



## East Staffordshire Clinical Commissioning Group

# CCG CONSTITUTION

## Executive Summary

<b>Name</b>	NHS East Staffordshire Clinical Commissioning Group (ESCCG)
<b>The Members</b>	The 19 Member Practices (as providers of primary medical services to a registered list of patients under GMS / PMS / APMS contracts).
<b>The Geographic Area</b>	East Staffordshire, coterminous with East Staffs Borough Council & covers the following Wards from Lichfield District Council (Alrewas & Fradley Ward, Kings Bromley Ward and Colton Ward).
<b>Aims of the CCG</b>	<p><i>“East Staffordshire CCG Member Practices will work together, and with stakeholders, sharing best practice and expertise. With this we shall strive for significant improvements in the overall health of the population we serve whilst at the same time achieve a sustainable local health economy and reduce health inequality”</i></p> <ul style="list-style-type: none"><li>✓ To use clinical skills to add value to patient care, concentrating resources on the basis of clinical need and improving patients’ outcomes;</li><li>✓ To work in partnership with key local providers so they are the hospital of choice for the patients of East Staffordshire;</li><li>✓ To work collaboratively with partner agencies to ensure care is appropriately based;</li><li>✓ To embrace the QIPP agenda and commission / deliver cost-effective care within the CCGs resources;</li><li>✓ To foster a partnership approach between Members, supporting each other in providing high quality Primary Care services;</li><li>✓ To demonstrate a strong commitment to openness and transparency, specifically in information / data sharing among Members and the CCG;</li><li>✓ To develop integrated plans for Continuous Improvement, based on sound prioritisation and benchmarking to deliver our mission, values and aims.</li><li>✓ To ensure patient safety and improve patient experience for those requiring our commissioned services;</li><li>✓ To reduce the health inequalities of our population.</li></ul>
<b>Structure</b>	[Please refer to the map on page 3]

<p><b>Achieving Clinical Engagement</b></p>	<p>Clinical leadership of the CCG is paramount – there will be a clinical perspective and clinical leadership in everything the CCG does. Members will determine the governing arrangements in developing genuinely clinician-led commissioning. CCG commissioning strategies, plans or associated policies (including Health &amp; Wellbeing Board plans) will not be implemented without first having explicitly secured clinical engagement and involvement, including from Public Health.</p>
<p><b>Electing / Appointing Statutory Posts (Chair, AO &amp; CFO)</b></p>	<p>This will be carried out in accordance with the CCG’s Constitution, Standing Orders and national guidance on CCG Governing Body members (including role attributes, outline duties and skills required).</p> <p>Non-clinical statutory posts will be appointed following existing, local NHS recruitment &amp; selection policy.</p>
<p><b>GP Elections to the Governing Body and the Electorate</b></p>	<p><b>Elected Governing Body Posts</b> – voting for these will be on the basis that each GP on the Performers List will be able to vote. Election to the post will be on a simple majority.</p> <p><b>Steering Group</b> – all Member Practices will be responsible for appointing their Practice Representative. This may be a GP, Practice Nurse or Practice Manager from their Practice.</p> <p><b>Decision-Making at Governing Body</b> – all Governing Body Members with voting rights will have one vote each. Voting on motions will be by simple majority. The Chair will have a casting vote.</p> <p><b>Decision-Making at Steering Group</b> – all Practice Representatives will have voting rights. The voting system will be 1 vote per 1000 registered patients at the practice. The assessment of votes will be appended to the Standing Orders. The Practice population at a specific date (usually 1<sup>st</sup> April) will be appended and will detail the number of votes for each Practice based on the population, rounded up or down to the nearest thousand. The list size will be based on “raw” figures rather than weighted population.</p>
<p><b>Elected Member de-selection criteria (for GP Exec)</b></p>	<p>A Member Practice will cease to be a member of East Staffordshire CCG with immediate effect, if it ceases to provide primary medical services under a GMS contract, PMS agreement, APMS contract or any subsequent primary care contract.</p>
<p><b>Length of elected term of office</b></p>	<p>The length of term for the Chair and other elected members will be up to 3 years. Initially terms will be varied by agreement with existing elected members to enable a future phased re-election process. Existing elected members will be able to apply for re-election.</p>
<p><b>Governing Body (Board) Configuration</b></p>	<p><b>Voting Members (core)</b> = Clinical Chair; Deputy Chair (Lay Member, leading on audit, remuneration &amp; conflicts of interest); up to seven Reps of Member Practices (Clinical Directors) - including the Chair if a clinician; Accountable Officer; Chief Finance Officer; Lay Member (leading on PPI); one Registered Nurse; one Secondary Care Consultant</p> <p><b>Non-Voting / Advisory Members</b> = Public Health Rep; Local Authority Rep; Healthwatch Rep; LMC Rep</p>

<p><b>Votes of “No Confidence”</b></p>	<p>There is provision for Member Practices to call a meeting of the Governing Body where due process has been followed (via the Steering Group, and with a minimum of two-thirds of all doctors eligible to vote agreeing to the meeting being called). This also applies to calling an EGM for seeking any amendment to the Constitution.</p> <p>At such a meeting, a constructive vote of no confidence may be held to remove the chair provided at least one alternative candidate for the post who is both suitably qualified and willing has been nominated.</p>
<p><b>How the CCG will support Practices</b></p>	<p>Each Practice will have a nominated CCG Executive lead and the Management Team will work closely with Practices, providing data which is useful and challenging; and the Executive will ensure the use of clinical engagement in the most effective way.</p> <p>The CCG Executive and Management Team aim to significantly increase the clinical leadership and engagement where that can have a positive impact in the design and delivery of services.</p> <p>The CCG will use Peer Review to improve patient pathways and patient experience. It is hoped by the mutual review of performance by Member Practices and support from the CCG, they will learn from each other to improve the overall local healthcare across the CCG.</p> <p>Following national agreement, Practice Contracts will be transferred from the PCT to the NHS Commissioning Board and administered by their Local Area Team (LATs).</p>
<p><b>Expectations of Practices</b></p>	<p>Each Practice will be clear as to the mission and strategy of the CCG, and a Practice Integration Manager will be employed to make clear what is expected from each Practice.</p>
<p><b>Details of localities / the degree of autonomy in terms of decision-making &amp; finance</b></p>	<p>ESCCG will be an autonomous organisation and have sole responsibility for their designated budget. However there will be agreed levels of federation with clear governance arrangements in place where there is to be any identified sharing of services and risks.</p>
<p><b>Annual list of achievements &amp; brief financial statement from the Board</b></p>	<p>In accordance with the “<i>Functions of CCGs</i>” there will be a robust system for routinely disseminating all information on the Group’s priorities and its performance on all aspects of the business to Members and they will receive an annual report of achievements and financial position.</p>