

NHS Waltham Forest CCG GOVERNANCE HANDBOOK

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1. Document control

Version control

Version	Date	Editor
v1.0	26 April 2019	Laura Carlin
V2.0	21 April 2019	Satbinder Sanghera

Document approvals and signoff

Approver	Version approved	Date of approval
WFCCG governing body		

2. Introduction

Waltham Forests CCG's governance handbook comprises a range of documents that together support the CCG's members, governing body, and officers to ensure transparency and good governance.

It is referenced in the constitution at sections 1.5.1.e, 1.6.1.a, 3.3.1, 3.4.3, 3.5.3, 5.1.1, and 5.9.9.

These passages cover the content of the handbook, the CCG's commitment to publish the handbook, and members' rights to be engaged in the development of the handbook.

This handbook has been developed through engagement with the CCG's member practices and the Waltham Forest LMC, prior to approval by the CCG's governing body.

3. Members' Rights

3.1 The relationship between the CCG and its Members is supported by a set of Members' rights. The relevant processes associated with these Members' rights are outlined below:

3.1.1 Calling and attending a general meeting of the Members

All Members have the right to attend a general meeting of the Members.

All Members have the right to call a general meeting of the Members. If a Member wishes to call a general meeting of the Members, they must prepare a proposal that clearly outlines the rationale behind calling an additional meeting of the Members. This proposal must be submitted to the Chair who will make the final decision on whether to hold an extraordinary meeting as described in section 4.4 of Members' Council standing orders.

3.1.2 Submitting a proposal for amendment of the Constitution:

All Members have the right to submit a proposal for amendment of the Constitution. The process for submitting a proposal for amendment of the Constitution is as follows:

A Member must first prepare a proposal that clearly outlines the detail and rationale of the proposed change. This proposal is to be submitted to the Accountable Officer who will make a judgement on whether the proposed amendment shall be considered as described in section 1.4.2 of the Constitution.

3.1.3 Putting themselves forward for election to the Governing Body

See sections 2.2.2, 2.2.2A and 2.2.3 of NHS Waltham Forest Clinical Commissioning Group Constitution Appendix 3 Standing Orders.

3.1.4 Electing Clinical Directors to the Governing Body

See section 2.2.3 of NHS Waltham Forest Clinical Commissioning Group Constitution Appendix 3 Standing Orders.

3.1.5 Removing elected members of the Governing Body

See section 2.2 of NHS Waltham Forest Clinical Commissioning Group Constitution Appendix 3 Standing Orders.

3.1.6 Participating in the development of the CCG's Corporate Governance documents, including the CCG Handbook

Members have the right to participate in the development of the CCG's Corporate Governance documents, including this CCG Governance Handbook. This section describes the process that must be followed.

Stage 1: CCG officers will develop a first draft of any corporate governance document. CCG officers are committed to engaging LCM and will do so when appropriate.

Stage 2: CCG officers will submit a completed draft to Members' Council for comments.

Stage 3: CCG officers will review comments from Members' Council reflect any appropriate updates in the version that goes to governing body.

Stage 4: The governing body will have final approval and sign off.

4. Members' Council Standing Orders

4.1 Authority

4.1.1 As described in the scheme of reservation and delegation.

4.2 Membership

4.2.1 The membership consists of all Practice Representatives, as described in the Constitution.

4.3 Quorum

One third of the total number of Practice Representatives, except when the Practice Member Council is making decisions reserved as described in the Scheme of Reservation & Delegation when the quorum will be 50% of the Practice Representatives.

4.4 Frequency of Meetings

4.4.1 A calendar of meetings for the year shall be produced to allow members to plan their time effectively. This calendar of meetings is to include the Annual General Meeting.

4.4.2 Extraordinary meetings may be called by the Chair as required with a minimum of 14 days' notice.

4.4.3 The Governing Body may by majority vote call a general meeting of the Members' Council at any time.

4.4.4 Practice Representatives together holding not less than 75% of the voting rights allocated to all of the Practice Representatives may require the Governing Body to call a General Meeting at any time.

4.5 Notice of Meetings

4.5.1 Formal notice of a meeting including the agenda and decision papers that are available shall be sent to members at least five working days before a meeting, if the meeting is included in the calendar of meetings and not including the day of despatch unless circumstances determine otherwise.

4.5.2 Formal notice of a general meeting of the Members shall be sent to members at least 14 working days before a meeting, if the meeting is and extraordinary meeting as described in 4.4.2 and therefore not included in the calendar of meetings and not including the day of despatch unless circumstances determine otherwise. The agenda and decision papers that are available shall be sent to members at least five working days before a meeting.

