevant Regulations, Directions and Documents

5.4.1 The group 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.

5.4.2 The group will develop and implement the necessary systems and processes to comply with these regulations and directions, documenting them as necessary in this constitution, its scheme of reservation and delegation and other relevant group policies and procedures.

[39] See section 223K(7) of the 2006 Act, inserted by section 27 of the 2012 Act

6 DECISION MAKING: THE GOVERNING STRUCTURE

6.1 Authority to act

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

(a) any of its members;
(b) its governing body;
(c) employees;
(d) a committee or sub-committee of the group.

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

(a) the group's scheme of reservation and delegation; and
(b) for committees, their terms of reference.

6.2 Scheme of Reservation and Delegation[40]

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

(a) those decisions that are reserved for the membership as a whole;
(b) those decisions that are the responsibilities of its governing body (and its committees), the group's committees and sub-committees, individual members and employees.

6.2.2 The clinical commissioning group remains accountable for all of its functions, including those that it has delegated.

6.3 General

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

(a) comply with the group's principles of good governance;[41]
(b) operate in accordance with the group's scheme of reservation and delegation,[42]
(c) comply with the group's standing orders;[43]
(d) comply with the group's arrangements for discharging its statutory duties;[44]
(e) where appropriate, ensure that member practices have had the opportunity to contribute to the group's decision making process.

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40 See Appendix D
41 See section 4.4 on Principles of Good Governance above
42 See appendix D
43 See appendix C
44 See chapter 5 above

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

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

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

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

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

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

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

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

6.4 Committees of the CCG

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

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

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

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

6.4.4 All decisions taken in good faith at a meeting of any committee or sub-committee shall be valid even if there is a vacancy in its membership or it is discovered

subsequently that there was a defect in the calling of the meeting, or the appointment of a member attending the meeting.

The Terms of Reference for all committees can be obtained from the Board Secretary.

6.5 Joint Arrangements

6.5.1 Joint commissioning arrangements with other Clinical Commissioning Groups

6.5.1.1 The clinical commissioning group (CCG) may wish to work together with other CCGs in the exercise of its commissioning functions.

6.5.1.2 The CCG may make arrangements with one or more CCG in respect of:
- delegating any of the CCG's commissioning functions to another CCG;
- exercising any of the commissioning functions of another CCG; or
- exercising jointly the commissioning functions of the CCG and another CCG

6.5.1.3 For the purposes of the arrangements described at paragraph [6.5.1.b], the CCG may:
- make payments to another CCG;
- receive payments from another CCG;
- make the services of its employees or any other resources available to another CCG; or
- receive the services of the employees or the resources available to another CCG.

6.5.1.4 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.

6.5.1.5 For the purposes of the arrangements described at paragraph [6.5.1.b] above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 6.5.1.b bullet 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.

6.5.1.6 Where the CCG makes arrangements with another CCG as described at paragraph [6.5.1.b] above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:
- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;

-Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.5.1.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph [6.5.1.b] above.

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

6.5.1.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.

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

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

6.5.2 Joint commissioning arrangements with NHS England for the exercise of CCG functions

6.5.2.1 The CCG may wish to work together with NHS England in the exercise of its commissioning functions.

6.5.2.2 The CCG and NHS England may make arrangements to exercise any of the CCG's commissioning functions jointly.

6.5.2.3 The arrangements referred to in paragraph [6.5.2.b] above may include other CCGs.

6.5.2.4 Where joint commissioning arrangements pursuant to [6.5.2.b] above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.

6.5.2.5 Arrangements made pursuant to [6.5.2.b] above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

6.5.2.6 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph [6.5.2.b] above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

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

6.5.2.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph [6.5.2.b] above.

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

6.5.2.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.

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

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

6.5.3 Joint commissioning arrangements with NHS England for the exercise of NHS England's functions

6.5.3.1 The CCG may wish to work with NHS England and, where applicable, other CCGs, to exercise specified NHS England functions.

6.5.3.2 The CCG may enter into arrangements with NHS England and, where applicable, other CCGs to:
- Exercise such functions as specified by NHS England under delegated arrangements;
- Jointly exercise such functions as specified with NHS England.

6.5.3.3 Where arrangements are made for the CCG and, where applicable, other CCGs to exercise functions jointly with NHS England a joint committee may be established to exercise the functions in question.

6.5.3.4 Arrangements made between NHS England and the CCG may be on such terms and conditions (including terms as to payment) as may be agreed between the parties.

