

MEETING DATE:	12 February 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 6.2	
AUTHOR:	John Pougher	
JOB TITLE: DEPARTMENT:	Assistant Senior Officer Quality and Assurance CCG	

PRIMARY CARE CO-COMMISSIONING

Conflicts of Interest Policy

**Terms of Reference: Joint Commissioning Committee, including Scheme of Delegation, NHS
England and North Lincolnshire CCG**

PURPOSE/ACTION REQUIRED:	Decisions for Approval
CONSULTATION AND/OR INVOLVEMENT PROCESS:	Commissioning Support: Corporate Governance & Legal Services, Council of Members
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:

To seek approval for the attached updated Conflicts of Interest Policy and Terms of Reference for NL CCG Joint Commissioning Committee; both documents are key parts of NL CCG's submission to engage in joint commissioning for primary care.

The attached updated Conflicts of Interest Policy has been written to ensure that the CCG is compliant with updated national and statutory guidance set out in 'Managing Conflicts of Interest: Statutory Guidance for CCG's' December 2014. This guidance requires CCG's to strengthen their Governance requirements in the management of conflicts of interest particularly in respect to taking on increased responsibility for the commissioning of primary care.

The attached Terms of Reference for the Joint Commissioning Committee is based (as required) on the model template as set out in annex d of 'Next Steps towards Primary Care Commissioning' and has been developed with the support of NHS England. The Terms of Reference was approved at the NL Council of Members meeting on 22nd January 2015.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	X
Reduce unwarranted variations in services	X
Deliver the best outcomes for every patient	X
Improve patient experience	X
Reduce the inequalities gap in North Lincolnshire	X

3. IMPACT ON RISK ASSURANCE FRAMEWORK:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X	<input type="checkbox"/> No	<input type="checkbox"/>
The effective management of conflicts of interest is an essential element of the CCG's corporate governance and risk management framework.					
4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:		<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X
5. LEGAL IMPLICATIONS:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X	<input type="checkbox"/> No	<input type="checkbox"/>
The organisation needs to demonstrate that it meets statutory requirements with respect to the management of conflicts of interest.					
6. RESOURCE IMPLICATIONS:		<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X
7. EQUALITY IMPACT ASSESSMENT:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X	<input type="checkbox"/> No	<input type="checkbox"/>
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:		<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X
9. RECOMMENDATIONS:					
The Governing Body is asked to: -					
<ul style="list-style-type: none"> • Approve the revised Conflicts of Interest Policy • Approve the Terms of Reference for Joint Commissioning Committee 					

CONFLICTS OF INTEREST POLICY

12 February 2015

Authorship:	
Committee Approved:	Governing Body
Approved date:	
Review Date:	
Equality Impact Assessment:	Completed - Screening
Sustainability Impact Assessment:	Completed
Target Audience:	Council of Members, Governing Body and its Committees and Sub-Committees and CCG Staff
Policy Reference No:	
Version Number:	1

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
		Policy updated in line with NHSE guidance issued December 2014		

DRAFT

CONTENTS

Part	Description	Page
1	Introduction	4
2	Statutory Framework	4
3	Policy Purpose & Aims	5
4	Impact Analyses	5
5	Scope	6
6	Definitions & Examples	6
7	Roles, Responsibilities & Duties	7
8	Register of Interest	8
9	Management Arrangements	9
10	Declarations in relation to Procurement	9
11	Breaches of Policy	11
12	Implementation	11
13	Training & Awareness	11
14	Monitoring & Audit	12
15	Policy Review	12
16	References	12
17	Associated Documents	12

Appendix	Description	Page
A	Illustrative examples of potential conflicts	14
B	Form of Declaration of Interests for members/ employees	15
C	Form of Declaration of Interests for bidders/contractors	19
D	Extract from CCG Constitution	22
E	Procurement Template	25
F	Equality Impact Assessment	27
G	Sustainability Assessment	35

1 INTRODUCTION

CCGs are required to make arrangements to manage conflicts of interest and potential conflicts of interest to ensure they do not affect, or appear to affect, the integrity of the CCG's decision-making processes. This includes the provision of clear guidance to members and employees on what might constitute a conflict of interest, together with examples of situations that may arise. This policy sets out those arrangements, based on its Constitution and taking account of the relevant statutory requirements and guidance documents outlined in Section 16.

"If conflicts of interest are not managed effectively by CCGs, confidence in the probity of commissioning decisions and the integrity of clinicians involved could be seriously undermined. However, with good planning & governance, CCGs should be able to avoid these risks." (*RCGP & NHS Confederation's briefing paper on managing conflicts of interest September 2011*).

CCGs now have the opportunity to take on the responsibility for the commissioning of primary care services. This could expose them to a greater risk of conflicts of interest, both real and perceived, especially if they are opting to take on delegated budgets and functions from NHS England.

In addition to the specific arrangements in this policy, the CCG will embody public service values and principles in all its business transactions as outlined in the Business Conduct Policy, supplemented by Prime Financial Policies.

2 STATUTORY FRAMEWORK

For CCGs, the starting point is Section 140 of the NHS Act 2006 which sets out minimum requirements, supplemented by the 2013 Regulations. CCGs must:

- Maintain appropriate registers of interests;
- Publish or make arrangements for the public to access those registers;
- Make arrangements requiring the prompt declaration of interests by the persons specified (essentially members and employees) and ensure that these interests are entered into the relevant register;
- Make arrangements for managing conflicts and potential conflicts of interest (for example by developing and reviewing this policy);
- Have regard to guidance published by NHS England and Monitor in relation to conflicts of interest.

