North Yorkshire
Clinical Commissioning Group

NHS NORTH YORKSHIRE CLINICAL COMMISSIONING GROUP

CONSTITUTION

NHS North Yorkshire Clinical Commissioning Group Constitution

Version	Effective Date	Lead	Changes
V1.0	March 2020	Sasha Sencier, Senior Governance Manager & Board Secretary for NY CCG	New Constitution for NY CCG

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1 Introduction

1.1 Name

The name of this clinical commissioning group is NHS North Yorkshire Clinical Commissioning Group ("the CCG").

1.2 Statutory Framework

1.2.1 CCGs are established under the NHS Act 2006 ("the 2006 Act"), as amended by the Health and Social Care Act 2012. The CCG is a statutory body with the function of commissioning health services in England and is treated as an NHS body for the purposes of the 2006 Act. The powers and duties of the CCG to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to CCGs, as well as by regulations and directions (including, but not limited to, those issued under the 2006 Act).

1.2.2 When exercising its commissioning role, the CCG must act in a way that is consistent with its statutory functions. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to CCGs, including the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to CCGs take the form of statutory duties, which the CCG must comply with when exercising its functions. These duties include things like:

a) Acting in a way that promotes the NHS Constitution (section 14P of the 2006 Act);
b) Exercising its functions effectively, efficiently and economically (section 14Q of the 2006 Act);
c) Financial duties (under sections 223G-K of the 2006 Act);
d) Child safeguarding (under the Children Acts 2004,1989);
e) Equality, including the public-sector equality duty (under the Equality Act 2010); and
f) Information law, (for instance under data protection laws, such as the EU General Data Protection Regulation 2016/679, and the Freedom of Information Act 2000).

1.2.3 Our status as a CCG is determined by NHS England. All CCGs are required to have a constitution and to publish it.

1.2.4 The CCG is subject to an annual assessment of its performance by NHS England which has powers to provide support or to intervene where it is satisfied that a CCG is failing, or has failed, to discharge any of our functions or that there is a significant risk that it will fail to do so.

1.2.5 CCGs are clinically-led membership organisations made up of general practices. The Members of the CCG are responsible for determining the governing arrangements for the CCG, including arrangements for clinical leadership, which are set out in this Constitution.

1.3 Status of this Constitution

1.3.1 This CCG was first authorised on 1 April 2020.

1.3.2 The constitution is effective from 1 April 2020 when it was approved by NHS England.

1.3.3 The constitution is published on the CCG website at: www.northyorkshireccg.nhs.uk

1.4 Amendment and Variation of this Constitution

1.4.1 This constitution can only be varied in two circumstances.

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

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

1.4.2 This Council of Members is responsible for approving any proposed amendments to this constitution before the CCG applies to NHS England for constitutional amendment, subject to paragraph 1.4.4.

1.4.3 Proposed amendments to the constitution will also be shared with the Local Medical Committee at the same time of submission to the Council of Members.

1.4.4 The Accountable Officer may periodically propose amendments to the constitution which shall be considered and approved by the Governing Body, unless:

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

1.5 Related documents

1.5.1 This Constitution is also informed by a number of documents which provide further details on how the CCG will operate. With the exception of the Standing Orders and the Standing Financial Instructions, these

documents do not form part of the Constitution for the purposes of 1.4 above. They are the CCG's:

a) Standing orders – which set out the arrangements for meetings and the selection and appointment processes for the CCG's Committees, and the CCG Governing Body (including Committees).

b) The Scheme of Reservation and Delegation – sets out those decisions that are reserved for the membership as a whole and those decisions that have been delegated by the CCG or the Governing Body.

c) Prime financial policies – which set out the arrangements for managing the CCG's financial affairs.

d) Standing Financial Instructions – which set out the delegated limits for financial commitments on behalf of the CCG.

e) The CCG Corporate Governance Handbook – which includes:

- Standards of Business Conduct Policy – which includes the arrangements the CCG has made for the management of conflicts of interest;
- Committee terms of reference;
- Other relevant policies and procedures.

1.6 Accountability and transparency

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

a) publish our constitution and other key documents including the CCGs Corporate Governance Handbook;

b) appoint independent lay members and non-GP clinicians to our Governing Body;

c) manage actual or potential conflicts of interest in line with NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* and expected standards of good practice (see also part 6 of this constitution);

d) hold Governing Body meetings in public (except where we believe that it would not be in the public interest);

e) publish an annual commissioning strategy that takes account of priorities in the health and wellbeing strategy;

f) procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;

g) involve the public, in accordance with its duties under section 14Z2 of the 2006 Act, and as set out in more detail in the CCGs website: www.northyorkshireccg.nhs.uk

h) When discharging its duties under section 14Z2, the CCG will ensure that it discharges this function in accordance with the principles set out in the *Patient and Public Participation in the Commissioning of Health and Care: Statutory Guidance for CCGs and NHS England;*

i) comply with local authority health overview and scrutiny requirements;

j) meet annually in public to present an annual report which is then published;

k) produce annual accounts which are externally audited;

l) publish a clear complaints process;

m) comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the CCG;

n) provide information to NHS England as required; and

o) be an active member of the local Health and Wellbeing Board.

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

a) Publishing the declarations of interest of Members, staff and others associated with the decision making and work of the CCG.
b) Publishing the CGs Declarations of Gifts, Hospitality and Sponsorship.
c) Publishing the CCGs register of procurement decision.

1.7 Liability and Indemnity

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

1.7.2 No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member or former Member, shall be liable (whether as a Member or as an individual) for the debts, liabilities, acts of omissions, howsoever caused by the CCG in discharging its statutory functions.

1.7.3 No Member or former Member, nor any person who is at any time a proprietor, officer or employee of any Member or former Member, shall be liable on any winding-up or dissolution of the CCG to constitute to the assets of the CCG, whether for the payment of its debts and liabilities or the expenses of its winding-up or otherwise.

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

2 Area Covered by the CCG

2.1.1 The geographical area covered by the NHS North Yorkshire Clinical Commissioning Group is outlined below and covers 51 GP Practices (as at 1 April 2020).

2.1.2 In North Yorkshire, the CCG covers the Lower-Layer Super Output Areas as detailed in Appendix 5.

3 Membership Matters

3.1 Membership of the Clinical Commissioning Group

3.1.1 The CCG is a membership organisation.

3.1.2 All practices who provide primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract in our area are eligible for membership of this CCG.

3.1.3 The practices which make up the membership of the CCG are listed below.

	Practice Name	Address
1	Glebe House Surgery	19 Firby Road, Bedale DL8 2AT
2	Great Ayton Health Centre	Rosehill, Great Ayton, TS9 6BL
3	Lambert Medical Centre	2 Chapel Street, Thirsk, YO7 1LU

4	Mayford House Surgery	Boroughbridge Road, Northallerton, DL7 8AW
5	Mowbray House Surgery	Malpas Road, Northallerton, DL7 8FW
6	Stokesley Health Centre	North Road, Stokesley, TS9 5DY
7	Thirsk Health Centre	Chapel Street, Thirsk, Y07 1LG
8	Topcliffe Surgery	Long Street, Thirsk, YO7 3RP
9	Catterick Village Medical Centre	High Street, Richmond, DL10 7LD
10	Central Dales Medical Practice	The Health Centre, Hawes, DL8 3QR
11	Doctors Lane Surgery	Aldbrough St John, Richmond, DL11 7TH
12	Friary Surgery	Queens Road, Richmond, DL10 4UJ
13	Harewood Medical Practice	42 Richmond Road, Catterick Garrison, DL9 3JD
14	Leyburn Medical Practice	Brentwood, Leyburn, DL8 5EP
15	Quakers Lane Surgery	Quakers Lane, Richmond, DL10 4BB
16	Reeth Medical Centre	Back Lane, Reeth, Richmond, DL11 6SU
17	Scorton Medical Centre	Stags Way, Richmond, DL10 6HB
18	Danby Surgery	Briar Hill, Danby Whitby, YO21 2PA
19	Egton Surgery	Egton, YO21 1TX
20	Sleights & Sandsend Medical Practice	Churchfield Surgery, Iburndale Lane, Sleights, YO22 5DP Sandsend Surgery, Sandsend Road, Sandsend, YO21 3SN
21	Staithes Surgery	Seaston Crescent, Saltburn by Sea, TS13 5AY
22	Whitby Group Practice	Springvale Medical Centre, Rievaulx Road WHITBY North Yorkshire YO21 1SD
23	Sherburn and Rillington	50 St Hilda's Street, Sherburn, Malton, YO17 8PH
24	Eastfield	14 High Street, Eastfield, Scarborough, YO11 3LJ
25	Derwent	Norton Road, Norton, Malton, YO17 9RF
26	Filey	Station Avenue, Filey, YO14 9AE
27	Central Healthcare	174 Prospect Road, Scarborough, YO12 7LB
28	Scarborough Medical Group	463a Scalby Road, Scarborough, YO12 6UB
29	West Ayton & Snainton	53 Pickering Road, West Ayton, Scarborough, YO13 9JF
30	Brook Square	41-44 Trafalgar Street West, Scarborough, YO12 7AS

31	Hackness Road	19 Hackness Road, Newby, Scarborough, YO12 5SD
32	Ampleforth	Back Lane, Ampleforth, York, YO62 4EF
33	Hunmanby	Hungate Lane, Hunmanby, Filey, YO14 0NN
34	Castle Health	3 - 4 York Place, Scarborough, YO11 2NP
35	Park Parade Surgery	Mowbray Square Medical Centre, Myrtle Square, Harrogate, HG1 5AR
36	East Parade Surgery	Mowbray Square Medical Centre, Myrtle Square, Harrogate, HG1 5AR
37	The Spa Surgery	Mowbray Square Medical Centre, Myrtle Square, Harrogate, HG1 5AR
38	Kingswood Surgery	Kingswood House, 14 Wetherby Road, Harrogate, HG2 7SA
39	Church Avenue Medical Group	54 Church Avenue, Bilton, Harrogate, HG1 4HG
40	The Leeds Road Practice	49-51 Leeds Road Harrogate HG2 8AY
41	Dr Moss and Partners	28-30 King's Road, Harrogate, HG1 5JP
42	Springbank Surgery	York Road, Green Hammerton, York, YO26 8BN
43	Stockwell Road Surgery	21 Stockwell Road, Knaresborough, HG5 0JY
44	Beech House Surgery	1 Ash Tree Road, Knaresborough, HG5 0UB
45	Nidderdale Group Practice	King Street, Pateley Bridge, Harrogate, HG3 5AT
46	Church Lane Surgery	Church Lane, Boroughbridge, York, YO51 9BA
47	Eastgate Medical Group	31B York Place, Knaresborough, HG5 0AD/80 Knaresborough Road, Harrogate, HG2 7LU
48	Dr Akester and Partners	Kirby Malzeard, Masham, Ripon, HG4 4DZ
49	Ripon Spa Surgery	Park Street, Ripon, HG4 2BE
50	Dr Ingram and Partners	7-8 Park Street, Ripon, HG4 2AX
51	North House Surgery	North Street, Ripon, HG4 1HL

3.2 Nature of Membership and Relationship with CCG

3.2.1 The CCG's Members are integral to the functioning of the CCG. Those exercising delegated functions on behalf of the Membership, including the Governing Body, remain accountable to the Membership.

3.3 Speaking, Writing or Acting in the Name of the CCG

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

3.3.2 Nothing in or referred to in this constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the CCG, any member of its Governing Body, any member of any of its Committees or Sub-Committees or the Committees or Sub-Committees of its Governing Body, or any employee of the CCG or of any of its members, nor will it affect the rights of any worker (as defined in that Act) under that Act.

3.4 Members' Rights

3.4.1 The CCG's Scheme of Reservation and Delegation sets out those matters reserved to the Membership, via the meeting of Member Representatives known as the Council of Members.