4.5.3 A Member wanting an item placed on the agenda must outline the item to the Chair, who will decide if it is to be included on the agenda.

4.5.4 Any papers relating to items that are to be discussed in private at a general meeting of the Members' Council shall not be made public.

4.5.5 Every notice calling a general meeting of the Members' Council must specify the location, date and time of the meeting and the general nature of the business to be transacted. Any resolution to be passed must be set out in full.

4.5.6 On the calling of a general meeting of the Members the Chair shall arrange to give notice of it:

- a) to all member practices and practice representatives
- b) on the Group's website.
- c) to the following local bodies directly via an appropriate stakeholder: Healthwatch and the Chair of the Health & Wellbeing Board.

4.6 Attendance and Speaking at Meetings

4.6.1 Each Practice Representative, any GP working in the Waltham Forest area and each member of the Governing Body may speak at a general meeting of the Members.

4.7 Chairing of Meetings

4.7.2 The Chair of the Governing Body shall chair general meeting of the Members if present. If not present the Clinical Vice Chair shall chair the general meeting of the Members if present.

4.7.3 If the Chair and Clinical Vice Chair are not present the Practice Representatives will appoint an appropriate chair from amongst the representatives attending a meeting.

4.8 Decision Making

4.8.4 Where the meeting must make a decision, this is normally through using a simple majority of the Practice Representatives present with each Practice Representative having one vote.

4.8.5 Any Member may request, prior to the vote being held, that the alternative voting system is used that uses a simple majority weighted votes described in 4.8.3 and 4.8.4.

4.8.6 The alternative voting system provides each Practice Representative with nominated voting rights calculated on the basis of the registered list size of their practice, weighted as follows:

4.8.7 GP registered practice size number of votes:

Practice list size	Number of votes
0 - 1000	1
1001 - 2000	2
2001 - 3000	3
And so on – up to the greatest list size in the CCG	

4.8.8 A Practice Representative will cast his or her votes as a block but when doing so should reflect the wishes of the Member who appointed him or her.

4.8.9 Only the Practice Representatives (or their proxies), the Chair of the Members' Council, the Clinical Vice Chair of the general meeting of the Members' Council and the Accountable Officer shall be eligible to vote at a general meeting of the Members' Council. In the case of an equality of votes, the chair of the meeting shall be entitled to a casting vote.

4.8.10 The decision of the chair of the meeting 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.

4.8.11 A paper or online voting ballot may be used if requested by any member.

4.8.12 Matters for decision at a general meeting of the Members shall be decided by Ordinary Resolution unless the Constitution provides otherwise.

4.9 Content of Proxy Notices

4.9.1 Practice Representatives can appoint a proxy to attend and vote on their behalf at a general meeting of the Members.

4.9.2 The Practice Representative must inform the CCG if they appoint a proxy.

4.9.3 The proxy appointed by the Practice Representative must be a member of staff from a Waltham Forest CCG member practice.

5. Standards of business conduct and the management of conflicts of interest policy

5.1 The standards of business conduct and management of conflict of interest policy can be found here:



Standards of
Business Conduct - Cc

6. Other terms of reference

6.1 The following committees and groups have been established by the board. Their terms of reference are available at the links in the table below:

Committee or group		Terms of Reference
1	Finance and Planning	Click here
2	IT	Click here
3	Locality	Click here
4	Medicines Optimisation	Click here
5	Patient Reference Group	Click here
6	Performance and Quality	Click here

7. Dispute Process

- 7.1 CCG members agree to act reasonably and in good faith in respect of any disagreement and shall use reasonable endeavours to promote the resolution of any dispute as swiftly as possible. CCG members are expected to try and resolve issues where possible using informal resolution processes such as:
- a) using the general meeting of the Members to discuss any issues or concerns; or
 - b) contacting their locality representative on the CCG Governing Body with their concerns.
- 7.2 Where a member wishes to raise a formal complaint or dispute in respect of any issue arising out of the obligations under the Constitution, then that individual raising such dispute or complaint shall write to the CCG Managing Director setting out the nature of the dispute or complaint, together with any supporting evidence within 30 days of the dispute having arisen, or within 30 days from such time as that individual or person could reasonably have been aware of the facts giving rise to the dispute.
- 7.3 Stage 1: The Board shall convene an informal meeting between the parties, with the LMC present to attempt to facilitate an informal dialogue between the parties in an attempt to resolve the matter. Such meeting shall be facilitated within 30 days of the complaint/dispute having been received or such other time as agreed between the parties. In the event that no informal resolution is achieved, the matter may be escalated to stage 2.
- 7.4 Stage 2: Where a dispute or complaint has not been successfully resolved by the informal process set out above, then any party to the dispute may within 30 days of the end of the informal process, request that the matter be dealt with via the formal dispute resolution procedure. This request shall be made in writing to the Chair of the Board. The Board shall, within 30 days, of receipt of the request or engage a suitably qualified mediator, to hear the dispute and shall, as soon as practicable, but in any event before 21 days of the hearing inform all parties of the date of the hearing. As an alternative to mediation, the Board may convene a panel hearing to determine the dispute. If a panel is convened, then the panel shall consist of 3 individuals, namely, a member of the LMC, a member of the Board and a third member to be agreed between the parties. Either party may if they wish, obtain at their own cost legal assistance to represent them at a mediation or before a panel. The decision of the mediator or the panel shall be final and legally binding. The panel shall have the power to make such recommendations and decisions as it thinks fit and shall after a reasonable time for deliberation inform the parties of their findings and decision.
- 7.5 Stage 3: Save for where a mediator is engaged, where any decision shall be made binding, in the event that the either party fails to adhere to the decision and/or recommendations of the panel, or the matter giving rise to the original dispute persists, then the matter shall be referred to NHS England.