Section 140 is supplemented by the procurement specific requirements set out in the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2012, in particular, Regulation 6 requires that CCGs:

- Must not award a contract for the provision of NHS health care services where conflicts, or potential conflicts, between the interests involved in commissioning such services and the interests involved in providing them affect, or appear to affect, the integrity of the award of that contract; and
- Keep a record of how it managed any such conflict in relation to an NHS commissioning contract it enters into, which must be published.

3 POLICY PURPOSE & AIMS

The CCG recognises that conflicts of interest are unavoidable and therefore has in place arrangements to seek to manage them. The measures outlined in this policy are aimed at ensuring that decisions made by the CCG will be taken, and seen to be taken, uninfluenced by external or private interests, specifically:

- Ensure that the CCG and clinicians in commissioning roles demonstrate they are acting fairly and transparently and in the best interest of their patients and local populations;
- Ensure that the CCG operates within the legal framework;
- Safeguard clinically led commissioning, whilst ensuring objective investment decisions;
- Provide the public, providers, Parliament and regulators with confidence in the probity, integrity and fairness of commissioners' decisions;
- Provide support and information for individuals in order that they understand when actual or potential conflicts may arise and how they will be managed.

In addition, the policy sets out:

- The additional factors that need to be addressed when commissioning primary medical care services, either under joint commissioning or delegated commissioning arrangements. This includes factors to consider when drawing up plans for services that might be provided by GP practices and also includes the necessary aspects of the make-up of the decision-making committee which must have a lay and executive member majority;
- The steps that the CCG will take to assure our Audit Group, Health and Wellbeing Board, NHS England and, where necessary, our auditors, that these services are appropriately commissioned from GP practices;
- Procedures for decision-making in cases where all the GPs (or other practice representatives) sitting on a decision-making group have a potential financial interest in the decision.

4 IMPACT ANALYSES

4.1 Equality

As a result of performing the analysis, the policy does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage. The supporting paperwork is attached.

4.2 Sustainability

As a result of performing the analysis, the policy does not have any effects in terms of sustainability. The supporting paperwork is attached.

4.3 Bribery Act 2010

This policy is designed to contribute to the CCG's obligation to ensure adequate measures are in place to prevent acts of bribery within the meaning of the Bribery Act 2010.

The Bribery Act 2010 came into force in July 2011 and has particular relevance to this policy. The Act created three relevant criminal offences which cover the offering, promising or giving of a financial or other advantage and the requesting, agreeing to receive or accepting of a financial or other advantage. It increased the maximum penalty for bribery to 10 years' imprisonment, with an unlimited fine. Furthermore the Act introduced a 'corporate offence' of failing to prevent bribery by the organisation not having adequate preventative procedures in place.

5 SCOPE

This policy applies to the Council of Members, Members of the Governing Body and Members of, and attendees at, its committees and sub committees (both voting and non-voting members), Lay Members and all CCG staff.

Individuals working on behalf of the CCG or providing services or facilities to the CCG will be made aware of their obligations with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into contract documentation.

6 DEFINITIONS AND EXAMPLES

A conflict of interest occurs where an individual's ability to exercise judgement or act in one role is, or could be, impaired or otherwise influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise. A potential for competing interests and/or a perception of impaired judgement or undue influence can also be a conflict of interest.

An interest is defined for the purposes of regulation 6 as including an interest of the following:

- A member of the commissioner organisation;
- A member of the governing body of the commissioner;
- A member of its committees or sub-committees or committees or sub-committees of its governing body;
- An employee.

The important things to remember are that:

- A perception of wrong doing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;
- If in doubt, it is better to assume a conflict of interest and manage it appropriately rather than ignore it;
- For a conflict to exist, financial gain is not necessary.
- For the purposes of Regulation 6 of the NHS (Procurement, Patient Choice and Competition (No 2) Regulations 2013, a conflict will arise when an individual's ability to exercise judgment or act in their role in the **commissioning** of services is impaired or influenced by their interests in the **provision** of those services. (*Monitor – Substantive guidance on the Procurement, Patient Choice & Competition Regulations (December 2013)*)

A conflict of interest will include (but is not necessarily limited to):

- a direct pecuniary (financial) interest: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
- an indirect pecuniary (financial) 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 or a payment to a spouse;
- 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);
- 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).
- where an individual is closely related to, or in a personal or professional relationship, including friendship, with an individual in the above categories.

Examples of interests that will be deemed to be relevant and material will include but are not limited to:

- Roles and responsibilities held within member practices.
- Directorships, including non-executive Directorship held in private or public limited companies
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG.
- Shareholdings (more than 5%) of companies in the field of health and social care.
- Positions of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care.
- Any connection with a voluntary or other organization contracting for NHS services.
- Any research funding or grants that may be received by the individual or any organisation that they have an interest or role in.
- Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG.

Examples of those individuals likely to have potential conflicts of interest or undue influence could be CCG staff, GPs in practice in the CCG, practice managers and Lay Members.

In the case of a GP involved in commissioning, an obvious example is the award of a new contract, or extension of an existing contract, to a provider in which the individual GP has a financial stake.

7 ROLES, RESPONSIBILITIES AND DUTIES

It is the responsibility of **Council of Members, Governing Body, Committee and sub-committee Members & CCG Staff (including any agency and seconded staff)** to ensure that they are fully aware of their responsibilities under this policy and that they fully compliant at all times.