3.4.2 The role of the Council of Members is to:

a) Attend Council of Members meetings;
b) Agreeing the overall vision, values and strategic direction of the CCG;
c) Contribute to the commissioning intentions of the CCG;
d) Receive the Annual Report of the CCG at the Annual General Meeting;
e) Provide a forum for communication and engagement with member practices;
f) Approve constitution changes in accordance with section 1.4; and
g) Call extraordinary meetings of the Council of Members as set out in the Standing Orders at Section 4: Meetings and Decision Making.

3.5 Members' Meetings

3.5.1 Ordinary meetings of the Council of Members will be held at regular intervals and at such times and places as the Member representatives may determine. The Chair of the Council of Members may call additional meetings as and when required in response to Members' reasonable requests or as part of the necessary discharge of Members' responsibilities.

3.5.2 The functioning of the Council of members meetings shall be in accordance with the arrangements set out in the CCG's Standing Orders.

3.5.3 The Chair of the Council of Members shall be the Chair of the Governing Body.

3.5.4 An Annual General Meeting of the CCG will be held in public, where Member Representatives will be invited to attend and speak, as appropriate.

3.6 Practice Representatives

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

3.6.2 Practice representatives represent their practice's views and act on behalf of the practice in matters relating to the CCG. The primary means of engagement with Members shall be through the Council of Members and practice representatives shall be expected to:

a) Attend or ensure representation at the Council of Members meetings;
b) Participate in matters reserved to the Council of Members;
c) Be responsible for advising the CCG of the views of their Practice clinicians and patients and provide local intelligence to inform commissioning decisions;
d) Communicating CCG developments and decisions to all members of their appointing practice;
e) Participate in pathway and service redesign, transformational change and the delivery of QIPP, working in partnership with the relevant clinical and managerial leads.

4 Arrangements for the Exercise of our Functions.

4.1 Good Governance

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

a) Use of the Governance toolkit for CCGs: www.ccggovernance.org;

b) Undertaking regular governance reviews;

c) Adoption of standards and procedures that facilitate speaking out and the raising of concerns, including a freedom to speak up guardian.

d) Adopting CCG values that include standards of propriety in relation to the stewardship of public funds, impartiality, integrity and objectivity.

e) The Good Governance Standard for Public Services;

f) The Standards of behaviour published by the Committee on the Standards in Public Life (1995) known as the 'Nolan Principles';

g) The seven key principles of the NHS Constitution;

h) Relevant legislation, such as the Quality Act 2010; and

i) The standards set out in the Professional Standards Authority's guidance *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England.*

4.2 General

4.2.1 The CCG will:

a) comply with all relevant laws, including regulations;
b) comply with directions issued by the Secretary of State for Health or NHS England;
c) have regard to statutory guidance including that issued by NHS England; and
d) take account, as appropriate, of other documents, advice and guidance.

4.2.2 The CCG will develop and implement the necessary systems and processes to comply with (a)-(d) above, documenting them as necessary in this constitution, its scheme of reservation and delegation and other relevant policies and procedures as appropriate.

4.3 Authority to Act: the CCG

4.3.1 The CCG is accountable for exercising its statutory functions. It may grant authority to act on its behalf to:

a) any of its members or employees;
b) its Governing Body;
c) a Committee or Sub-Committee of the CCG.

4.4 Authority to Act: the Governing Body

4.4.1 The Governing Body may grant authority to act on its behalf to:

a) any Member of the Governing Body;
b) a Committee or Sub-Committee of the Governing Body;
c) a Member of the CCG who is an individual (but not a Member of the Governing Body); and

d) any other individual who may be from outside the organisation and who can provide assistance to the CCG in delivering its functions.

5 Procedures for Making Decisions

5.1 Scheme of Reservation and Delegation

5.1.1 The CCG has agreed a scheme of reservation and delegation (SoRD) which is published in full at: www.northyorkshireccg.nhs.uk

5.1.2 The CCG's SoRD sets out:

a) those decisions that are reserved for the membership as a whole;
b) those decisions that have been delegated by the CCG, the Governing Body or other individuals.

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

5.2 Standing Orders

5.2.1 The CCG has agreed a set of standing orders which describe the processes that are employed to undertake its business. They include procedures for:

- conducting the business of the CCG;
- the appointments to key roles including Governing Body members;
- the procedures to be followed during meetings; and
- the process to delegate powers.

5.2.2 A full copy of the standing orders is included in Appendix 3. The standing orders form part of this constitution.

5.3 Standing Financial Instructions (SFIs)

5.3.1 The CCG has agreed a set of SFIs which include the delegated limits of financial authority set out in the SoRD.

5.4 The Governing Body: Its Role and Functions

5.4.1 The Governing Body has statutory responsibility for:

a) ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance (its main

function); and for

b) determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme established.

5.4.2 The CCG has also delegated the following additional functions to the Governing Body which are also set out in the SoRD. Any delegated functions must be exercised within the procedural framework established by the CCG and primarily set out in the Standing Orders and SFIs:

a) Ensuring good governance and leading a culture of good governance through the CCG;

b) Leading the setting of the vision and strategy for the CCG;

c) Approving commissioning plans, developed in conjunction with Member Practices;

d) Ensuring the delivery of the CCG's commissioning plan;

e) Monitoring performance against plans;

f) Overseeing and monitoring quality improvement;

g) Providing assurance to the CCG via the Annual Report that Committees are undertaking their functions in accordance with this constitution;

h) Overseeing and providing assurance of strategic risk; and

i) Making decisions on commissioned services, including care and support for patients where the CCG has a duty to commission health care services within available resources.

The detailed procedures for the Governing Body are set out in the Standing Orders (Appendix 3 of the Constitution).

5.5 Composition of the Governing Body

5.5.1 This part of the constitution describes the make-up of the Governing Body roles. Further information about the individuals who fulfil these roles can be found on our website: www.northyorkshireccg.nhs.uk.

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

a) The Chair (who shall be a GP and Clinical Leader);

b) The Accountable Officer (who shall be the Chief Officer);

c) The Chief Finance Officer;

d) A Secondary Care Specialist;

e) A Registered Nurse (The CCG has determined that the role will be fulfilled by the Chief Nurse);

f) Two lay members:
- one who has qualifications expertise or experience to enable them to lead on finance and audit matters; and another who
- has knowledge about the CCG area enabling them to express an informed view about discharge of the CCG functions.

5.5.3 The CCG has agreed the following additional members:

a) A third lay member who specifically advises the CCG with respect to financial quality assurance and performance;
b) Five further GP Members;
c) Three Executive Members:
- Director of Corporate Services, Governance and Performance
- Director of Acute Commissioning
- Director of Strategy and Integration

5.5.4 A deputy chair will be selected from the lay members and will not also be the audit chair.

5.5.5 A Clinical Chair and Vice-Clinical Chair will be selected from amongst the six GP members.

5.6 Additional Attendees at the Governing Body Meetings

5.6.1 The CCG Governing Body may invite other person(s) to attend all or any of its meetings, or part(s) of a meeting, in order to assist it in its decision-making and in its discharge of its functions as it sees fit. Any such person may be invited by the chair to speak and participate in debate, but may not vote.

5.6.2 The CCG Governing Body will regularly invite the following individuals to attend any or all of its meetings as attendees:

a) The Director of Public Health (North Yorkshire County Council

5.7 Appointments to the Governing Body

5.7.1 The process of appointing GPs to the Governing Body, the selection of the Chair, and the appointment procedures for other Governing Body Members are set out in the Standing Orders.

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

5.8 Committees and Sub-Committees

5.8.1 The CCG may establish Committees and Sub-Committees of the CCG.

5.8.2 The Governing Body may establish Committees and Sub-Committees.

5.8.3 Each Committee and Sub-Committee established by either the CCG or the Governing Body operates under terms of reference and membership agreed by the CCG or Governing Body as relevant. Appropriate reporting and assurance mechanisms must be developed as part of agreeing terms of reference for Committees and Sub-Committees.

5.8.4 With the exception of the Remuneration Committee, any Committee or Sub-Committee established in accordance with clause 5.8 may consist of or include persons other than Members or employees of the CCG.

5.8.5 All members of the Remuneration Committee will be members of the CCG Governing Body.

5.9 Committees of the Governing Body

5.9.1 The Governing Body will maintain the following statutory or mandated Committees:

5.9.2 **Audit Committee:** This Committee is accountable to the Governing Body and provides the Governing Body with an independent and objective view of the CCG's compliance with its statutory responsibilities. The Committee is responsible for arranging appropriate internal and external audit.

5.9.3 The Audit Committee will be chaired by a Lay Member who has qualifications, expertise or experience to enable them to lead on finance and audit matters and members of the Audit Committee may include people who are not Governing Body members.

5.9.4 **Remuneration Committee:** This Committee is accountable to the Governing Body and makes recommendations to the Governing Body about the remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the CCG.

5.9.5 The Remuneration Committee will be chaired by a lay member other than the audit chair and only members of the Governing Body may be members of the Remuneration Committee.

5.9.6 **Primary Care Commissioning Committee:** This committee is required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to the Governing Body and to NHS England. Membership of the Committee is determined in accordance with the requirements of *Managing Conflicts of Interest: Revised statutory Guidance for CCGs 2017*. This includes the requirement for a lay member Chair and a lay Vice Chair. The Audit Committee Chair may not also act as the PCCC Chair.

5.9.7 None of the above Committees may operate on a joint committee basis with another CCG(s).

5.9.8 The terms of reference for each of the above committees are included in Appendix 2 to this constitution and form part of the constitution.

5.9.9 The Governing Body has also established a number of other Committees to assist it with the discharge of its functions. These Committees are set out in the SoRD and further information about these Committees, including terms of reference, are published in the CCGs Corporate Governance Handbook which can be found at: www.northyorkshireccg.nhs.uk

5.10 Collaborative Commissioning Arrangements

5.10.1 The CCG wishes to work collaboratively with its partner organisations in order to assist it with meeting its statutory duties, particularly those relating to integration. The following provisions set out the framework that will apply to such arrangements.

5.10.2 In addition to the formal joint working mechanisms envisaged below, the Governing Body may enter into strategic or other transformation discussions with its partner organisations, on behalf of the CCG.

5.10.3 The Governing Body must ensure that appropriate reporting and assurance mechanisms are developed as part of any partnership or other collaborative arrangements. This will include:

a) reporting arrangements to the Governing Body, at appropriate intervals;

b) engagement events or other review sessions to consider the aims, objectives, strategy and progress of the arrangements; and

c) progress reporting against identified objectives.

5.10.4 When delegated responsibilities are being discharged collaboratively, the collaborative arrangements, whether formal joint working or informal collaboration, must:

a) identify the roles and responsibilities of those CCGs or other partner organisations that have agreed to work together and, if formal joint working is being used, the legal basis for such arrangements;

b) specify how performance will be monitored and assurance provided to the Governing Body on the discharge of responsibilities, so as to enable the Governing Body to have appropriate oversight as to how system integration and strategic intentions are being implemented;

c) set out any financial arrangements that have been agreed in relation to the collaborative arrangements, including identifying any pooled budgets and how these will be managed and reported in annual accounts;

d) specify under which of the CCG's supporting policies the collaborative working arrangements will operate;

e) specify how the risks associated with the collaborative working arrangement will be managed and apportioned between the respective parties;

f) set out how contributions from the parties, including details around assets, employees and equipment to be used, will be agreed and managed;

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

h) specify how decisions are communicated to the collaborative partners.

5.11 Joint Commissioning Arrangements with Local Authority Partners

5.11.1 The CCG will work in partnership with its Local Authority partners to reduce health and social inequalities and to promote greater integration of health and social care.

5.11.2 Partnership working between the CCG and its Local Authority partners might include collaborative commissioning arrangements, including joint commissioning under section 75 of the 2006 Act, where permitted by law. In this instance, and to the extent permitted by law, the CCG delegates to the Governing Body the ability to enter into arrangements with one or more relevant Local Authority in respect of:

a) Delegating specified commissioning functions to the Local Authority;

b) Exercising specified commissioning functions jointly with the Local Authority;

c) Exercising any specified health -related functions on behalf of the Local Authority.

