


MEETING DATE:	13 September 2012	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE
AGENDA ITEM NUMBER:	Item 7.11	
AUTHOR:	John Pougher	
JOB TITLE: DEPARTMENT:	Assistant Senior Officer Quality & Assurance Quality & Assurance	

PLAN FOR FINAL CONSTITUTION

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	<i>Council of Members</i>
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:


The attached paper outlines the plan for the development of a 'final constitution' for North Lincolnshire CCG. The approach has been approved by the Council of Members (COM) at its meeting on the 23rd of August. As a result, a small task and finish group consisting of 2 COM representatives and 2 CCG officers will produce a draft version of the constitution to the November COM meeting for approval.

Whilst the CCG has approved an interim constitution this does not meet the requirements as set out in DOH Model Constitution April 2012 and in Part 1 schedule 1A of the Health & Social Care Act. The new final constitution will meet these requirements and support Authorisation.

The attached paper also sought a decision from the COM regarding number of GP's/Clinical Health Care professionals (agreed as 6) and lay members (agreed as 2) on the CCGC

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT: *(will be populated following agreement with Council of Members)*

3. IMPACT ON RISK ASSURANCE FRAMEWORK:	<table border="1"> <tr> <td>Yes</td> <td style="text-align: center;">x</td> <td>No</td> <td></td> </tr> </table>	Yes	x	No	
Yes	x	No			
The new constitution will support good governance and be in line with national legislation.					
4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td style="text-align: center;">x</td> </tr> </table>	Yes		No	x
Yes		No	x		
5. LEGAL IMPLICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td style="text-align: center;">x</td> </tr> </table>	Yes		No	x
Yes		No	x		
6. RESOURCE IMPLICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td style="text-align: center;">x</td> </tr> </table>	Yes		No	x
Yes		No	x		
7. EQUALITY IMPACT ASSESSMENT:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td style="text-align: center;">x</td> </tr> </table>	Yes		No	x
Yes		No	x		
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td style="text-align: center;">x</td> </tr> </table>	Yes		No	x
Yes		No	x		
9. RECOMMENDATIONS:					
<p>The CCG is asked to: -</p> <ul style="list-style-type: none"> • Receive and note the attached report 					

MEETING DATE:	23 rd August 2012	 North Lincolnshire Clinical Commissioning Group Council of Members
AUTHOR:	John Pougher Assistant Senior Officer Quality & Assurance	
REFERENCE:	Item 6	
FOR DECISION/ NOTING/ INFORMATION:	Decision	
FREEDOM OF INFORMATION: OPEN/CLOSED	Open	

Development of North Lincolnshire CCG Constitution and Approval for Appointment to Governing Body

PURPOSE OF THE REPORT:
<ol style="list-style-type: none"> 1. To seek approval from the CoM for the development of a constitution that meets the requirements as set out in the DoH Model Constitution. This is necessary to support authorisation. 2. For the CoM to note and approve the appointments to the CCG Governing Body
WHAT ACTION DOES CCGC NEED TO TAKE and ANY RECOMMENDATIONS?:
<p>To approve the plan to develop the constitution including the establishment of a task and finish group with two representatives from the CoM.</p> <p>To note appointments and agree the number of GPs and lay members on the Governing Body.</p>
HOW DOES THIS REPORT SUPPORT CCG DEVELOPMENT and AUTHORISATION?:
<p>To achieve authorisation the CCG must have an agreed constitution that reflects the requirements as set out in the DoH Model Constitution. Note: if the CCG does not adopt the Model Constitution it must adopt one that covers all the essential elements set out in the Model Constitution.</p> <p>It is also necessary that the CoM approves membership of the governing body.</p>
HOW DOES THIS REPORT PROVIDE ASSURANCE TO THE BOARD? Note: beware of the need for assurance regarding delegated responsibilities from the Humber Cluster Board including E&D, Environmental Impact, Risk, Legal Implication.
<p>The above actions demonstrate that the CCG is taking appropriate steps to establish systems of proper governance and discharge its duties in line with regulatory requirements.</p>

1 Work Plan to develop Constitution for North Lincolnshire CCG

Background

NL has an agreed Interim Constitution that has been signed up to by member practices. This constitution however does not meet the requirements as set out in the DOH model constitution

To support the CCG for authorisation it is necessary to have a constitution that reflects the requirements as set out by the DOH in the Model Constitution April 12 and Part 1 Schedule 1A of the Health & Social Care Act.