The Audit Group will review the arrangements for the declaration and management of conflicts of interest and provide assurances, on a report highlighting issues to increase assurances, to the Governing Body that adequate systems and processes are in place to ensure compliance, especially in relation to the development of new services/contracts or changes to existing services/contracts.

The Audit Group Chair and the Accountable Officer will be responsible for providing direct formal attestation to NHS England that the CCG has complied with statutory guidance. This attestation will subsequently form part of an annual certification. The CCG's approach to the management of conflicts of interest will also be considered on an on-going basis as part of CCG assurance. Further details will be issued by NHS England early in 2015 as to the form these will take.

CCG employed staff are advised not to engage in outside employment which may conflict with their NHS work. They are advised to tell their employer if they think they may be risking a conflict of interest in this area and the declaration can be made on the form at Appendix B.

All individuals covered by the scope of this policy are also required to declare any relevant personal or business interests of their spouse, civil partner, cohabitee, family member or any other relationship (including friendship) which may influence or may be perceived to influence their judgement.

Individuals will declare any interests, in writing, as soon as they are aware of it and in any event no later than 28 days after becoming aware. The form to be used for this purpose is included at Appendix B

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 at the meeting, and provide a written declaration as soon as possible thereafter. The declaration will be minuted.

Even if an interest has already been declared, it should be declared at the start of any meeting where matters relating to that interest are discussed and this should be minuted.

Individuals applying for posts at the CCG or seeking appointment to the Governing Body and any of its committees and sub committees will be required to declare any potential conflicts of interest during the appointment process. Where a question arises as to whether this may impact on the ability to appoint individuals, further guidance should be sought from the CCG Chair, the Chair of the Committee or the Chief Officer.

8 REGISTERS OF INTEREST

The Business Manager on behalf of the Chief Officer, will maintain registers of all relevant and material interests and positions of influence declared by members of the Council of Members, Governing Body, Committees and Sub Committees and Employees.

Applicants for any appointment to the CCG or the Governing Body should be asked to declare any relevant interests. When an appointment is made, a formal declaration of interests should again be made and recorded.

All attendees at meetings should be asked to declare any interest they have in any agenda item before it is discussed or as soon as it becomes apparent. Even if an interest is declared in the register of interests it should be declared in meetings where matters relating to that interest are discussed. Declarations of interest must be recorded in minutes.

Registers will be reviewed quarterly by the Audit Committee with an assurance report provided to the Governing Body, to include explanations of any concerns and how these were managed.

Where an individual changes role or responsibility within the CCG or the Governing Body, any change to the individual's interests should be declared.

Any changes/additions to declarations registered should be notified to the Business Manager as soon as possible after the change occurs for recording in the register(s).

All registers will be published on the CCG's website.

Declared interests of the Council of Members, the Governing Body and its committees will be published in the CCG's Annual Report and Accounts.

9 MANAGEMENT ARRANGEMENTS

Full details of how declared interests should be managed are as outlined in Section 8.4 of the Constitution (for ease of reference see extract at Appendix D). Examples of possible scenarios and how to manage them are included as Appendix A.

Where no previous declaration has been made, the Chair of the meeting will determine how this should be managed, in line with the management arrangements and may require the individual to withdraw from the meeting or part of it. The agreed actions should be recorded in the minutes.

Interests of the Chair of a Meeting

Where the Chair of a meeting has a relevant interest, whether previously declared or not, in relation to the scheduled or likely business of the meeting, the Deputy Chair will act as Chair for the relevant part of the meeting and may require the Chair to withdraw for that part of the discussion. If there is no deputy Chair, the meeting will select one and the meeting must ensure that arrangements for the management of the conflict of interest are followed.

Effects of withdrawal

Where 50% of members of a meeting are required to withdraw, the Chair (or Deputy) will determine whether or not the discussion can proceed. This decision will be based on whether the meeting is quorate, as set out in Section 8.4.8 of the HaRD CCG Constitution (in relation to the Governing Body) and in line with the terms of reference (for all other meetings). Where a quorum cannot be convened the Chair will consult with the Audit Committee Chair to ensure timely management of the issue. Possible actions are set out in Section 8.4.10 of the Constitution (see Appendix D).

Any arrangements made or agreed in a meeting will be recorded in the minutes.

10 DECLARATIONS IN RELATION TO PROCUREMENT

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. This has now been put on a statutory footing in the 2013 Regulations mentioned above. The CCG will publish a Procurement Policy approved by its Governing Body which includes specific reference to conflicts of interest and 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 design and re-design services;
- b) service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

Where a relevant and material interest or position of influence exists in the context of the specification for, or award of, a contract the individual will be expected to :

- Declare the interest.
- Ensure that the interest is recorded in the register.
- Only take part in discussions as part of extended membership meetings to involve other major stakeholders in the service being discussed. Not have a vote in relation to the specification or award.

Individuals will be expected to declare any interest early in the procurement process if they are to be a potential bidder in that process. In addition, where someone is to be part of the tender evaluation panel or decision making process regarding the award of the contract, any potential conflict of interest must be declared at the earliest opportunity. Failure to do so could result in the procurement process being declared invalid and possible suspension of the relevant individual from the CCG.