5.11.3 For purposes of the arrangements described in 5.11.2, the Governing Body may:

a) agree formal and legal arrangements to make payments to, or receive payments from, the Local Authority, or pool funds for the purpose of joint commissioning;

b) make the services of its employees or any other resources available to the Local Authority; and

c) receive the services of the employees or the resources from the Local Authority.

d) where the Governing Body makes an agreement with one or more Local Authority as described above, the agreement will set out the arrangements for joint working, including details of:

- how the parties will work together to carry out their commissioning functions;
- the duties and responsibilities of the parties, and the legal basis for such arrangements;
- how risk will be managed and apportioned between the parties;

- financial arrangements, including payments towards a pooled fund and management of that fund;
- contributions from each party, including details of any assets, employees and equipment to be used under the joint working arrangements; and
- the liability of the CCG to carry out its functions, notwithstanding any joint arrangements entered into.

5.11.4 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.11.2 above.

5.12 Joint Commissioning Arrangements – Other CCGs

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

5.12.2 The CCG delegates its powers and duties under 5.12 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.

5.12.3 The CCG may make arrangements with one or more other CCGs in respect of:

a) delegating any of the CCG's commissioning functions to another CCG;

b) exercising any of the Commissioning Functions of another CCG; or

c) exercising jointly the Commissioning Functions of the CCG and another CCG.

5.12.4 For the purposes of the arrangements described at 5.12.3, the CCG may:

a) make payments to another CCG;

b) receive payments from another CCG; or

c) make the services of its employees or any other resources available to another CCG; or

d) receive the services of the employees or the resources available to another CCG.

5.12.5 Where the CCG makes arrangements which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions.

5.12.6 For the purposes of the arrangements described above, the CCG may establish and maintain a pooled fund made up of contributions by all of the CCGs working together jointly pursuant to paragraph 5.12.3 above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.

5.12.7 Where the CCG makes arrangements with another CCG as described at paragraph 5.12.3 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working including details of:

a) how the parties will work together to carry out their commissioning functions;

b) the duties and responsibilities of the parties, and the legal basis for such arrangements;

c) how risk will be managed and apportioned between the parties;

d) financial arrangements, including payments towards a pooled fund and management of that fund;

e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

5.12.8 The responsibility of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 0 above.

5.12.9 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.12.1 above.

5.12.10 Only arrangements that are safe and in the interests of patients registered with Member practices will be approved by the Governing Body.

5.12.11 The Governing Body shall require, in all joint commissioning arrangements, that the lead Governing Body Member for the joint arrangements:

a) make a quarterly written report to the Governing Body;

b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and

c) publish an annual report on progress made against objectives.

5.12.12 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners to allow for credible alternative arrangements to be put in place, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

5.13 Joint Commissioning Arrangements with NHS England

5.13.1 The CCG may work together with NHS England. This can take the form of joint working in relation to the CCG's functions or in relation to NHS England's functions.

5.13.2 The CCG delegates its powers and duties under 5.13 to the Governing Body and all references in this part to the CCG should be read as the Governing Body, except to the extent that they relate to the continuing liability of the CCG under any joint arrangements.

5.13.3 In terms of either the CCG's functions or NHS England's functions, the CCG and NHS England may make arrangements to exercise any of their specified commissioning functions jointly.

5.13.4 The arrangements referred to in paragraph 5.13.3 above may include other CCGs, a combined authority or a local authority.

5.13.5 Where joint commissioning arrangements pursuant to 5.13.3 above are entered into, the parties may establish a Joint Committee to exercise the commissioning functions in question. For the avoidance of doubt, this provision does not apply to any functions fully delegated to the CCG by NHS England, including but not limited to those relating to primary care commissioning.

5.13.6 Arrangements made pursuant to 5.13.3 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

5.13.7 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 5.13.3 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:

a) how the parties will work together to carry out their commissioning functions;

b) the duties and responsibilities of the parties, and the legal basis for such arrangements;

c) how risk will be managed and apportioned between the parties;

d) financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;

e) contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.

5.13.8 Where any joint arrangements entered into relate to the CCG's functions, the liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 5.13.3 above. Similarly, where the arrangements relate to NHS England's functions, the liability of NHS England to carry out its functions will not be affected where it and the CCG enter into joint arrangements pursuant to 5.13.

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

5.13.10 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.

5.13.11 The Governing Body of the CCG shall require, in all joint commissioning arrangements that the lead Governing Body Member for the joint arrangements make;

a) make a quarterly written report to the Governing Body;

b) hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and

c) publish an annual report on progress made against objectives.

5.13.12 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement but has to give six months' notice to partners to allow for credible alternative arrangements to be put in place, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

6 Provisions for Conflict of Interest Management and Standards of Business Conduct

6.1 Conflicts of Interest

6.1.1 As required by section 14O of the 2006 Act, the CCG has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without being unduly influenced by external or private interest.

6.1.2 The CCG has agreed policies and procedures for the identification and management of conflicts of interest.

6.1.3 Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will comply with the CCG policy on conflicts of interest. Where an individual, including any individual directly involved with the business or decision-making of the CCG and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution and the Standards of Business Conduct Policy.

6.1.4 The CCG has appointed the Audit Committee Chair to be the Conflicts of Interest Guardian. In collaboration with the CCG's governance lead, their role is to:

a) Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
b) Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to conflicts of interest;
c) Support the rigorous application of conflict of interest principles and policies;
d) Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation
e) Provide advice on minimising the risks of conflicts of interest.

6.2 Declaring and Registering Interests

6.2.1 The CCG will maintain registers of the interests of those individuals listed in the CCG's policy.

6.2.2 The CCG will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality of decision making staff at least annually on the CCG website and make them available at our headquarters upon request.

6.2.3 All relevant persons for the purposes of NHS England's statutory guidance *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017* must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.

6.2.4 The CCG will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually. All persons required to, must declare any interests as soon as reasonable practicable and by law within 28 days after the interest arises.

6.2.5 Interests (including gifts and hospitality) of decision making staff will remain on the public register for a minimum of six months. In addition, the CCG will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The CCG's published register of interests states that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to submit a request for this information.

6.2.6 Activities funded in whole or in part by 3rd parties who may have an interest in CCG business such as sponsored events, posts and research will be managed in accordance with the CCG policy to ensure transparency and that any potential for conflicts of interest are well-managed.

6.3 Training in Relation to Conflicts of Interest

6.3.1 The CCG ensures that relevant staff and all Governing Body members receive training on the identification and management of conflicts of interest and that relevant staff undertake the NHS England Mandatory training.

6.4 Standards of Business Conduct

6.4.1 Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, Sub-Committees, Joint Committees) will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should:

a) act in good faith and in the interests of the CCG;

b) follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles);

c) comply with the standards set out in the Professional Standards Authority guidance - *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England; and*

d) comply with the CCG's Standards of Business Conduct, including the requirements set out in the policy for managing conflicts of interest which is available on the CCG's website and will be made available on request.

6.4.2 Individuals contracted to work on behalf of the CCG or otherwise providing services or facilities to the CCG will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the CCG's Standards of Business Conduct policy.

Appendix 1: Definition of Terms used in this Constitution

2006 Act	National Health Service Act 2006
Accountable Officer (AO)	an individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act, appointed by NHS England, with responsibility for ensuring the group: complies with its obligations under: sections 14Q and 14R of the 2006 Act, sections 223H to 223J of the 2006 Act, paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006, and any other provision of the 2006 Act specified in a document published by the Board for that purpose; exercises its functions in a way which provides good value for money.
Area	The geographical area that the CCG has responsibility for, as defined in part 2 of this constitution.
Chair of the CCG Governing Body	The individual appointed by the CCG to act as chair of the Governing Body and who is usually either a GP member or a lay member of the Governing Body.
Deputy Chair of the CCG Governing Body	The individual appointed must be a Lay Member (excluding the Audit Chair) and will act as the deputy chair of the Governing Body meeting in the absence of the Clinical Chair or when the Clinical Chair is conflicted.
Vice Clinical Chair of the Governing Body	This role deputises for the clinical leadership functions of the Clinical Chairs role.
Director of Corporate Services, Governance and Performance	The role is responsible for Corporate Services, Governance and Performance. This post is also responsible for Continuing Healthcare (Adults – Mental Health Section 117)
Director of Acute Commissioning	This role is responsible for acute commissioning.
Director of Strategy and Integration	This role is responsible for transformation, strategy and integration.
Chief Finance Officer (CFO)	A qualified accountant employed by the group with responsibility for financial strategy, financial management and financial governance and who is a member of the Governing Body.

Clinical Commissioning Groups (CCG)	A body corporate established by NHS England in accordance with Chapter A2 of Part 2 of the 2006 Act.
Committee	A Committee created and appointed by the membership of the CCG or the Governing Body.
Sub-Committee	A Committee created by and reporting to a Committee.
Governing Body	The body appointed under section 14L of the NHS Act 2006, with the main function of ensuring that a Clinical Commissioning Group has made appropriate arrangements for ensuring that it complies with its obligations under section 14Q under the NHS Act 2006, and such generally accepted principles of good governance as are relevant to it.
Governing Body Member	Any individual appointed to the Governing Body of the CCG
Healthcare Professional	A Member of a profession that is regulated by one of the following bodies: the General Medical Council (GMC) the General Dental Council (GDC) the General Optical Council; the General Osteopathic Council the General Chiropractic Council the General Pharmaceutical Council the Pharmaceutical Society of Northern Ireland the Nursing and Midwifery Council the Health and Care Professions Council any other regulatory body established by an Order in Council under Section 60 of the Health Act 1999
Lay Member	A lay Member of the CCG Governing Body, appointed by the CCG. A lay Member is an individual who is not a Member of the CCG or a healthcare professional (as defined above) or as otherwise defined in law.
Primary Care Commissioning Committee	A Committee required by the terms of the delegation from NHS England in relation to primary care commissioning functions. The Primary Care Commissioning Committee reports to NHS England and the Governing Body
Professional Standards Authority	An independent body accountable to the UK Parliament which help Parliament monitor and improve the protection of the public. Published *Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England* in 2013

Member/ Member Practice	A provider of primary medical services to a registered patient list, who is a Member of this CCG.
Member practice representative	Member practices appoint a healthcare professional to act as their practice representative in dealings between it and the CCG, under regulations made under section 89 or 94 of the 2006 Act or directions under section 98A of the 2006 Act.
NHS England	The operational name for the National Health Service Commissioning Board.
Registers of interests	Registers a group is required to maintain and make publicly available under section 14O of the 2006 Act and the statutory guidance issues by NHS England, of the interests of: the Members of the group; the Members of its CCG Governing Body; the Members of its Committees or Sub-Committees and Committees or Sub-Committees of its CCG Governing Body; and Its employees.
STP	Sustainability and Transformation Partnerships – the framework within which the NHS and local authorities have come together to plan to improve health and social care over the next few years. STP can also refer to the formal proposals agreed between the NHS and local councils – a "Sustainability and Transformation Plan".
Joint Committee	Committees from two or more organisations that work together with delegated authority from both organisations to enable joint decision-making

Appendix 2: Committee Terms of Reference

Audit Committee

North Yorkshire
Clinical Commissioning Group

NHS North Yorkshire Clinical Commissioning Group

AUDIT COMMITTEE

TERMS OF REFERENCE

A review of the Terms of Reference will take place at least annually. Any amendments will be noted in the Corporate Governance Handbook and a new amendment history will be issued with each change.

1.0 Introduction

1.1 The Audit Committee (the Committee) is established in accordance with the clinical commissioning group's constitution. These terms of reference set out the membership, remit responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the constitution.