6.5.3.5 For the purposes of the arrangements described at paragraph [6.5.3.b] above, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

6.5.3.6 Where the CCG enters into arrangements with NHS England as described at paragraph [6.5.3.b] above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:
- How the parties will work together to carry out their commissioning functions;
- The duties and responsibilities of the parties;
- How risk will be managed and apportioned between the parties;
- Financial arrangements, including payments towards a pooled fund and management of that fund;
- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

6.5.3.7 The liability of NHS England to carry out its functions will not be affected where it and the CCG enter into arrangements pursuant to paragraph [6.5.3.b] above.

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

6.5.3.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the governing body.

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

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

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

The audit committee may include individuals who are not members of the Governing Body.

Other committees of the Governing Body may include individuals who are:-

6.5.4.1 Members, officers or governing body members of the Group or another clinical commissioning group.

6.5.4.2 Partners or employees of Members of the Group or another clinical commissioning group and

6.5.4.3 Officers of NHS England.

6.5.5 A Joint Transformation Group has been established across Bolton CCG, BMBC, Bolton FT and GMW to provide strategic leadership and direction to projects delivering locality integration and to ensure full commitment from all 4 partners to the arrangements – including project investment and savings models. Membership is the Chief Executive of the 4 organisations, together with other Executive Directors as nominated. This Group reports on progress to the Health and Wellbeing Board and is underpinned by an Integrated Care Board which oversees delivery of the integration workstreams.

6.5.6 Section 75 arrangements are agreed by the CCG Governing Body. A joint commissioning group with representation from both Bolton CCG and Bolton Council oversees delivery against these Section 75 arrangements.

6.6 The Governing Body

6.6.1 ***Functions*** - the governing body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act, together with any other functions connected with its main functions as may be specified in regulations or in this constitution.[45] [The governing body may also have functions of the clinical commissioning group delegated to it by the group. Where the group has conferred additional functions on the governing body connected with its main functions, or has delegated any of the group's functions to its governing body, these are set out from paragraph 6.6.1(d) below]. The governing body has responsibility for:

6.6.1.1 ensuring that the group has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the groups *principles of good governance*[46] (its main function);

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

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

46 See section 4.4 on Principles of Good Governance above

6.6.1.3 approving any functions of the group that are specified in regulations;[47]

6.6.1.4 promoting the involvement of all Members in the work of the CCG in securing improvements in commissioning of care and services and developing the vision, values and culture of the group in consultation with members;

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

6.6.1.6 approving and publishing the groups public engagement strategy and annual public involvement report;

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

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

6.6.1.9 assisting NHS England in its duty to improve the quality of primary medical services by continuously increasing the capability, competence and capacity of primary care, and the proportion of health and social care provided by primary and community services;

6.6.1.10 ensuring effective plans are in place to reduce inequalities across the borough;

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

6.6.1.12 ensuring effective systems to enable patients to make choices are in place across its member practices and commissioned providers;

6.6.1.13 ensuring the group in its decision making obtains a advice from a wide range of professionals;

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

[47] See section 14L(5) of the 2006 Act, inserted by section 25 of the 2012 Act

6.6.1.14.1 the Local Medical Committee;
6.6.1.14.2 the Local Authority;
6.6.1.14.3 Health Watch;
6.6.1.14.4 local Health & Social Care Providers;
6.6.1.14.5 The voluntary sector;
6.6.1.14.6 Other clinicians and allied health professionals;

6.6.1.15 ensuring effective systems are in place to promote innovation;

6.6.1.16 ensuring effective systems and monitoring arrangements are in place for delivery of the Quality Innovation Productivity and Prevention (QIPP) plans;

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

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

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

6.6.1.20 ensuring the group has in place effective arrangements to:

- ensure expenditure does not exceed the aggregate of its allotments for the financial year;
- ensure its use of resources does not exceed the amount specified by NHS England for the financial year;
- and in respect of any directions from NHS England in respect of specified types of resource in a financial year, to ensure the group does not exceed an amount specified;

6.6.1.21 approving and publishing a process for and an explanation of how the group utilised any payment in respect of quality;

6.6.1.22 managing the corporate strategic risks of the group including regularly reviewing the groups assurance framework;

6.6.1.23 approving the organisational development plan including the principles by which it will procure commissioning support .

6.6.2 ***Composition of the Governing Body*** - the governing body shall have no less than 15 voting members and comprises:

6.6.2.1 The Chair who shall ordinarily be a clinician from eligible practices.
6.6.2.2 4 GP Non Executive Governing Body Members.
6.6.2.3 3 Clinical Directors.