Potential conflicts will vary to some degree depending on the way in which a service is being commissioned e.g.:

- Where a CCG is commissioning a service through **Competitive Tender** (i.e., seeking to identify the best provider or set of providers for a service) a conflict of interest may arise where GP practices or other providers in which CCG members have an interest are amongst those bidding.
- Where the CCG is commissioning a service through **Any Qualified Provider** a conflict could arise where one or more GP practices (or other providers in which CCG members have an interest) are amongst the qualified providers from whom patients can choose.

Guidance within the *GMC's core guidance Good Medical Practice (2013) – Honesty in Financial Dealings* paragraphs 77-80 states :

- *You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.*
- *You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients.*

- *If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making.*
- *You must not ask for or accept – from patients, colleagues or others – any inducement, gift or hospitality that may affect or be seen to affect the way you prescribe for, treat or refer to patients or commission services for patients. You must not offer these inducements.*

In addition, the GMC's document *Financial & Commercial Arrangements and Conflicts of Interest (2013)* indicates GPs should :

- *Use your professional judgment to identify when conflicts of interest arise.*
- *Avoid conflicts of interest wherever possible.*
- *Declare any conflict to anyone affected, formally and as early as possible, in line with the policies of your employer or the organisation contracting your services.*
- *Get advice about the implications of any potential conflict of interest.*
- *Make sure that the conflict does not affect your decisions about patient care.*

If you are in doubt about whether there is a conflict of interest, act as though there is.

The CCG recognise that particular care must be exercised when commissioning services from GP practices, including provider consortia or organisations in which GPs have a financial interest.

For that reason, this policy incorporates the Procurement Template developed by NHS England for that purpose which must be completed in each case where GP practices, consortia or organisations in which GPs have a financial interest are or may be a tenderer. [See Appendix E] In addition, systems will be put in place to ensure that such contracts are monitored on an ongoing basis to ensure any conflict is appropriately managed.

The CCG is prohibited by law from awarding any contract where the integrity of the procurement process or the award has been, or appears to have been, affected by a conflict of interest. In this context, it is likely that the CCG will wish to take specialist legal advice.

The CCG will also adhere to all relevant regulations and principles which pertain to NHS Procurement and UK / EU Competition Law, including the NHS (Procurement, Patient Choice and Competition)(No2) Regulations 2013.

11 BREACHES OF THE POLICY

Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure. Failure to adhere to the provisions of this policy may constitute a criminal offence of fraud, as an individual could be gaining unfair advantages of financial rewards for themselves, a family member or a close associate. Any suspicion that a relevant interest may not have been declared should be reported to the Chief Officer.

Where disciplinary action is taken breach of this policy may be regarded as gross misconduct and result in the individual being dismissed or removed from office.

12 IMPLEMENTATION

Following approval by the Council of Members, this policy will be distributed to the CCG Senior Leadership Team for dissemination to all their staff and to the Council of Members, the Governing Body, Committee and Sub Committee Members and Practice Managers.

13 TRAINING & AWARENESS

This policy will be made available to all Members and staff via the CCG's website. Notice of all approved policies placed on the website will be included in CCG briefing processes. The policy will be brought to the attention of all new Members and staff via the induction process.

Advice on this policy can be obtained from the Chief Officer, Chair of the Audit Group, Y&HCS Legal Lead or the Corporate Strategy and Policy Manager.

14 MONITORING & AUDIT

The Audit Committee will keep under review the arrangements for the management of conflicts of interest, review the registers of interest quarterly and provide an annual assurance report to the Governing Body.

15 POLICY REVIEW

This policy will be reviewed in two years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy'.

16 REFERENCES

- Managing Conflicts of Interest: Statutory Guidance for CCGs – December 2014*
- Managing Conflicts of Interest in CCGs – NHS Federation & RCGP Centre for Commissioning
- BMA's Ensuring Transparency & Probity Guidance
- NHS Wirral Commissioning/Procurement of Health Services Appendix D – Approvals Process
- Section 140 of National Health Service Act 2006, as inserted by section 25 of the 2012 Act
- The NHS (Procurement, Patient Choice and Competition)(No 2) Regulations 2013 (SI 2013 No 500)
- GMC core guidance – Good Medical Practice (2013)
- GMC guidance – Financial & Commercial Arrangements and Conflicts of Interest 2013
- Public Contracts Regulations 2006
- Towards Establishment: Creating responsive and accountable CCGs together with Technical Appendix 1 – Managing conflicts of interest (NHS Commissioning Board February 2012)
- Bribery Act 2010
- Policy on Business Conduct & Management of Conflicts of Interest – template for CCGs developed by Internal Auditor, North Yorkshire Service.

* builds on guidance issued by other national bodies, in particular Monitor, the BMA, the GMC and the Royal College of General Practitioners outlined above.

17 ASSOCIATED DOCUMENTS

- CCG Constitution
- Procurement Policy
- Engagement strategy
- Business Conduct Policy
- Local Anti-Fraud, Bribery & Corruption Policy
- Induction Policy
- Whistleblowing Policy

APPENDICES

Appendix A.....	Illustrative examples of potential conflicts
Appendix B	Form of Declaration of Interests for members/ employees
Appendix C.....	Form of Declaration of Interests for bidders/contractors
Appendix D	Extract from CCG Constitution
Appendix E	Procurement Template
Appendix F.....	Equality Impact assessment
Appendix G.....	Sustainability Assessment

COMMISSIONING CYCLE AND POTENTIAL CONFLICTS OF INTEREST

Notes:

- The illustrations given below should not be considered to be prescriptive in every instance.
- These are guidelines and both the materiality of the conflict and the significance of the issue should be considered carefully by the Chair in deciding on how to manage the conflict.
- It is the responsibility of the Chair to review the agenda and operate caution in terms of deferment or referral if necessary.
- Chairs to also consider potential conflicts of interest arising from verbal reports.
- Links should be considered to strategy direction eg is the introduction of a LES in line with the strategy?
- If significant/complete conflict of interest at a locality level the matter could be referred to the CCG for decision.