2.0 Membership

2.1 The Committee shall consist of the following voting members:

- Lay Member for Audit and Governance (Chair)
- Secondary Care Doctor (Vice-Chair)
- Lay Member for Finance
- 1 Governing Body GP Member

2.2 **Required attendees (without voting rights):**

The Committee may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to deal with the business on the agenda. Such personnel will be in attendance and will have no voting rights. This will normally include:

- Chief Finance Officer / Deputy CFO
- Chief Nurse
- Director of Corporate Services, Governance and Performance
- Senior Governance Manager
- Information Governance Manager
- Internal auditors
- External auditors

2.3 On a less frequent basis, the following good practice shall be followed:

- At least once a year the Committee should meet privately with external and internal auditors.
- The Accountable Officer and Clinical Chair should normally be invited to attend and discuss, at least annually with the Committee, the process for assurance that supports the Annual Governance Statement, and when the Committee considers the draft internal audit plan and the annual accounts.
- Any other members or employees may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that member or employee.

2.4 The Committee shall be appointed by the Governing Body and may include individuals who are not on the Governing Body.

2.5 The Chair shall be a lay member who has qualifications, expertise or experience such as to enable the person to express informed views about

financial management and audit matters. If this member is not available then the other lay member of the Committee shall chair the meeting.

2.6 The Chair of the Governing Body, Accountable Officer and Chief Finance Officer will not be a member of the Committee.

3.0 Quorum

3.1 A quorum shall be two Members with at least one Member being the Chair or Vice-Chair.

4.0 Frequency

4.1 The Committee will meet at least four times a year.

5.0 Calling and Supporting Meetings

5.1 A calendar of meetings will be set at the start of each business cycle for the year and a workplan will be set by the Committee.

5.2 Ordinary meetings shall be held at such times and places as the CCG may determine.

5.3 The Chair of the Audit Committee may call an additional / extraordinary meeting at any time.

5.4 The external auditors or Head of internal audit may request a meeting if they consider it necessary.

5.5 A secretariat will be identified from within the CCG and they will be responsible for supporting the Chair. This will include preparing formal minutes and archiving all reports and documentation associated with the Committee business.

5.6 Items of business for inclusion on the agenda of a meeting shall to be notified to the Chair at least 10 working days before the meeting takes place.

5.7 Agendas will be agreed between the Chair and the relevant Executive Lead.

5.8 Supporting papers for agenda items must be accompanied by an agreed cover-sheet and submitted to the committee secretariat at least six working days before the meeting takes place.

5.9 The agenda and supporting papers will be circulated to all members of a meeting and agreed circulation list at least five working days before the date of the meeting.

5.10 No business shall be transacted at the meeting other than that specified on the agenda, unless at the discretion of the Chair.

5.11 Use of skype, video conferencing, telephone or other communication facilities to conduct meetings are permissible for all meetings with prior agreement of the Chair.

6.0 Remit and Responsibilities of Committee

The committee shall critically review the clinical commissioning group's financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors is maintained.

The duties of the committee will be driven by the priorities identified by the clinical commissioning group, and the associated risks or areas of quality improvement. It will operate to a programme of business, agreed by the clinical commissioning group, and will be flexible to new and emerging priorities and risks.

The Committee may also request specific reports from individual functions within the CCG as they may be appropriate to overall arrangements.

The Committee is authorised by the Governing Body to investigate any activity within its Terms of Reference.

The Committee is authorised to seek any information it requires from any member of the group and all employees are directed to cooperate with any request made by the Committee.

The Committee is authorised to obtain outside legal or other independent professional advice and to secure attendance of outsiders with relevant experience and expertise it considers necessary.

6.1 Integrated Governance, Risk Management and Internal Control

The committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the clinical commissioning group's activities that support the achievement of the clinical commissioning group's objectives.

In particular, the committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the annual governance statement), together with any appropriate independent assurances, prior to endorsement by the clinical commissioning group.
- The underlying assurance processes that indicate the degree of achievement of clinical commissioning group objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification.
- The operational effectiveness of policies and procedures;

- The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by NHS Counter Fraud Authority.
- Approval of the policies relating to Information Governance.

6.2 Internal Audit

The Committee shall ensure that there is an effective internal audit function that meets Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Accountable Officer and Clinical Commissioning Group. This will be achieved by:

- Consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal.
- Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation, as identified in the assurance framework.
- Considering the major findings of internal audit work (and management's response) and ensuring co-ordination between the internal and external auditors to optimise audit resources.
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the Clinical Commissioning Group.
- An annual review of the effectiveness of internal audit.
- Drawing the Committee's attention to best practice, national guidance and other relevant documents, as appropriate

6.3 External Audit

The Committee shall review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

- Consideration of the independence and performance of the external auditors, as far as the rules governing the appointment permit.
- Discussion and agreement with the external auditors, before the audit commences, on the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy.
- Discussion with the external auditors of their local evaluation of audit risks and assessment of the Clinical Commissioning Group and associated impact on the audit fee.
- Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Clinical Commissioning Group and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

6.4 Assurance

- The Committee shall review the findings of other significant assurance functions, both internal and external and consider the implications for the governance of the Clinical Commissioning Group. These will include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators/inspectors (for example, the Care Quality Commission

and NHS Litigation Authority) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies).

6.5 Counter Fraud and Security

- The Committee shall satisfy itself that the Clinical Commissioning Group has adequate arrangements in place for countering fraud and security and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.
- Approval of any policies relating to Counter Fraud and Security.

6.6 Management

- The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control. The Committee may also request specific reports from individual functions within the clinical commissioning group as they may be appropriate to the overall arrangements.

6.7 Financial Reporting

- The Committee shall monitor the integrity of the financial statements of the Clinical Commissioning Group and any formal announcements relating to the Clinical Commissioning Group's financial performance.
- The Committee shall ensure that the systems for financial reporting to the Clinical Commissioning Group, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Clinical Commissioning Group.
- The Audit Committee shall review the annual report and financial statements before submission to the governing body and the clinical commissioning group, focusing particularly on:
    - The wording in the governance statement and other disclosures relevant to the Terms of Reference of the Committee;
    - Changes in, and compliance with, accounting policies, practices and estimation techniques;
    - Unadjusted mis-statements in the financial statements;
    - Significant judgements in preparing of the financial statements;
    - Significant adjustments resulting from the audit;
    - Letter of representation; and
    - Qualitative aspects of financial reporting.

6.8 Conflicts of Interest Management

- The Audit Committee shall ensure that there are robust systems in place to manage Conflicts of Interest and will review any amendments to the Conflict of Interest Policy prior to approval from the Governing Body.
- The CCG Audit Committee Chair (Lay Member – Audit and Governance) will undertake the role of Conflicts of Interest Guardian which reinforces the role of the Audit Committee in ensuring a robust system of declarations is in place.
- Review both the Conflicts of Interest Policy and the Standards of Business Conduct Policy prior to submitting to Governing Body for approval.

7.0 Reporting arrangements

7.1 The Committee's Terms of Reference and any subsequent amendments shall be approved by the Governing Body.

7.2 The minutes of the committee shall be formally recorded and presented to the Governing Body at the earliest practicable meeting, either in public or private session as appropriate. The chair of the committee shall draw to the attention of the governing body any issues that require disclosure to the council of members, or require executive action.

7.3 The Committee shall make whatever recommendations to the Governing Body it deems appropriate on any area within its remit where action or improvement is needed.
The composition of the committee shall be published in the Annual Report.

8.0 Confidentiality and Conflicts of Interest / Standards of Business Conduct

8.1 All Members are expected to adhere to the CCG Constitution and Standards of Business Conduct and Conflicts of Interest Policy.

8.2 In circumstances where a potential conflict is identified the Chair of the Committee will determine the appropriate steps to take in accordance with the CCG's Conflicts of Interest decision-making matrix. This action may include, but is not restricted to, withdrawal from the meeting for the conflicted item or remaining in the meeting but not voting on the conflicted item.

8.3 All Members shall respect confidentiality requirements as set out in the CCG Constitution.

9.0 Training

The Committee shall ensure all members have the skills and access to support in order to carry out their role.

10.0 Conduct

10.1 The committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, for example, Nolan's seven principles of public life

10.2 The committee shall review its Terms of Reference at least annually.

10.3 The committee shall undertake a review of its effectiveness at least annually.

10.4 The committee shall be subject to any review of CCG committees as required.

10.5 Any resulting changes to the terms of reference should be approved by the Governing Body.

North Yorkshire
Clinical Commissioning Group

NHS North Yorkshire Clinical Commissioning Group

REMUNERATION COMMITTEE

TERMS OF REFERENCE

A review of the Terms of Reference will take place at least annually. Any amendments will be noted in the Corporate Governance Handbook and a new amendment history will be issued with each change.

1.0 Introduction

1.1 The Remuneration Committee (the committee) is established in accordance with the NHS North Yorkshire CCG (NY CCG) constitution, standing orders and scheme of delegation.

1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the CCG's constitution and standing orders.

1.3 The Committee is a Non-Executive Committee of the CCG and has no executive powers other than those specifically delegated in these Terms of Reference.

2.0 Remit and Responsibilities

2.1 The Committee shall make recommendations to the Governing Body on determinations about pay and remuneration for employees of the clinical commissioning group (excluding the Lay Members – see 2.2) and people who provide services to the clinical commissioning group and allowances under any pension scheme it might establish as an alternative to the NHS pension scheme.

2.2 When lay member remuneration is being discussed, a panel of the Governing Body is convened which consists of the CCG Chair, Accountable Officer and Director of Corporate Services, Governance and Performance. The panel is advised by the HR lead for the CCG. Terms of reference for the panel are published in the Governance Handbook. Recommendations from the panel are considered by the Governing body using the same process as those from the remuneration committee

2.2 In addition the committee will be responsible for:

- Reviewing the performance of the Accountable Officer and other senior team members as appropriate.
- If appropriate, considering the severance payments of the Accountable Officer, GB Members (where appropriate) and other senior staff, seeking HM Treasury approval as appropriate in accordance with the guidance 'Managing Public Money'
- Receiving the output of the Governing Body appraisal process.
- Recommend for approval by the Governing Body the terms and conditions, remuneration and travelling or other allowances for all

Governing Body Members, clinicians on contracts for services and Very Senior Managers (non-agenda for change grades) including pensions and gratuities (Directors on agenda for change grades do not fall under the remit of the Committee).

- To recommend additional payments to the members of the governing body, for leading on particular tasks that are outside of their CCG role

3.0 Membership

3.1 The Committee shall be appointed by the Clinical Commissioning Group from amongst its Governing Body members. Only members of the Governing Body may be members of the Remuneration Committee.

3.2 The Committee membership comprises of:

- Lay member - Patient and Public Engagement (Chair)
- Lay Member - Finance (Vice Chair)
- Clinical Chair of the Governing Body
- Vice-Clinical Chair of the Governing Body

3.3 No member of the Remuneration Committee should claim a significant proportion of their income from the CCG.

3.4 The Chair of the Committee will be a Lay Member of the Governing Body who is not the Audit Chair.

3.5 Other nominated officers may be invited to attend, such as the Accountable Officer, HR Lead or external advisers, for all or part of any meeting as and when appropriate.

4.0 Quorum

4.1 The meeting will be quorate with at least three members are present, one of which must include the Chair or Vice-Chair.

5.0 Secretariat

5.1 The Board Secretary shall be Secretariat to the Committee and shall attend to take minutes of the meeting and for drawing the Committee's attention to best practice, national guidance and other relevant documents are appropriate.

6.0 Managing Conflicts of Interest

6.1 As required by section 14O of the National Health Service Act 2006, as inserted by section 25 of the Health and Social Care Act 2012, and set out in the Group's Constitution the clinical commissioning group will make arrangements to manage conflicts and potential conflicts of interest to

ensure that decisions made will be taken and seen to be taken without any possibility of the influence of external or private interest.

6.2 If any Member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the Committee's consideration has been completed.

6.3 No Committee attendee shall participate in any discussion or decision on their own remuneration.

7.0 Frequency of Meetings

7.1 The Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities.

7.2 The Chair can call a meeting at any time.

8.0 Reporting Arrangements

8.1 The Remuneration Committee is a statutory Committee of the Governing Body.

8.2 The minutes of Remuneration Committee meetings shall be formally recorded by the Board Secretary and a written report, containing relevant recommendations will be provided to the Confidential section of the Governing Body meeting. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the relevant statutory body, or require executive action.