6.6.2.4 3 lay members:-
to lead on governance, audit, remuneration and conflicts of interest matters and act as Vice-Chair and patient and public participation matters.
6.6.2.5 1 Registered Nurse.
6.6.2.6 1 Secondary Care Specialist Doctor.
6.6.2.7 The Chief Officer, who will be a non-clinical member and a manager at senior level within the CCG.
6.6.2.8 The Chief Finance Officer.

The Public Health Consultant will also be in attendance at meetings of the Governing Body.

6.6.3 ***Committees of the Governing Body*** - the governing body has appointed the following committees and sub-committees:

Committees:-
6.6.3.1 The Audit Committee, accountable to NHS Bolton CCG governing body.
6.6.3.2 The Remuneration Committee, accountable to NHS Bolton CCG governing body.
6.6.3.3 Other committees established at the discretion of the board as they feel Appropriate
6.6.3.4 The Primary Care Commissioning Committee, reportable to NHS Bolton CCG governing body, NHS England

6.6.4 **Additional Committees** – The Governing Body shall be empowered to establish any further Committees that it views as necessary to assist with the delivery of its functions. It will be the responsibility of the Governing Body to make appropriate arrangements for liaison with member practices on the establishment of further Committees as defined in the Scheme of Delegation.

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

7. ROLES AND RESPONSIBILITIES

7.1 Practice Representatives

7.1.1 Practice representatives represent their practice's views and act on behalf of the practice in matters relating to the group. The role of each practice representative is to:

- Ensure communication and engagement with the CCG on behalf of their practice in defining priorities and work programmes; sharing information and ideas on commissioning of services.
- Ensure two way communications between the CCG; Governing Body and their wider practice teams including provision of responses from the practice on surveys and act as signatory on formal documents requiring responses to the Governing Body.
- Represent their practice at AGMs. Deputies may be used with prior agreement through the Secretary of the Governing Body.

See Appendix I for the full Partnership Working Arrangements.

7.2 Other GPs or Primary Care Health Professionals

7.2.1 The group will appoint identified clinical leads from member practices to either support the work of the group and/or represent the group rather than represent their own individual practices.

7.2.3 Clinical Directors:
The CCG will appoint Clinical Directors as appropriate to undertake leadership responsibilities on behalf of the group. The current structure and Clinical Director role outlines are at Appendix J.

7.2.4 From time-to-time as the Chief Officer and Clinical Directors of the Group see fit, other clinicians including GPs will be asked to carry out specific pieces of work.

7.3 All Members of the Group's Governing Body

7.3.1 Guidance on the roles of members of the group's governing body is set out in a separate document[48]. In summary, each member of the governing body should share responsibility as part of a team to ensure that the group exercises its functions effectively, efficiently 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.

[48] Draft *clinical commissioning group Governing Body Members – Roles Attributes and Skills,* NHS Commissioning Board Authority, March 2012

7.4 The Chair of the Governing Body

7.4.1 The chair of the governing body is responsible for:

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

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

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

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

7.4.1.5 supporting the Chief Officer in discharging the responsibilities of the organisation;

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

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

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

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

7.4.1.10 ensuring that the organisation is able to account to its local patients, stakeholders and NHS England;

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

7.4.2 Where the chair of the governing body is also the senior clinical voice of the group they will take the lead in interactions with stakeholders, including NHS England.

7.5 The Deputy Chair of the Governing Body

7.5.1 The deputy chair of the governing body deputises for the chair of the governing body where he or she has a conflict of interest or is otherwise unable to act.

7.5.2 Where the chair of the governing body is a clinician the deputy chair will be a lay member from the governing body.

7.6 Role of the Chief Officer

7.6.1 The Chief Officer of the group is a member of the governing body. The Chief Officer role is a managerial role.

7.6.2 This role of Chief Officer has been summarised in a national document[49] as:

7.6.2.1 being responsible for ensuring that the clinical commissioning group fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;

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

7.6.2.3 working closely with the chair of the governing body, the Chief Officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the members (through the governing body) of the organisation's ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its members and staff.

7.7 Role of the Chief Finance Officer

7.7.1 The chief finance officer is a member of the governing body and is responsible for providing financial advice to the clinical commissioning group and for supervising financial control and accounting systems.

7.7.2 This role of chief finance officer has been summarised in a national document[50] as:

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

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

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

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49 See the latest version of the NHS Commissioning Board Authority's *Clinical commissioning group governing body members: Role outlines, attributes and skills*

50 See the latest version of the NHS Commissioning Board Authority's *Clinical commissioning group governing body members: Role outlines, attributes and skills*

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

7.7.2.5 producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England.

7.8 Clinical Director Governing Body Members

7.8.1 The Clinical Directors will undertake a senior clinical leadership role as part of the arrangements for the Clinical Commissioning Group Governing Body in the areas of primary care and health improvement, governance and safety and integrated commissioning.