Interest	Pecuniary (Self, partner or close associate)	Personal (Self)	Personal (Partner or close associate)	Competing Loyalties
Needs assessment	Fully participate	Fully participate	Fully participate	Fully participate
Decide priorities	Discuss but cannot vote	Discuss and vote	Discuss and vote	Discuss and vote
Review commissioning proposals	Remain but cannot speak or vote	Remain but cannot speak or vote	Remain but cannot speak or vote	Discuss and vote
Design services (ensure a fully inclusive process)	Discuss and vote	Discuss and vote	Discuss and vote	Discuss and vote
Review prioritised business cases	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Procurement/contracting	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Performance Management	Remain but cannot speak or vote (unless significant and then leave the room)	Remain but cannot speak or vote (unless significant and then leave the room)	Remain but cannot speak or vote (unless significant and then leave the room)	Discuss and vote
Review Health	Fully participate	Fully participate	Fully participate	Fully participate

Outcomes				
----------	--	--	--	--

Appendix B

Declaration of Interests for members/employees

Name:		
Position within or relationship with the CCG or NHS England:		
Interests		
Type of Interest	Details	Personal interest or that of a family member, close friend or other acquaintance?
Roles and responsibilities held within member practices		
Directorships, including non-executive directorships, held in private companies or PLCs		
Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG and/or with NHS England		
Shareholdings (more than 5%) of companies in the field of health and social care		
Positions of authority in an		

organisation (e.g. charity or voluntary organisation) in the field of health and social care		
Any connection with a voluntary or other organisation contracting for NHS services		
Research funding/grants that may be received by the individual or any organisation they have an interest or role in		
(Other specific interests?)		
Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG and/or with NHS England		

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information provided and to review the accuracy of the information provided regularly and no longer than annually. I give my consent for the information to be used for the purposes described in the CCG's Constitution and published accordingly.

Signed:

Date:

Notes for Declaration of Interests for members/employees

NHS North Lincolnshire Clinical Commissioning Group (NLCCG)

Member / employee/ governing body member / committee or sub-committee member (including committees and sub-committees of the governing body) [*delete as appropriate*] declaration form: financial and other interests

This form is required to be completed in accordance with the CCG's Constitution and section 14O of *The National Health Service Act 2006, the NHS (Procurement, Patient Choice and Competition) regulations 2013 and the Substantive guidance on the Procurement, Patient Choice and Competition Regulations*

Notes:

Each CCG must make arrangements to ensure that the persons mentioned above declare any interest which may lead to a conflict with the interests of the CCG and /or NHS England and the public for whom they commission services in relation to a decision to be made by the CCG and/or NHS England or which may affect or appear to affect the integrity of the award of any contract by the CCG and/or NHS England.

A declaration must be made of any interest likely to lead to a conflict or potential conflict as soon as the individual becomes aware of it, and within 28 days.

If any assistance is required in order to complete this form, then the individual should contact Peter LeQuelenec, Business Manager.

The completed form should be sent by both email and signed hard copy to Peter LeQuelenec, Business Manager.

Any changes to interests declared must also be registered within 28 days by completing and submitting a new declaration form.

The register will be published on the CCG internet, and updated whenever necessary due to changes in circumstances.

Any individual – and in particular members and employees of the CCG and/or NHS England- must provide sufficient detail of the interest, and the potential for conflict with the interests of the CCG and/or NHS England and the public for whom they commission services, to enable a lay person to understand the implications and why the interest needs to be registered.

If there is any doubt as to whether or not a conflict of interests could arise, a declaration of the interest must be made.

Interests that must be declared (whether such interests are those of the individual themselves or of a family member, close friend or other acquaintance of the individual) include:

- Roles and responsibilities held within member practices; directorships, including non-executive directorships, held in private companies or PLCs;
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG and /or with NHS England
- Shareholdings (more than 5%) of companies in the field of health and social care;
- A position of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care;
- Any connection with a voluntary or other organisation (public or private) contracting for NHS services;
- Research funding/grants that may be received by the individual or any organisation in which they have an interest or role;
- Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgment or actions in their role within the CCG.

If there is any doubt as to whether or not an interest is relevant, a declaration of the interest must be made.

Declaration of Conflict of Interest for bidders/contractors

Name of Relevant Organisation:	
Interests	
Type of Interest	Details
Provision of services or other work for the CCG or NHS England	
Provision of services or other work for any other potential bidder in respect of this project or procurement process	
Any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgements, decisions or actions	

Name of Relevant Person	[complete for all Relevant Persons]	
Interests		
Type of Interest	Details	Personal interest or that of a family member, close friend or other acquaintance?
Provision of services or other work for the CCG or NHS England		
Provision of services or other work for any other potential bidder in respect of this project or procurement process		
Any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgements, decisions or actions		

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information.