9.0 Conduct

9.1 The committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, for example, Nolan's seven principles of public life

9.2 The committee shall review its Terms of Reference at least annually.

9.3 The committee shall be subject to any review of CCG committees as required.

9.4 Any resulting changes to the terms of reference should be ratified by the Governing Body.

NHS North Yorkshire Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

TERMS OF REFERENCE

A review of the Terms of Reference will take place at least annually. Any amendments will be noted in the Corporate Governance Handbook and a new amendment history will be issued with each change.

1.0 Introduction

1.1 Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

1.2 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions to the CCG.

1.3 The CCG has established the NHS North Yorkshire CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision -making body for the management of the delegated functions and the exercise of the delegated powers.

2.0 Statutory Framework

2.1. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in **Schedule 1** in accordance with section 13Z of the NHS Act.

2.2 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

2.3 Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

a) Management of conflicts of interest (section 14O);

b) Duty to promote the NHS Constitution (section 14P);

c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);

d) Duty as to improvement in quality of services (section 14R);

e) Duty in relation to quality of primary medical services (section 14S);

f) Duties as to reducing inequalities (section 14T);

g) Duty to promote the involvement of each patient (section 14U);

h) Duty as to patient choice (section 14V);

i) Duty as to promoting integration (section 14Z1);

j) Public involvement and consultation (section 14Z2).

2.4 The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act.

2.5 The Committee is established as a committee of the Governing Body of the CCG in accordance with Schedule 1A of the "NHS Act".

2.6 The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

3.0 Role of the Committee

3.1 The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in the CCG locality, under delegated authority from NHS England.

3.2 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and the CCG, which will sit alongside the delegation and terms of reference.

3.3 The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

3.4 The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act. This includes the following:

i. GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract);
ii. Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
iii. Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
iv. Decision making on whether to establish new GP practices in an area;
v. Approving practice mergers;
vi. Making decisions on 'discretionary' payment; these decisions will be in line with The General Medical Services Statement of Financial Entitlements (Amendment) Directions 2019
vii. Currently commissioned extended primary care medical services;

viii. Newly designed services to be commissioned from primary care;
ix. Approving and supporting the development of Primary Care Networks in line with NHS England Guidance;
x. The Network DES including Network Agreement, DES specifications, Network funding including Network Engagement Funding, Network Administration Payment, Workforce Reimbursement and Clinical Lead funding.

3.5 The Committee will also:

i. Plan primary [medical] care services in the CCG area (including needs assessment);
ii. Undertake reviews of primary [medical] care services in the CCG area;
iii. Maintain an overview of a common approach to the commissioning of primary care services generally. This includes having due regard to the work of the Planning and Commissioning Committee;
iv. Help manage the budget for commissioning of primary [medical] care services in the CCG area;
v. Support development of the primary care workforce.

3.6 The Committee will seek an opinion prior to reaching a decision, where appropriate, from the Finance, Performance, Contracting and Commissioning Committee on items of mutual interest to both committees and where decision making responsibility rests with the Committee.

3.7 The Committee will provide an opinion where appropriate to the Finance, Performance, Contracting and Commissioning Committee on items of mutual interest to both committees where decision making responsibility rest with the Finance, Performance, Contracting and Commissioning Committee. Examples include services commissioned from community pharmacy and community optometrists.

3.8 The Committee will receive regular assurance from various committees, sub committees and groups regarding the quality and performance of primary [medical] care services.

4.0 Geographical Coverage

4.1 The Committee will cover the area served by NHS North Yorkshire CCG.

5.0 Membership

5.1 The membership will meet the requirements of NHS North Yorkshire CCG Constitution.

5.2 The Chair of the Committee shall be a Lay member of the CCG's Governing Body.

5.3 The Vice Chair of the Committee shall be a Lay member of the CCG's Governing Body.

5.4 Membership of the Committee is determined and approved by the CCG's Governing Body and will comprise:

Voting Members

- Lay Member for Finance (Chair)
- Lay Member for Patient and Public Involvement (Vice-Chair)
- Chief Finance Officer – North Yorkshire CCGs*
- Director of Strategy and Integration – North Yorkshire CCGs*
- Chief Nurse – North Yorkshire CCGs*
- 2 Governing Body GP representatives

*nominated deputies are permitted but only with prior agreement of the Chair

In Attendance

- NHS England / NHS Improvement Representative – North East and Yorkshire
- Health Watch Representative
- Health and Wellbeing Board / Public Health Representative
- North Yorkshire Local Medical Committee Representative
- Commissioning Support Representatives
- Other Officers of the CCG

5.2 Members are required to attend scheduled meetings. Attendance will be monitored throughout the year and will be published in the Committee Annual Report. Any concerns raised with the Chair and relevant Member.

5.3 Any changes to the membership of the Committee must be approved by the CCG Governing Body.

5.4 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

6.0 Calling and Supporting Meetings

6.1 The Committee shall meet not less than 4 times per uear and on other such occasions as agreed between the Chair of the Committee and the Chair of the CCG Governing Body. The frequency of meeting should be such as to ensure the Committee achieves its annual work-plan. A calendar of meetings will be set at the start of each business cycle for the year.

6.2 Ordinary meetings shall be held at such times and places as the CCG may determine.

6.3 The Chair may call an additional / extraordinary meeting at any time.

6.4 No business shall be transacted at the meeting other than that specified on the agenda, unless at the discretion of the Chair.

6.5 A secretariat will be identified from within the CCG and they will be responsible for supporting the Chair. This will include preparing formal minutes and archiving all reports and documentation associated with the Committee business.

6.6 Items of business for inclusion on the agenda of a meeting need to be notified to the Chair at least 10 working days before the meeting takes place.

6.7 Agendas will be agreed between the Chair and the relevant Executive Lead.

6.8 Supporting papers for agenda items must be accompanied by an agreed cover-sheet and submitted to the committee secretariat at least six working days before the meeting takes place.

6.9 The agenda and supporting papers will be circulated to all members of a meeting and agreed circulation list at least five working days before the date of the meeting.

6.10 The Strategic Lead - Primary Care will work with the secretariat to ensure the Committee is supported administratively, and will ensure the adherence to the CCG's Standing Orders, specifically in relation to:

i. Notice of Committee meetings;
ii. Operation of Committee meetings;
iii. Preparation of Committee agendas;
iv. Circulation of Committee papers; and
v. Management of conflicts of interest.

6.11 The Committee shall meet in public, save for when they resolve to exclude the public from a meeting (whether for the whole or part of the proceedings) as they determine 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.

6.12 Members of the Committee have a collective responsibility for the operation of the 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.

6.13 The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

7.0 Voting

7.1 Members will work collaboratively to reach decisions by consensus and agreement wherever possible. Where exceptionally this is not possible, the following arrangements will apply.

- Each Member shall have one vote.
- The Committee shall reach decisions by a simple majority of Members present, but with the Chair having a second and casting vote if necessary.

8.0 Quorum / Decision-making

8.1 The Quorum shall be five members including a minimum of one lay member present. GP members should not exceed that of Executive Directors and Lay Members combined.

8.2 If a quorum has not been reached, then the meeting may proceed if those attending agree but any record of the meeting should be clearly indicated as notes rather than formal minutes, and no decisions may be taken by the non-quorate meeting of the Committee. Matters requiring a decision in such circumstances can either be referred to the next CCG Governing Body meeting (where it is possible for the Governing Body to remain quorate for the issue to be considered) or subsequent quorate meeting of the Committee.

9.0 Reporting Arrangements

9.1 All meetings shall be formally minuted and a record kept of all reports/documents considered.

9.2 The reporting arrangements to the CCG Governing Body shall be through the submission of a written Chair's Report on the progress made and opinion of confidence provided to the next CCG Governing Body meeting. The report shall, where necessary, include details of any recommendations requiring ratification by the CCG Governing Body. The Chair's Report shall also be sent to NHS England / NHS Improvement – Yorkshire and the Humber by the NHS England representative.

9.3 Copies of the Minutes are a standing item on the CCG Governing Body and shall also be sent to NHS England and NHS Improvement – North East and Yorkshire. The Committee will provide an Annual Report to the CCG Governing Body for assurance.

9.4 The Committee will undertake a review of its own effectiveness annually.

10.0 Links and Interdependencies

10.1 The Primary Care Commissioning Committee will link, in particular, to the following forums:

- NY CCG Governing Body

- NY CCG Finance, Performance, Contracting and Commissioning Committee
- NY CCG Quality and Clinical Governance Committee
- Any Sub Committee established.

11.0 Confidentiality and Conflicts of Interest / Standards of Business Conduct

11.1 All Members are expected to adhere to the CCG Constitution and Standards of Business Conduct and Conflicts of Interest Policy.

11.2 In circumstances where a potential conflict is identified the Chair of the Committee will determine the appropriate steps to take in accordance with the CCG's Conflicts of Interest decision-making matrix. This action may include, but is not restricted to, withdrawal from the meeting for the conflicted item or remaining in the meeting but not voting on the conflicted item.

11.3 All Members shall respect confidentiality requirements as set out in the CCG Constitution.

12.0 Other provisions

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

12.2 The decisions of the Committee shall be binding on NHS England and the CCG.

12.3 These terms of reference will be formally reviewed not less than annually. NHS England may also issue revised model terms of reference from time to time.

Publications Gateway Reference 000449

Delegation by NHS England

1 April 2020

Delegation by NHS England to NHS North Yorkshire Clinical Commissioning Group

Delegation

1. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended) ("NHS Act"), NHS England has delegated the exercise of the functions specified in this Delegation to NHS North Yorkshire CCG to empower NHS North Yorkshire CCG to commission primary medical services for the people of North Yorkshire.

2. NHS England and the CCG have entered into the Delegation Agreement that sets out the detailed arrangements for how the CCG will exercise its delegated authority.

3. Even though the exercise of the functions passes to the CCG the liability for the exercise of any of its functions remains with NHS England.

4. In exercising its functions (including those delegated to it) the CCG must comply with the statutory duties set out in the NHS Act and/or any directions made by NHS England or by the Secretary of State and must enable and assist NHS England to meet its corresponding duties.

Commencement

5. This Delegation, and any terms and conditions associated with the Delegation, take effect from 1 April 2020.

6. NHS England may by notice in writing delegate additional functions in respect of primary medical services to the CCG. At midnight on such date as the notice will specify, such functions will be Delegated Functions and will no longer be Reserved Functions.

Role of the CCG

7. The CCG will exercise the primary medical care commissioning functions of NHS England as set out in Schedule 1 to this Delegation and on which further detail is contained in the Delegation Agreement.

8. NHS England will exercise its functions relating to primary medical services other than the Delegated Functions set out in Schedule 1 including but not limited to those set out in Schedule 2 to this Delegation and as set out in the Delegation Agreement.

Exercise of delegated authority

9. The CCG must establish a committee to exercise its delegated functions in accordance with the CCG's constitution and the committee's terms of reference. The structure and operation of the committee must take into account guidance issued by NHS England. This committee will make the decisions on the exercise of the delegated functions.

10. The CCG may otherwise determine the arrangements for the exercise of its delegated functions, provided that they are in accordance with the statutory framework (including Schedule 1A of the NHS Act) and with the CCG's Constitution.

11. The decisions of the CCG Committee shall be binding on NHS England and NHS Cheshire CCG.

Accountability

12. The CCG must comply with the financial provisions in the Delegation Agreement and must comply with its statutory financial duties, including those under sections 223H and 223I of the NHS Act. It must also enable and assist NHS England to meet its duties under sections 223C, 223D and 223E of the NHS Act.

13. The CCG will comply with the reporting and audit requirements set out in the Delegation Agreement and the NHS Act.

14. NHS England may, at its discretion, waive non-compliance with the terms of the Delegation and/or the Delegation Agreement.