Objective

To develop a constitution based on the DOH model that is both owned locally and is fit for purpose

To achieve this it is essential that there is clinical leadership with involvement from the Council of Members.

Content of Constitution

The constitution will reflect the requirements of the DOH Model Constitution addressing the essential criteria as set out in appendix H and additionally identifying:

The appointment of committees and sub committees

Patient and public involvement processes

Provision for functions of the CCGC to be carried out on its behalf

Provision of the appointment to the audit committee and other sub committees

Provision for any functions of the governing body exercised on its behalf

The Constitution will further but not exclusively:

Articulate the CCGC mission, values and aims for improving quality

Support decision making by member practices

Identify how conflicts of interests will be managed

Set out accountability arrangements between CCG and member practices

Identify arrangements for handling complaints

Set out responsibility for reporting patient safety including regular reporting to the National Reporting and Learning System

Set out arrangements for the identification and management of risks

Identify systems and processes for acting on patient feedback

Set out the requirement for the CCG governing body to regularly discuss and review quality issues including arrangements in place to proactively identify early warnings of a failing system

Identify systems to learn from untoward incidents and never events

Set out structures and capacity to support the delivery of QIPP

Identify support for delivery reducing health inequalities

Promote safeguarding

Support for meeting information governance requirements

Set out a framework for working in collaboration with other CCGs and other bodies

Identify mechanisms for working in partnership with the NHSCB to improve quality of primary care and specialised services

Identify support for the Nolan principles

Set out the appointment process for governing body members

Promote research & Innovation

Identify how to secure public involvement and promote patient choice

Set out how it will meet its general financial duties

Recommendations

To develop the constitution it is recommended that

- A task and finish group is established by end of August. The task and finish group to include two GP representatives from the Council of Members. The group further to include a finance governance lead and quality lead.
- Wider consultation with the CoM and other stakeholders to be held as appropriate
- The task and finish group to present a draft to the 22nd of November meeting of the CoM for approval
- The approved version to be presented to the NL CCGC on 13th of January for noting and implementation.

2 Approval of CCG governing body

As set out by statute and in the model constitution the CCG is required to have a governing body. The National Health Service Clinical Commissioning Group Regulations 2012 (Statutory Instrument 1631) sets out among other matters the membership of the governing body.

The CCG governing body must have:

- Chair & Deputy Chair (in the context of North Lincolnshire the Chair is a GP and therefore the Deputy Chair will need to be a lay member)

- An Accountable Officer
- A Chief Finance Officer
- A registered nurse
- A secondary care specialist doctor
- A lay member appointed under regulation 12(3) (this must be an individual with finance expertise)
- One lay member appointed under regulation 12(4) (in the context of North Lincolnshire CCG this is emerging as a lay member with patient and public involvement expertise)

Approval of Governing Body

A governing body is required by statute. The governing body is not a sub-committee of the CCG. The functions of the governing body are laid down in the NHS Act 2006 and the 2012 Health & Social Care Act. Its main responsibility is to ensure that the group has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the principles of good governance.

The Council of Members is required to note and approve the composition of the governing body. As the above appointments are established by legislation and are the minimum for a governing body the Council of Members is asked to agree and approve:

The number of GPs/primary care health professionals on the governing body

The number of lay members on the governing body

John Pougher
Assistant Senior Officer Quality & Assurance

15/8/12