Signed:

On behalf of:

Date:

Notes for Declaration of Conflict of Interests for bidders /contractors

NHS North Lincolnshire Clinical Commissioning Group

Bidders/potential contractors/service providers declaration form: financial and other interests

This form is required to be completed in accordance with the CCG's Constitution, and s140 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) and the NHS (Procurement, Patient Choice and Competition) (No2) Regulations 2013 and related guidance

Notes:

All potential bidders/contractors/service providers, including sub-contractors, members of a consortium, advisers or other associated parties (Relevant Organisation) are required to identify any potential conflicts of interest that could arise if the Relevant Organisation were to take part in any procurement process and/or provide services under, or otherwise enter into any contract with, the CCG, or with NHS England in circumstances where the CCG is jointly commissioning the service with, or acting under a delegation from, NHS England. If any assistance is required in order to complete this form, then the Relevant Organisation should contact Peter LeQuelenec, Business Manager.

The completed form should be sent to Peter LeQuelenec, Business Manager.

Any changes to interests declared either during the procurement process or during the term of any contract subsequently entered into by the Relevant Organisation and the CCG must notified to the CCG by completing a new declaration form and submitting it to Peter LeQuelenec, Business Manager.

Relevant Organisations completing this declaration form must provide sufficient detail of each interest so that the CCG, NHS England and also a member of the public would be able to understand clearly the sort of financial or other interest the person concerned has and the circumstances in which a conflict of interest with the business or running of the CCG or NHS England (including the award of a contract) might arise.

If in doubt as to whether a conflict of interests could arise, a declaration of the interest should be made.

Interests that must be declared (whether such interests are those of the Relevant Person themselves or of a family member, close friend or other acquaintance of the Relevant Person), include the following:

- the Relevant Organisation or any person employed or engaged by or otherwise connected with a Relevant Organisation (Relevant Person) has provided or is providing services or other work for the CCG or NHS England
- a Relevant Organisation or Relevant Person is providing services or other work for any other potential bidder in respect of this project or procurement process;

- the Relevant Organisation or any Relevant Person has any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgements, decisions or actions

Appendix D

Extract from NL CCG Constitution - Section 8.4 Managing Conflicts of Interest:

8.4 Managing Conflicts of Interest: General

- 8.4.1 Individual members of the CCG, the Governing Body, committees or sub-committees, and employees will comply with the arrangements determined by the Group for managing conflicts or potential conflicts of interest.
- 8.4.2 The Chief Finance Officer will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the Group's decision making processes.
- 8.4.3 Arrangements for the management of conflicts of interest are to be determined by the Chief Finance Officer and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interest(s) or potential conflict(s) of interests, within a week of declaration. The arrangements will confirm the following:
- a When an individual should withdraw from a specified activity, on a temporary or permanent basis
 - b Monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual
- 8.4.4 Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the CCG's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from the Chief Finance Officer.
- 8.4.5 Where an individual member, employee or person providing services to the CCG is aware of an interest which:
- a Has not been declared, either in the register or orally, they will declare this at the start of the meeting
 - b 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

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.

- 8.4.6 Where the Chair of any meeting of the CCG, including committees, sub-committees, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the Deputy Chair will act as Chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interest(s) or potential conflict of interest(s) in relation to the Chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the Deputy Chair may require the Chair to withdraw from the meeting or part of it. Where there is no Deputy Chair, the members of the meeting will select one.
- 8.4.7 Any declarations of interests, and arrangements agreed in any meeting of the Clinical Commissioning Group, committees or sub-committees, or the Governing Body, the Governing Body's committees or sub-committees, will be recorded in the minutes.
- 8.4.8 Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflict of interest(s) or potential conflict of interest(s), the Chair (or Deputy) will determine whether or not the discussion can proceed.
- 8.4.9 In making this decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the Group's standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflict of interest(s) or potential conflict of interest(s), the Chair of the meeting shall consult with the Chief Finance Officer on the action to be taken.
- 8.4.10 This may include:
- a Requiring another of the Group's committees or sub-committees which can be quorate to progress the item of business, or if this is not possible
 - b Inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the or committee / sub-committee in question) so that the Group can progress the item of business:
 - i) An individual working within a member practice
 - ii) An individual appointed by a member to act on its behalf in the dealings between it and the Clinical Commissioning Group
 - iii) A member of a relevant Health and Wellbeing Board
 - iv) A member of another Clinical Commissioning Group
 - c These arrangements must be recorded in the minutes
- 8.4.11 In any transaction undertaken in support of the Clinical Commissioning 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 Chief Finance Officer of the transaction.

- 8.4.12 The Chief Finance Officer 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.
- 8.4.13 Where a member is aware that another member has an interest but has not declared it that member is obliged to bring it to the attention of the Chair of the Committee/Group.

DRAFT

Procurement Template

[To be used when commissioning services from GP, including provider consortia, or organisations in which GPs have a financial interest]

NHS North Lincolnshire Clinical Commissioning Group

Service:	
Question	Comment/ Evidence
How does the proposal deliver good or improved outcomes and value for money- what are the estimated costs and the estimated benefits? How does it reflect the CCG's proposed commissioning priorities? How does it comply with the CCG's commissioning obligations?	
How have you involved the public in the decision to commission this service?	
What range of health professionals have been involved in designing the proposed service?	
What range of potential providers have been involved in considering the proposals?	
How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
What are the proposals for monitoring the quality of the service?	
What systems will there be to monitor and publish data on referral patterns?	

Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available? Have you recorded how you have managed any conflict or potential conflict?	
Why have you chosen this procurement route?	
What additional external involvement will there be in scrutinising the proposed decisions?	
How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?	

Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)

How have you determined a fair price for the service?	
---	--

Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers

How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	
---	--

Additional questions for proposed direct awards to GP providers

What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?	
In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	
What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?	