15. NHS England may, at its discretion, ratify any decision made by the CCG Committee that is outside the scope of this delegation and which it is not authorised to make. Such ratification will take the form of NHS England considering the issue and decision made by the CCG and then making its own decision. This ratification process will then make the said decision one which NHS England has made. In any event ratification shall not extend to those actions or decisions that are of themselves not capable of being delegated by NHS England to the CCG.

Variation, Revocation and Termination

16. NHS England may vary this Delegation at any time, including by revoking the existing Delegation and re-issuing by way of an amended Delegation.

17. This Delegation may be revoked at any time by NHS England. The details about revocation are set out in the Delegation Agreement.

18. The parties may terminate the Delegation in accordance with the process set out in the Delegation Agreement.

Signed by .....
Richard Barker
NHS England Regional Director, North East
for and on behalf of **NHS England**

Schedule 1 –Delegated Functions

a) decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities: i) decisions in relation to Enhanced Services;
   ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);
   iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
   iv) decisions about 'discretionary' payments;
   v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;

b) the approval of practice mergers;

c) planning primary medical care services in the Area, including carrying out needs assessments;

d) undertaking reviews of primary medical care services in the Area;

e) decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);

f) management of the Delegated Funds in the Area;

g) Premises Costs Directions functions;

h) co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and

i) such other ancillary activities as are necessary in order to exercise the Delegated Functions.

Schedule 2- Reserved Functions

a) management of the national performers list;

b) management of the revalidation and appraisal process;

c) administration of payments in circumstances where a performer is suspended and related performers list management activities;

d) Capital Expenditure functions;

e) section 7A functions under the NHS Act;

f) functions in relation to complaints management;

g) decisions in relation to the GP Access Fund; and

h) such other ancillary activities that are necessary in order to exercise the Reserved Functions;

Appendix 3: Standing Orders

NHS NORTH YORKSHIRE
CLINICAL COMMISSIONING GROUP

STANDING ORDERS

1. Statutory Framework and Status

1.1. These standing orders have been drawn up to regulate the proceedings of NHS North Yorkshire Clinical Commissioning Group ("CCG") so that the CCG can fulfil its obligations, as set out in the NHS Act 2006 (the "Act") and relevant statutory guidance issued by NHS England. They are effective from 1 April 2020.

1.2. The standing orders, together with the CCG's scheme of reservation and delegation and the CCG's detailed financial policies, provide a procedural framework within which the CCG discharges its business. They set out:

a) the arrangements for conducting the business of the CCG;
b) the appointment of member practice representatives and other members of the Governing Body
c) the procedure to be followed at meetings of the CCG, the Governing Body and any committees or sub-committees of the CCG or the Governing Body;
d) the process to delegate powers,
e) the process for identifying, declaring and managing conflicts of interest and
f) the standards of business conduct.

1.3. The standing orders and the table of levels of financial authorisation extracted from the detailed financial policies are appended to and have effect as if incorporated into the CCG's constitution (the "Constitution").

1.4. CCG members, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the CCG's committees and sub-committees, employees, and persons working on behalf of the CCG should be aware of the existence of these documents and, where necessary, be familiar with their detailed provisions. Failure to comply with the standing orders, scheme of reservation and delegation and prime financial policies may be regarded as a disciplinary matter that could result in dismissal.

1.5. These standing orders apply to the Council of Members and any committees of the members, unless it is stated that they do not.

1.6. These standing orders apply to the Governing Body and any committees of the Governing Body unless it is stated that they do not.

2. Scheme of Reservation and Delegation

2.1. The 2006 Act provides the CCG with powers to delegate the CCG's functions and those of the Governing Body to certain bodies (such as committees) and certain persons.

2.2. The CCG has decided that certain decisions may only be exercised by the membership of the CCG in formal session. Members will transact matters reserved to the membership at meetings of the members known as The Council of Members. A list of reserved matters is detailed in the constitution at Section 3.4: Members' Rights.

2.3. All other matters are delegated to the Governing Body. Full details relating to matter reserved and delegated are to be found in the CCG's Scheme of Reservation and Delegation, which is published on the CCG website.

3. Composition of Membership and Governing Body Roles

3.1. Composition of Membership

3.1.1. The CCG is a Membership organisation.

3.1.2. All practices who provide primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract in our area are eligible for membership of this CCG.

3.1.3. Full details of the Lower Layer Super Output Area Codes and a list of Member Practices are included in the constitution.

3.1.4. The nature of the membership and relationship with the CCG are set out in the Constitution at Section 3: Membership Matters.

3.1.5. Full meetings of the membership are to be known as the Council of Members.

3.1.6. Members are represented at the Council of Members by the healthcare professional that they nominate to deal with the CCG on their behalf. This individual must be a healthcare professional as defined in the legislation. Each practice is free to determine how they select an individual who fulfils the requirements. For clarity, whilst it must be a healthcare professional it need not be a GP and it is also permitted for a practice to nominate an employee (who must also be a healthcare professional) from another practice if they choose to do so.

3.2. Key Roles and Appointments to the Governing Body

3.2.1. The CCG's Constitution sets out the composition of the CCG's Governing Body.

3.2.2. Each role on the Governing Body is defined by a role description. A person specification is drafted at the point of recruitment to aid the selection process.

3.2.3. Members of the Governing Body are appointed using different arrangements according to the type of contract they have with the CCG:

- GP Members (includes the Chair, and Vice Clinical Chair) – See Section 3.3.
- Lay Members and Secondary Care Doctor – See Section 3.4.
- Executive Members of the Governing Body – See Section 3.5.

3.2.4. The Deputy Chair will be selected from the lay members (excluding the Lay Member for Audit) by the Clinical Chair and Accountable Officer and will fulfil the specific requirements set out in the CCG Regulations 2012.

3.2.5. All members of the Governing Body will fulfil the relevant requirements set out in the CCG Regulations 2012 and will not be excluded by the provisions of schedule 5 or schedule 4(if relevant).

3.2.6. All members of the Council of Members, Governing Body and all sub committees will abide by the seven principles of public life; the 'Nolan Principles' which are detailed in the Governance Handbook, and adhere to the Standards of Business Conduct Policy which includes information on Conflict of Interest and how these should be handled during meetings.

3.3. Members of the Governing Body: GP Members of the Governing Body (Including the Chair and Vice Clinical Chair)

3.3.1. **Eligibility and Exclusion Criteria**

- An individual wishing to be considered for the role of a GP Governing Body Member must be a partner or employee of a Member Practice or working as a locum within the locality.
- An individual who has a major conflict of interest (such as the clinical directors of the Primary Care Networks) may not be appointed.
- Schedule 5 of the CCG Regulations 2012 sets out exclusion criteria and individuals will be asked to confirm none of these apply at interview.

3.3.2. All individuals wishing to be considered for the role of a GP Governing Member must be on the Local Performers List or within two years of retirement.

3.3.3. **Application**
Individuals who meet the criteria will complete an application process which will include setting out their key characteristics against a published specification.

3.3.4. Eligible candidates formally notify the Accountable Officer, in accordance with the appropriate specified arrangements and deadline for appointment, of their interest in the position.

3.3.5. Their notification must be supported by one current member of the Council of Members.

3.3.6. Each role will be described in a role description and have an accompanying specification that describes the skills, experience and characteristics required to fulfil the role

3.3.7. **Assessment and Appointment**

- An appointment panel appointed by the Accountable Officer and supported by suitably qualified and experienced advisers will assess the applications against the role specification.
- Only applicants that have demonstrated the minimum full range of competencies and characteristics detailed in the specification will be put forward for interview.
- All those eligible will be interviewed by a panel convened by the Accountable Officer.

3.3.8. **Term of Office**

- The initial term of office for GP Governing Body Members is up to three years. New appointees will retire on the date that the individual they replaced was due to retire in order to provide continuity.
- Members may serve up to two full terms of office subject to satisfactory appraisal by the chair and no objections having been received from the Council of Members.

3.4. Members of the Governing Body: Lay Members and Secondary Care Doctor

3.4.1. The CCG shall appoint individuals to the roles of: Secondary Care Doctor and Lay member (three) on the Governing Body.

3.4.2. One of the Lay Member roles, excluding the Lay Member for Audit, will be appointed as the Deputy Chair of the Governing Body.

3.4.3. Each role will be described in a role description and have an accompanying specification that describes the skills, experience and characteristics required to fulfil the role.

3.4.4. **Eligibility and Exclusion Criteria**
Individuals will not be appointed unless they meet the requirements of the descriptions (including the exclusion criteria) set out in the CCG Regulations 2012.

3.4.5. **Application**
The appointments will be made following an openly advertised application and assessment process.

3.4.6. **Assessment and Appointment**

- An appointment panel appointed by the Accountable Officer and supported by suitably qualified and experienced advisers will assess the applications against the role specification.
- Only applicants that have demonstrated the minimum full range of competencies and characteristics detailed in the specification will be put forward for interview.
- All those eligible will be interviewed by a panel convened by the Accountable Officer.

3.4.7. **Term of Office**

- The initial term of office is up to three years. New appointees will retire on the date that the individual they replaced was due to retire in order to provide continuity.
- Individuals may serve up to two full terms of office subject to satisfactory appraisal by the Chair and no objections having been received from the Council of Members.

3.5. Executive Members of the Governing Body

3.5.1. Executive members of the Governing Body become members by virtue of their employment into a management role in the CCG. These roles include:

- Accountable Officer;
- Chief Finance Officer;
- Chief Nurse (The CCG has determined that the role of Registered Nurse on the Governing Body will be fulfilled by the Chief Nurse);
- Director of Corporate Services, Governance & Performance
- Director of Acute Commissioning
- Director of Strategy & Integration

3.5.2. Each role will be described in a role description and have an accompanying specification that describes the skills, experience and characteristics required to fulfil the role.

3.5.3. Executive members are appointed following a formal standard recruitment process during which competency against the defined specification is assessed.

3.5.4. The Accountable Officer appointment process is subject to requirements set out by NHS England and the process will include a CCG panel convened by the chair. The appointment is subject to formal ratification by NHS England following selection and nomination by the CCG.

3.5.5. The role of Chief Nurse will be assessed separately for the role of Registered Nurse on the Governing Body ensuring that they meet the requirements of both roles. The registered nurse will not be appointed unless they meet the requirements of the descriptions (including the exclusion criteria) set out in the CCG Regulations 2012.

3.5.6. All other executive members of the Governing Body are appointed by a panel convened by the Accountable Officer.

3.5.7. Membership of the Governing Body is terminated when an individual's contract of employment is terminated.

3.6. Deputy Arrangements

3.6.1. Where any Executive Member of the Governing Body is unable to attend a meeting, they may appoint a deputy who will, subject to the agreement of the chair in advance of the meeting, be permitted to speak in place of that member to relevant agenda items.

3.6.2. Deputies will not contribute to the quorum and will not be permitted to vote

3.7. Removal from Office

3.7.1. Subject to terms of any contracts relating to their appointment and relevant CCG policies, members of the Governing Body and its committees shall vacate their office if any of the following occurs:

- If they fail to attend a minimum of 75% of the meetings to which they are invited.
- If they are deemed to not have the expected standards of performance at their annual appraisal.
- If they no longer fulfil the requirements of their role or become ineligible for the role as set out in The CCG regulations (2012) Schedules 5 and 4 (if relevant).

- If they have behaved in a manner or exhibited conduct which has or is likely to be detrimental to the honour and interest of the Governing Body or the CCG and is likely to bring the Governing Body or the CCG into disrepute. This includes but it is not limited to dishonesty; misrepresentation (either knowingly or fraudulently); defamation of any member of the Governing Body (being slander or libel); abuse of position; non-declaration of a known conflict of interest; seeking to manipulate a decision of the Governing Body in a manner that would ultimately be in favour of that member whether financially or otherwise.
- Are subject to disciplinary proceedings by a regulator or professional body.

3.7.2. In the event of any relevant allegation contrary to code of any of the CCGs policies, Members will be suspended pending the outcome of an investigation.