7.9 Non-Executive GP Governing Body Members

7.9.1 In addition to their responsibilities as Governing Body member as defined above, the Non-Executive Governing Body members will provide a Bolton primary care perspective in the commissioning of services that are focussed to best meet the needs of the Bolton population.

7.10 Lay Members

7.10.1 Lay members will share the corporate responsibility for the decisions of the Governing Body and the performance of the CCG in leading the local improvement of healthcare services. Lay members will be appointed to the roles of ensuring effective governance arrangements and patient and public engagement.

7.11 Registered Nurse

7.11.1 As a member, the Registered Nurse will be a senior clinical leader providing a scrutiny role on behalf of the CCG, providing the CCG with an essential focus on quality, safety, effectiveness and efficiency.

7.12 Secondary Care Specialist

7.12.1 As a member of the Governing Body, the secondary care specialist will share responsibility as part of the team to ensure that the CCG exercises its functions effectively, efficiently and with good governance and in accordance with the CCG constitution with its membership.

7.13 Public Health Consultant

7.13.1 The Public Health Consultant will attend the CCG Governing Body meetings to focus the CCG on reducing health inequalities, and working upstream to improve the health and wellbeing of the people of Bolton. The Public Health Consultant is a non-voting attendee.

STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICTS OF INTEREST

8.1 Standards of Business Conduct

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

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

8.1.3 Individuals contracted to work on behalf of the group or otherwise providing services or facilities to the group will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services.

8.2 Conflicts of Interest

8.2.1 As required by section 140 of the 2006 Act, as inserted by section 25 of the 2012 Act, the clinical commissioning group will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the group will be taken and seen to be taken without any possibility of the influence of external or private interest.

8.2.2 Where an individual, i.e. an employee, group member, member of the governing body, or a member of a committee or a sub-committee of the group or its governing body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the group considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution.

8.2.3 A conflict of interest will include:

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

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

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

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

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

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

8.3 Declaring and Registering Interests

8.3.1 The group will maintain one or more registers of the interests of:

6.6.5.1.1 the members of the group;
6.6.5.1.2 the members of its governing body;
6.6.5.1.3 the members of its committees or sub-committees and the committees or sub-committees of its governing body; and
6.6.5.1.4 its employees.

8.3.2 The registers will be published on the group's website at www.bolton.nhs.uk

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

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

8.3.5 The Secretary to the Governing Body will ensure that the register of interest is reviewed regularly, and updated as necessary.

8.4 Managing Conflicts of Interest: general

8.4.1 Individual members of the group, the governing body, committees or sub-committees, the committees or sub-committees of its governing body and employees will comply with the group's policy for Managing Conflicts of Interest.

8.4.2 The Secretary to the Governing Body will ensure that all members of the group, governing body, committees and sub-committees and employees of the group are aware of their obligations under the group's Managing Conflicts of Interest Policy. The Secretary to the Governing Body will ensure that arrangements for maintaining registers of interests; hospitality registers and declarations and management of interests declared are in place and adhered to. All new appointments of those defined in 6.6.2 will receive the group's policy and confirm any interests to be included in the register of interests.

8.4.3 The group's policy for Managing Conflicts of Interest will be determined by the Governing Body.

8.4.4 Where an interest has been declared, either in writing or by oral declaration, the declarer has the responsibility to ensure that before participating in any activity connected with the group's exercise of its commissioning functions, they adhere to the requirements of the group's Policy for Managing Conflicts.

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

8.4.5.1 has not been declared, either in the register or orally, they will declare this at the start of the meeting;

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

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

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

or the Secretary to the Governing Body (in the case of members and clinical leads) of the transaction.

The line manager of Secretary to the Governing Body will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

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

8.5.1 Anyone seeking information in relation to a procurement, or participating in a procurement, or otherwise engaging with the clinical commissioning group in relation to the potential provision of services or facilities to the group, will be required to make a declaration of any relevant conflict / potential conflict of interest.

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

8.6 Transparency in Procuring Services

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

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

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

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

8.6.3 The Procurement Strategy will be available on the group's website at www.bolton.nhs.uk

9. THE GROUP AS EMPLOYER

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

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

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

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

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

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

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

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

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

The group recognises and confirms that nothing in or referred to in this constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the group, any member of its governing body, any member of any of its committees or sub-committees or the committees or sub-committees of its governing body, or any employee of the group or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.

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

10. TRANSPARENCY, WAYS OF WORKING AND STANDING ORDERS

10.1 General

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

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

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

10.2 Standing Orders

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

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

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

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