Appendix - Equality Impact Analysis

1. Equality Impact Analysis									
Policy / Project / Function:	North Lincolnshire CCG Conflict of Interest Policy 2015								
Date of Analysis:	2/2/15								
This Equality Impact Analysis was completed by: (Name and Department)	John Pougher, Assistant Senior Officer Quality & Assurance								
What are the aims and intended effects of this policy, project or function?	This Policy sets out how NL CCG will promote the effective manage of conflicts and potential conflicts of interest in line with national guidance and statutory requirements.								
Please list any other policies that are related to or referred to as part of this analysis?	NL CCG Constitution								
Who does the policy, project or function affect? Please Tick ✓	<table style="width: 100%; border: none;"> <tr> <td style="padding-right: 20px;">Employees</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Service Users</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Members of the Public</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Other (List Below)</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>	Employees	<input checked="" type="checkbox"/>	Service Users	<input type="checkbox"/>	Members of the Public	<input type="checkbox"/>	Other (List Below)	<input type="checkbox"/>
Employees	<input checked="" type="checkbox"/>								
Service Users	<input type="checkbox"/>								
Members of the Public	<input type="checkbox"/>								
Other (List Below)	<input type="checkbox"/>								

2. Equality Impact Analysis: Screening

	Could this policy have a positive impact on...		Could this policy have a negative impact on...		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disabled People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Transgender People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Pregnancy and Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Marital Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Religion and Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Reasoning					

If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7

3. Equality Impact Analysis: Local Profile Data

Local Profile/Demography of the Groups affected (population figures)	
General	
Age	
Race	
Sex	
Gender reassignment	
Disability	
Sexual Orientation	
Religion, faith and belief	
Marriage and civil partnership	
Pregnancy and maternity	

4. Equality Impact Analysis: Equality Data Available

<p>Is any Equality Data available relating to the use or implementation of this policy, project or function?</p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as ‘<i>Equality Groups</i>’.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> 1. Application success rates <i>Equality Groups</i> 2. Complaints by <i>Equality Groups</i> 3. Service usage and withdrawal of services by <i>Equality Groups</i> 4. Grievances or decisions upheld and dismissed by <i>Equality Groups</i> 5. <i>Previous EIAs</i> 	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document).</p>
<p>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</p>	
<p>Promoting Inclusivity How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation</p>	

5. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	X			
Race (All Racial Groups)	X			
Disability (Mental and Physical)	X			
Religion or Belief	X			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	X			

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Pregnancy and Maternity	X			
Transgender	X			
Marital Status	X			
Age	X			

6. Action Planning

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

7. Equality Impact Analysis Findings

Analysis Rating:	☐ Red	☐ Red/Amber	☐ Amber	☐ Green
-------------------------	-------	-------------	---------	----------------

		Actions	Wording for Policy / Project / Function
Red Stop and remove the policy	Red: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . It is recommended that the use of the policy be suspended until further work or analysis is performed.	Remove the policy Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.	No wording needed as policy is being removed
Red Amber Continue the policy	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.	The policy can be published with the EIA List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE). Consider if there are any potential actions which would reduce the risk of discrimination. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason exists which justifies the use of this policy and further professional advice. <i>[Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]</i>

Equality Impact Findings (continued):

		Actions	Wording for Policy / Project / Function
<p>Amber</p> <p>Adjust the Policy</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p>	<p>The policy can be published with the EIA</p> <p>The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination.</p> <p>Any changes identified and made to the service/policy/ strategy etc. should be included in the policy.</p> <p>Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p> <p><i>[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]</i></p>
<p>Green</p> <p>No major change</p>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>	<p>The policy can be published with the EIA</p> <p>Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date</p>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>

Brief Summary/Further comments	
---------------------------------------	--

Approved By		
Job Title:	Name:	Date:

DRAFT

Appendix - SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a Policy/ Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the CCG's key priorities and the CCG has made a corporate commitment to address the environmental effects of activities across CCG services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the CCG's Sustainability Themes. For assistance with completing the Sustainability Impact Assessment, please refer to the instructions below.

Policy / Report / Service Plan / Project Title:				
Theme (Potential impacts of the activity)	Positive Impact	Negative Impact	No specific impact	What will the impact be? If the impact is negative, how can it be mitigated? (action)
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020			X	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			X	
Reduce the risk of pollution and avoid any breaches in legislation.			X	
Goods and services are procured more sustainability.			X	
Reduce carbon emissions from road vehicles.			X	
Reduce water consumption by 25% by 2020.			X	
Ensure legal compliance with waste legislation.			X	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020			X	
Increase the amount of waste being recycled to 40%.			X	
Sustainability training and communications for employees.			X	
Partnership working with local groups and organisations to support sustainable development.			X	
Financial aspects of sustainable development are considered in line with policy requirements and commitments.			X	

Terms of reference - Joint commissioning committee including scheme of delegation NHS England and North Lincolnshire CCG

January 2015

Terms of reference for joint commissioning committee including scheme of delegation

Introduction

1. The NHS England and North Lincolnshire CCG joint commissioning committee is a joint committee with the primary purpose of jointly commissioning primary medical services for the people of North Lincolnshire.