3.8. Notice Period

3.8.1. Executive members' notice period is defined in their contract of employment.

3.8.2. For all other members, a three-month notice period is required to be given in writing to the chair.

4. Meetings and Decision Making

4.1. Introduction and Scope

4.1.1. The following applies to all meetings of the CCG, including the Council of Members, the Governing Body and all Governing Body Committees.

4.2. Calling Meetings (Including Extraordinary Meetings)

4.2.1. The CCG shall set out a calendar of meetings at the start of each business cycle which will include, but not be limited to, meetings of the Council of Members, Governing Body, Audit Committee, Remuneration Committee, Primary Care Commissioning Committee and all meetings that provide assurance to the Governing Body.

4.2.2. Ordinary meetings shall be held at such times and places as the CCG may determine.

4.2.3. The Chair of the CCG or the relevant meeting or committee may call an additional / extraordinary meeting at any time.

4.2.4. Fifty per cent of the members of the CCG, Governing Body or relevant meeting may request a meeting in writing. If the Chair refuses, or fails, to call

a meeting within seven days of such a request being presented, the members signing the request may forthwith call a meeting.

4.2.5. For extraordinary meetings of the Council of Members, Members who are unable to attend the meeting in person will be able to transfer their vote to another Member of the Council who is attending the meeting and who is will to cast the Members vote on their behalf.

4.2.6. Transfer of votes will only be allowed for extraordinary Council of Members meetings due to the short notice at which such meetings are by nature called. Any Member who wishes to transfer their vote or vote by proxy must do one of the following:

i. Obtain the consent from a Member of the Council that is planning to attend the meeting to cast their vote in addition to their own and inform the Chair and Accountable Officer of their intention to transfer their vote.

ii. Notify via receipted email or letter to the Chair of the Council of Members and the Accountable Officer which will be received no later than 10:00 on the morning of the day that any meeting is scheduled.

4.3. Agenda and Supporting Papers

4.3.1. Items of business for inclusion on the agenda of a meeting need to be notified to the Chair at least 10 working days before the meeting takes place.

4.3.2. Agendas will be agreed between the Chair and the relevant Executive Lead.

4.3.3. Supporting papers for agenda items must be accompanied by an agreed cover-sheet and submitted to the committee secretariat at least six working days before the meeting takes place.

4.3.4. The agenda and supporting papers will be circulated to all members of a meeting and agreed circulation list at least five working days before the date of the meeting.

4.3.5. No business shall be transacted at the meeting other than that specified on the agenda, unless at the discretion of the Chair.

4.3.6. Agendas and certain papers for the CCG's Governing Body and other meetings that are held in public – including details about meeting dates, times and venues – will be published on the CCG's website.

4.4. Petitions

4.4.1. Where a petition has been received by the CCG, the Chair of the Governing Body shall include the petition as an item for the agenda of the next meeting of the Governing Body.

4.5. Chair of a Meeting

4.5.1. If the nominated Chair is absent from the meeting, the deputy chair, if any and if present, shall preside with the exception of the Council of Members meeting where it is the Vice Clinical Chair that will deputise for the Clinical Chair.

4.5.2. If the Chair is absent temporarily, for example on the grounds of a declared conflict of interest, the Deputy Chair, if present, shall preside with the exception of the Council of Members meeting where it is the Vice Clinical Chair that will deputise for the Clinical Chair.

4.5.3. If both the Chair and Deputy chair are absent, or are disqualified from participating, another participating member of the relevant committee shall be chosen by the members present, or by a majority of them, and shall preside.

4.6. Chair's Ruling

4.6.1. The decision of the Chair of the Governing Body on questions of order, relevancy and regularity and their interpretation of the constitution, standing orders, scheme of reservation and delegation and prime financial policies at the meeting, shall be final.

4.7. Remote Meetings

4.7.1. Use of skype, video conferencing, telephone or other communication facilities to conduct meetings are permissible for all meetings with prior agreement of the Chair.

4.7.2. The Chair will take into account the difficulties that might be posed to ensure proper access by the public should it, on occasion, be necessary to hold remote meetings and will make adjustments where possible.

4.8. Quorum

Council of Members

4.8.1. The quorum will be a simple majority of the member practices represented.

The Governing Body

4.8.2. A meeting of the NHS North Yorkshire Governing Body will be quorate when at least 6 Members are present. These 6 Members must include:

- Either the Clinical Chair or Deputy Chair
- At least one Lay Member
- At least 2 GPs (this can include the Clinical Chair)
- Either the Accountable Officer or Chief Finance Officer

4.8.3. The same quorum will apply to any decision requiring a Governing Body vote that is held outside of a meeting.

4.8.4. If members of a meeting are temporarily excluded due to a conflict of interest, with the agreement of the Chair, they will not be counted in the total number for the purpose of quoracy.

4.8.5. Where a quorum cannot be convened from the membership of the Governing Body, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the Chair / vice-Chair may invite, on a temporary basis, one or more individuals, as appropriate, to make up the quorum so that the CCG can progress the item of business.

This may include:

- Executive Members of the Governing Body, one of which must be the Chief Nurse.

4.9 Committees and Sub Committees

4.9.1 For committees and sub-committees of the Governing Body, the details of the quorum for these meetings are set out in the appropriate terms of reference.

4.10 Decision Making

4.10.1 The CCG's Constitution, together with the scheme of reservation and delegation, sets out the CCG's structure and the arrangements made by the CCG for the exercise of the CCG's statutory functions.

4.10.2 It is expected that decisions will usually be reached by consensus. Should this not be possible then a vote will be required, the process for which is set out below:

4.10.3 Only members of the relevant committee or meeting may vote. In the respect of Council of Members there will be one vote per practice representative.

4.10.4 Eligibility to attend a meeting, or have speaking rights at a meeting, does not in itself confer a right to vote.

4.10.5 The vote will be determined by a show of hands of those present in the room or via ballot using electronic means subject to the agreement of the chair.

4.10.6 The majority necessary to confirm a decision will be a simple majority of votes cast.

4.10.7 In the case of an equal number of votes the person chairing the meeting shall have an addition, casting vote.

4.10.8 Should a vote be taken, the outcome of the vote, and any dissenting views, will be recorded in the minutes of the meeting.

4.11 Emergency Powers and Urgent Decisions

4.11.1 It is recognised that there will be times when urgent decisions are required. The Clinical Chair, Accountable Officer and Chief Finance Officer have the authority to define an urgent decision.

4.11.2 The Clinical Chair, Accountable Officer and Chief Finance Officer have the authority to make an urgent decision without consultation with the Council of Members and/or Governing Body. In such circumstances, reasonable effort will be made to communicate with and engage the wider membership of the Governing Body or Committee. The exercise of such powers by the Chair, Accountable Officer and Chief Finance Officer shall be reported to the next formal meeting of the Governing Body session for formal ratification.

4.11.3 In an emergency, or for an urgent decision, the powers of committees and sub-committees of the CCG may be exercised by the Chair and lead executive officer after having consulted at least one other member of the committee. The exercise of such powers shall be reported to the next formal meeting for formal ratification.

4.12 Suspension of Standing Orders

4.12.1 Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these standing orders may be suspended at any meeting of the CCG (including the governing body and its committees and sub committees and the members forum), provided 75% of the people eligible to vote at the meeting in question are in agreement.

4.12.2 A decision to suspend standing orders together with the reasons for doing so shall be recorded in the minutes of the relevant meeting.

4.12.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Governing Body' and presented to the next Audit and Risk Assurance Committee for review of the reasonableness of the decision to suspend standing orders.

4.13 Record of Attendance

4.13.1 All minutes of meetings will include the full names of members present and their title or role.

4.14 Minutes

4.14.1 The minutes of the proceedings of a meeting shall be drawn up within 5 working days and a draft agreed with the chair.

4.14.2 The draft minutes will be circulated within 10 working days to all members and regular attendees (as specified in the constitution or relevant terms of reference) along with a log of agreed actions.

4.14.3 Draft minutes will be submitted for agreement at the next meeting where they shall be approved as a true and accurate record of the proceedings of the meeting.

4.14.4 No discussion shall take place upon the minutes except upon their accuracy unless the Chair deems discussion to be appropriate. Any matters arising and a review of the updated log of actions from previous meetings shall be addressed as a separate agenda item.

4.14.5 Minutes from all meetings held in public including, but not limited to the Governing Body, will be published on the CCGs web pages within 5 working days of the minutes being approved by the Governing Body as a true and accurate record.

4.14.6 At the discretion of the chair, the CCG may choose to publish other, non-confidential meetings' papers.

4.15 Admission of Public and the Press

4.15.1 Some meetings of the CCG (including but not necessarily limited to the Governing Body and Primary Care Commissioning Committee) are held in public and as such members of the public and representatives of the press may attend to observe meetings.

4.15.2 No-one other than the members of the relevant committee may address the committee or attendees unless specifically invited by the chair to do so.

4.15.3 All persons other than those that are members (as specified in the constitution or relevant terms of reference) will be excluded from any meeting or part of a meeting where it is deemed that it is not in the public interest. Such circumstances will be limited to discussions relating to a matter of a confidential nature regarding an individual, or small group of individuals, where their identity could be revealed or to a matter which may be commercially sensitive. In such circumstances the governing body will resolve that

'representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act 1960.

4.15.4 In the event the public could be excluded from a meeting of the Governing Body pursuant to the above, the CCG shall consider whether the subject matter of the meeting would in any event be subject to disclosure under the Freedom of Information Act 2000 and if so whether the public should be excluded in such circumstances.

4.16 Appointment of Committees and Sub-committees

4.16.1 The CCG may appoint committees and sub-committees of the CCG. The Governing Body may also appoint committees and sub-committees.

4.16.2 Other than where there are statutory requirements, or requirements set out in statutory guidance by NHS England, the Governing Body (or Council of Member for committees of the CCG) shall determine the membership and terms of reference of its committees and sub-committees and approve the appointment of members.

4.16.3 The Governing Body (or Council of Members if appropriate) will receive and consider reports from its committees at the next appropriate meeting.

4.16.4 The provisions of these standing orders shall apply where relevant to the operation of the Council of Members, and Governing Body, and all committees and sub-committees unless stated otherwise in the relevant terms of reference.

4.17 Terms of Reference

4.17.1 All committees and sub-committees of the CCG and its Governing Body will operate within a set of terms of reference.

4.17.2 Terms of reference of committees and sub-committees will be approved by and may be amended by the Council of Members or the Governing Body as appropriate.

4.18 Delegation of Powers by Committees to Sub-committees

4.18.1 Where committees are authorised to establish sub-committees they may not delegate executive powers to the sub-committee unless expressly authorised by the governing body.

5 Non-compliance

5.10 If for any reason these standing orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Governing Body for action or ratification.

5.11 All members of the CCG and staff have a duty to disclose any non-compliance with these standing orders to the accountable officer as soon as possible.

5.12 All instances of non-compliance should be reported to the Audit Committee.

6 Use of Seal and Authorisation of Documents

6.10 CCG's Seal

6.10.1 The CCG has use of a seal for executing documents where necessary. The following individuals or officers are authorised to authenticate its use by their signature:

- the Accountable Officer;
- the Chair of the Governing Body;
- the Chief Finance Officer;

6.11 Execution of a Document by Signature

6.11.1 The following individuals are authorised to execute a document on behalf of the CCG by their signature:

- the Accountable Officer
- the Chair of the Governing Body
- the Chief Finance Officer

7 Overlap with Other Policy

7.10 The CCG will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by the CCG. The decisions to approve such policies and procedures will be recorded in an appropriate minutes and will be deemed where appropriate to be an integral part of the CCG's standing orders.

Appendix 4: Standing Financial Instructions

The CCG's Standing Financial Instructions (SFIs) are part of the CCG's control environment and set out the delegated limits for financial commitments on behalf of the CCG. They contribute to good corporate governance, internal control and the management of risk. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of services. They also help the Accountable Officer and Chief Finance Officer perform their responsibilities effectively.

Together with the CCG's Prime Financial Policies, Scheme of Reservation and Delegation, and Operational Scheme of Delegation they are designed to ensure that the CCGs financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness.