Statutory Framework

2. The National Health Service Act 2006 (as amended) ("**NHS Act**") provides, at section 13Z, that NHS England's functions may be exercised jointly with a CCG, and that functions exercised jointly in accordance with that section may be exercised by a joint committee of NHS England and the CCG. Section 13Z of the NHS Act further provides that arrangements made under that section may be on such terms and conditions as may be agreed between NHS England and the CCG.
3. Section 14Z9 of the NHS Act 2006 (as amended) provides the statutory provisions used to jointly exercise CCG functions, and which may be delegated by the CCG to the joint committee. The draft delegation is set out as Schedule 1 to this document.
4. Section 14Z9 of the NHS Act was amended by Legislative Reform Order (2014/2436) ("LRO") to enable the joint exercise by NHS England and a CCG of any of the CCGs commissioning functions and any other functions of the CCG which are related to the exercise of those functions. Where such arrangements are made, the LRO enabled them to be exercised by a joint committee established between the parties.

Role of the Joint Committee

5. The role of the Joint Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

This excludes:

- Those relating to individual GP performance management, which have been reserved to NHS England.

This includes the following activities:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
 - Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
 - Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
 - Decision making on whether to establish new GP practices in an area;
 - Approving practice mergers; and
 - Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).
6. In performing its role the Joint Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and North Lincolnshire CCG, which will sit alongside the delegation and terms of reference. This agreement may include but not be limited to such matters as information sharing, resource sharing, contractual mechanisms for service delivery (and ownership) and interplay between contractual and performance list management.

Geographical coverage

7. The Joint Committee will comprise NHS England Yorkshire and the Humber sub region and the North Lincolnshire CCG. It will undertake the function of jointly commissioning primary medical services for North Lincolnshire CCG.

Membership

8. The Joint Committee shall consist of:
- a) From North Lincolnshire CCG Governing Body
 - CCG Lay member PPI & Vice Chair CCG Governing Body

- CCG Lay member & Audit Group chair
- CCG Accountable Officer/Chief Officer
- CCG Chief Financial Officer
- CCG Executive Nurse/Director of Quality & Risk
- Secondary Care Doctor CCG Governing body
- 2 x GPs i.e. Lead for Primary care and the Chair of Council of Members

a) NHSE Yorkshire and the Humber Sub-region representative

9. The membership will meet the requirements of North Lincolnshire CCG's constitution.
10. The Chair of the Joint Committee shall be the CCG Lay member PPI of the North Lincolnshire CCG.
11. The Vice Chair of the Joint Committee shall be determined at the first meeting.
12. Non-voting attendees:
- A representative from Healthwatch North Lincolnshire
 - Director of Public Health as a member of North Lincolnshire Health and Wellbeing Board.

Meetings and Voting

13. The Joint Committee shall adopt the Standing Orders of North Lincolnshire CCG insofar as they relate to the:
- a) Notice of meetings;
 - b) Handling of meetings;
 - c) Agendas;
 - d) Circulation of papers; and
 - e) Conflicts of interest
14. Each member of the Joint Committee shall have one vote. The Joint Committee shall reach decisions by (a simple majority of members

present, but with the Chair having a second and deciding vote, if necessary).

15. A meeting will be quorate when a minimum of four members are present with a minimum of one from each organisation.
16. The frequency of the meeting will be as necessary but a minimum of four times a year.
17. Meetings of the Joint Committee:
 - a. Shall, subject to the application of 7(b), be held in public.
 - b. The Joint Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
18. Members of the Joint Committee have a collective responsibility for the operation of the Joint Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
19. The Joint Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
20. Members of the Joint Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the joint committee in which event these shall be observed.
21. Secretariat to be provided by North Lincolnshire CCG
22. The secretariat to the Joint Committee will:
 - a) Circulate the minutes and action notes of the committee with 3 working days of the meeting to all members.

- b) Present the minutes and action notes to Yorkshire and the Humber sub region of NHS England and the governing body of North Lincolnshire CCG.

23. These Terms of Reference will be reviewed from time to time, reflecting experience of the Joint Committee in fulfilling its functions and the wider experience of NHS England and CCGs in primary medical services co-commissioning.

Decisions

24. The Joint Committee will make decisions within the bounds of its remit.

25. The decisions of the Joint Committee shall be binding on NHS England and North Lincolnshire CCG.

26. Decisions will be published by both NHS England and North Lincolnshire CCG(s), including via the CCG Intranet and Internet sites.

27. The secretariat will produce an executive summary report which will be presented to the Yorkshire and Humber sub region of NHS England and the governing body of North Lincolnshire CCG each quarter for information.

Key Responsibilities

The key responsibilities of the joint committee include:

- Coordinating needs assessment
- Setting the strategic direction and annual priorities for primary medical services in North Lincolnshire
- Providing oversight of the effective utilisation of the total North Lincolnshire primary medical services commissioned resource through the 'aligned' budgets including priorities for investment, disinvestment and reinvestment.
- Existing and newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services")

- Local incentive and quality improvement schemes, potentially as an alternative to the Quality Outcomes Framework (QOF)
- Market management, including decision making on whether to establish new GP practices in an area and approving practice mergers;
- Decisions on 'discretionary' payments (e.g., returner/retainer schemes);

Review of Terms of Reference

28. These terms of reference will be formally reviewed by the Yorkshire and the Humber sub region of NHS England and North Lincolnshire CCG in April of each year, following the year in which the joint committee is created, and may be amended by mutual agreement between Yorkshire and the Humber sub region of NHS England and North Lincolnshire CCG at any time to reflect changes in circumstances which may arise.

[Signature provisions]

**[Schedule 1 – Delegation by CCG to joint committee – CCG functions
[include if relevant]**

Schedule 2 - List of Members – populate once membership agreed]