The CCG's Prime Financial Policies, Scheme of Reservation and Delegation, and Operational Scheme of Delegation can be found in the CCG's Corporate Governance Handbook, available at www.northyorkshireccg.nhs.uk.

In accordance with Prime Financial Policies the Governing Body exercises financial supervision and control by:

i) Authorising the operational plan;
ii) Requiring the submission and approval of budgets within approved resource allocations / overall income;
iii) Defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money);
iv) Defining specific responsibilities placed on members of the Governing Body, committees, members and employees as indicated in the Scheme of Reservation and Delegation.

Once the Governing Body has reviewed and approved the Operating Plan and any supporting financial plan / budget the Governing Body delegates' approval through the operational scheme of delegation and associated limits of authorisation.

The table below provides the specific breakdown with regards to financial limits for the approval of business cases that result in amendments to the CCG's financial plan, spending decisions above budget and the resultant awarding of contracts:

Delegated Authority	Approval of business cases (investment & disinvestment) that result in amendments to the CCG's financial plan, spending decisions above budget	Approval of contracts including the signing of appropriate contract documentation (within agreed budgets)
Chief Officer	Nil	£150 million (FPCCC for noting)
Chief Finance Officer	Nil	£150 million (FPCCC for noting)
Executive Directors	Nil	£0.5 million (FPCCC for noting)
Executive Members	Up to £50,000 (FPCC for noting or PCCC if applicable)	Nil
Finance, Performance, Contracting & Commissioning Committee	£50,000 to £100,000	Nil
Primary Care Commissioning Committee	£50,000 to £100,000	Nil
Governing Body	Above £100,000	

The signatory to all contracts will ordinarily be the Chief Officer, in addition to an authorised signatory as set out in Standing Order 6.2.1, however in the absence of the Chief Officer and in exceptional circumstances any individual authorised to execute a document on behalf of the CCG, as set out in Standing Order 6.2.1, shall be authorised to sign a contract on behalf of the Chief Officer.

CCG employees that commit expenditure against a budget delegated to them, as identified in the CCG's Operational Scheme of Delegation maintained by the Chief Finance Officer, and contained within the CCG's Corporate Governance Handbook www.northyorkshireccg.nhs.uk must adhere to the specific financial limits delegated to them and follow the requirements of the Prime Financial Policies and the detailed financial policies. Failure to comply with these can be regarded as a disciplinary matter.

Appendix 5: the Lower-Layer Super Output Areas

LSOA Code	LSOA Name	LSOA Code	LSOA Name	LSOA Code	LSOA Name	LSOA Code	LSOA Name	LSOA Code	LSOA Name	LSOA Code	LSOA Name
E01027587	Hambleton 006A	E01027748	Richmondshire 003D	E01027639	Harrogate 010B	E01027687	Harrogate 005D	E01027735	Harrogate 018D	E01027836	Scarborough 004E
E01027588	Hambleton 006B	E01027749	Richmondshire 004A	E01027640	Harrogate 010C	E01027688	Harrogate 003B	E01027736	Harrogate 003C	E01027842	Scarborough 005A
E01027589	Hambleton 006C	E01027750	Richmondshire 004B	E01027641	Harrogate 008A	E01027689	Harrogate 011A	E01027737	Harrogate 003D	E01027843	Scarborough 005B
E01027590	Hambleton 003A	E01027751	Richmondshire 001B	E01027642	Harrogate 007A	E01027690	Harrogate 010D	E01027738	Harrogate 010E	E01027844	Scarborough 005C
E01027591	Hambleton 001A	E01027752	Richmondshire 001C	E01027643	Harrogate 003A	E01027691	Harrogate 011B	E01027739	Harrogate 010F	E01027845	Scarborough 005D
E01027592	Hambleton 003B	E01027753	Richmondshire 005B	E01027644	Harrogate 005A	E01027692	Harrogate 013E	E01027740	Harrogate 013F	E01027846	Scarborough 006C
E01027593	Hambleton 006D	E01027754	Richmondshire 004C	E01027645	Harrogate 005B	E01027693	Harrogate 006B	E01027741	Harrogate 010G	E01027847	Scarborough 006D
E01027597	Hambleton 001B	E01027756	Richmondshire 006B	E01027646	Harrogate 007B	E01027694	Harrogate 018B	E01027774	Ryedale 007A	E01027848	Scarborough 006E
E01027598	Hambleton 002A	E01027758	Richmondshire 006D	E01027647	Harrogate 005C	E01027695	Harrogate 016C	E01027778	Ryedale 007B	E01027849	Scarborough 007A
E01027599	Hambleton 001C	E01027759	Richmondshire 001D	E01027648	Harrogate 014A	E01027696	Harrogate 016D	E01027779	Ryedale 004A	E01027850	Scarborough 007B
E01027603	Hambleton 005A	E01027760	Richmondshire 006E	E01027649	Harrogate 013A	E01027697	Harrogate 017E	E01027782	Ryedale 007C	E01027851	Scarborough 008D
E01027604	Hambleton 005B	E01027761	Richmondshire 001E	E01027650	Harrogate 014B	E01027698	Harrogate 020C	E01027785	Ryedale 008A	E01027852	Scarborough 010B
E01027605	Hambleton 004A	E01027762	Richmondshire 001F	E01027651	Harrogate 013B	E01027699	Harrogate 021A	E01027786	Ryedale 008B	E01027853	Scarborough 010C
E01027606	Hambleton 004B	E01027763	Richmondshire 005C	E01027652	Harrogate 015A	E01027700	Harrogate 021B	E01027787	Ryedale 008C	E01027854	Scarborough 010D
E01027607	Hambleton 005C	E01027764	Richmondshire 005D	E01027653	Harrogate 020A	E01027701	Harrogate 006C	E01027788	Ryedale 008D	E01027855	Scarborough 005E
E01027608	Hambleton 004C	E01027765	Richmondshire 002A	E01027654	Harrogate 020B	E01027702	Harrogate 006D	E01027789	Ryedale 008E	E01027856	Scarborough 005F
E01027609	Hambleton 004D	E01027766	Richmondshire 002B	E01027655	Harrogate 015B	E01027703	Harrogate 016E	E01027790	Ryedale 008F	E01027857	Scarborough 004F
E01027610	Hambleton 004E	E01027767	Richmondshire 002C	E01027656	Harrogate 019A	E01027704	Harrogate 012D	E01027791	Ryedale 008G	E01027858	Scarborough 012D
E01027611	Hambleton 004F	E01027768	Richmondshire 002D	E01027657	Harrogate 013C	E01027705	Harrogate 004A	E01027796	Ryedale 004B	E01027859	Scarborough 013D
E01027612	Hambleton 004G	E01027769	Richmondshire 002E	E01027658	Harrogate 013D	E01027706	Harrogate 004B	E01027798	Ryedale 004C	E01027860	Scarborough 012E
E01027613	Hambleton 003C	E01027770	Richmondshire 002F	E01027659	Harrogate 015C	E01027707	Harrogate 004C	E01027802	Ryedale 002F	E01027861	Scarborough 009D
E01027614	Hambleton 005D	E01027771	Richmondshire 004E	E01027660	Harrogate 017A	E01027708	Harrogate 004D	E01027803	Ryedale 004D	E01027862	Scarborough 008E
E01027615	Hambleton 005E	E01027772	Richmondshire 004F	E01027661	Harrogate 017B	E01027709	Harrogate 004E	E01027804	Scarborough 010A	E01027863	Scarborough 009E
E01027616	Hambleton 004H	E01027773	Richmondshire 005E	E01027662	Harrogate 017C	E01027710	Harrogate 004F	E01027805	Scarborough 006A	E01027867	Scarborough 011E
E01027617	Hambleton 003D	E01027813	Scarborough 002A	E01027663	Harrogate 017D	E01027711	Harrogate 004G	E01027806	Scarborough 006B	E01027868	Scarborough 010E
E01027618	Hambleton 002B	E01027821	Scarborough 004A	E01027664	Harrogate 008B	E01027712	Harrogate 002A	E01027807	Scarborough 011A	E01027872	Scarborough 007C
E01027620	Hambleton 008A	E01027822	Scarborough 002B	E01027665	Harrogate 008C	E01027713	Harrogate 002B	E01027808	Scarborough 011B	E01027873	Scarborough 009F
E01027621	Hambleton 009A	E01027823	Scarborough 004B	E01027666	Harrogate 001A	E01027714	Harrogate 002C	E01027809	Scarborough 011C	E01027874	Scarborough 007D
E01027623	Hambleton 001D	E01027831	Scarborough 004C	E01027667	Harrogate 001B	E01027715	Harrogate 002D	E01027810	Scarborough 008A		
E01027624	Hambleton 002C	E01027832	Scarborough 004D	E01027668	Harrogate 009A	E01027716	Harrogate 020D	E01027811	Scarborough 008B		
E01027625	Hambleton 001E	E01027837	Scarborough 001A	E01027669	Harrogate 009B	E01027717	Harrogate 020E	E01027812	Scarborough 008C		
E01027626	Hambleton 002D	E01027838	Scarborough 003A	E01027670	Harrogate 012A	E01027718	Harrogate 020F	E01027814	Scarborough 013A		
E01027627	Hambleton 002E	E01027839	Scarborough 001B	E01027671	Harrogate 012B	E01027719	Harrogate 020G	E01027815	Scarborough 013B		
E01027628	Hambleton 007B	E01027840	Scarborough 002C	E01027672	Harrogate 012C	E01027720	Harrogate 011C	E01027816	Scarborough 013C		
E01027629	Hambleton 009B	E01027841	Scarborough 002D	E01027673	Harrogate 009C	E01027721	Harrogate 011D	E01027817	Scarborough 012A		
E01027630	Hambleton 008B	E01027864	Scarborough 003B	E01027674	Harrogate 007C	E01027722	Harrogate 008D	E01027818	Scarborough 011D		
E01027631	Hambleton 008C	E01027865	Scarborough 003C	E01027675	Harrogate 007D	E01027723	Harrogate 011E	E01027819	Scarborough 012B		
E01027632	Hambleton 008D	E01027866	Scarborough 003D	E01027676	Harrogate 009D	E01027724	Harrogate 021C	E01027820	Scarborough 012C		
E01027633	Hambleton 007C	E01027869	Scarborough 001C	E01027677	Harrogate 015D	E01027725	Harrogate 021D	E01027824	Scarborough 009A		
E01027635	Hambleton 009C	E01027870	Scarborough 001D	E01027678	Harrogate 015E	E01027726	Harrogate 014C	E01027825	Scarborough 009B		
E01027636	Hambleton 009D	E01027871	Scarborough 001E	E01027679	Harrogate 019B	E01027727	Harrogate 014D	E01027826	Scarborough 009C		
E01027637	Hambleton 008E	E01033065	Hambleton 007D	E01027680	Harrogate 015F	E01027728	Harrogate 014E	E01027827	Scarborough 014A		
E01027742	Richmondshire 00	E01033066	Hambleton 007E	E01027681	Harrogate 006A	E01027729	Harrogate 014F	E01027828	Scarborough 014B		
E01027743	Richmondshire 00	E01033183	Richmondshire 004G	E01027682	Harrogate 018A	E01027730	Harrogate 019C	E01027829	Scarborough 014C		
E01027744	Richmondshire 00	E01033184	Richmondshire 004H	E01027683	Harrogate 016A	E01027731	Harrogate 019D	E01027830	Scarborough 014D		
E01027745	Richmondshire 00	E01033185	Richmondshire 006F	E01027684	Harrogate 016B	E01027732	Harrogate 019E	E01027833	Scarborough 014E		
E01027746	Richmondshire 00	E01033186	Richmondshire 006G	E01027685	Harrogate 001C	E01027733	Harrogate 017F	E01027834	Scarborough 014F		
E01027747	Richmondshire 00	E01027638	Harrogate 010A	E01027686	Harrogate 001D	E01027734	Harrogate 018C	E01027835	Scarborough 014G		