8. Practice Representative Role Description

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- 8.1 Each Member will be required to nominate any member of practice staff as its Practice Representative for attendance and voting at Members' Council. Each Member shall notify the CCG of the name of its Practice Representative. It is for each practice to decide how the Practice Representative is appointed.
- 8.2 Each Practice Representative represents the views of the practice that has appointed him or her and acts on behalf of that practice in matters relating to Waltham Forest CCG.
- 8.3 The role of each Practice Representative is to:
- a) work corporately so as to ensure that Waltham Forest CCG is able to fulfil its statutory duties;
 - b) represent the views of their respective practice;
 - c) be an active link between the practice and Waltham Forest CCG in discharging Waltham Forest CCG's functions. The practice representative should ensure the practice has a sound understanding of commissioning issues;
 - d) ensure their practice supports Waltham Forest CCG in meeting its statutory responsibilities and work with its Board in this regard;
 - e) attend and vote at general meetings of the Members; and
 - f) fulfil their corporate responsibilities on the Board, where they are also appointed as a Board member.

9. Scheme of Reservation and Delegation

9.1 SCHEDULE OF MATTERS RESERVED TO THE CLINICAL COMMISSIONING GROUP AND SCHEME OF DELEGATION

- 9.1.1 The arrangements made by the Group as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in the Group's Constitution.
- 9.1.2 The Clinical Commissioning Group remains accountable for all of its functions, including those that it has delegated.

Ref	The Members' Council	Decisions/ duties delegated by the Group and reserved to the Members' Council
1	The Members' Council	Determine the arrangements by which the Members of the Group approve those decisions that are reserved for the membership.
2	The Members' Council and Governing Body	Consideration and approval of applications to the NHS Commissioning Board on any matter concerning changes to the Group's Constitution.
3	The Members' Council	Approve any proposal to: <ul style="list-style-type: none"> a) change the nature of the business of the Group or do anything inconsistent with the mission, values and aims of the Group; b) change the name of the Group; c) merge, federate or amalgamate the Group; d) seek to remove any Member or Practice Representative for any reason other than those set out in the Constitution; e) re-organise boundaries of the Group.
Ref	The Governing Body	Decisions/ duties delegated to the Governing Body
1	The Governing Body	General Enabling Provision <ul style="list-style-type: none"> 1. The Governing Body may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers
2	The Governing Body	Overarching Scheme of Reservation and Delegation <ul style="list-style-type: none"> 1. Prepare the Group's overarching scheme of reservation and delegation, which sets out those decisions of the Group reserved to the membership and those delegated to the: <ul style="list-style-type: none"> • Group's Governing Body; • Committees and sub-committees of the Group; or • Its Members and employees;

		<p>and sets out those decisions of the Governing Body reserved to the Governing Body and those delegated to the</p> <ul style="list-style-type: none"> • Governing Body's committees and sub-committees; • members of the Governing Body; • an individual who is a member of the Group but not the Governing Body; or • a specified person in the Group's Constitution. <p>2. Approval of the Group's operational scheme of delegation that underpins the Group's 'overarching scheme of reservation and delegation' as set out in its Constitution.</p>
3	The Governing Body	<p>Regulations and Control</p> <ol style="list-style-type: none"> 1. Determine arrangements to manage conflicts of interest and potential conflicts of interest in accordance with Clause 8 of the Constitution. 2. Require and receive the declaration of Governing Body members' interests. 3. Approve arrangements for dealing with complaints. 4. Receive reports from committees including those that the Governing Body is required by the 2006 Act to establish and to action appropriately. 5. Confirm the recommendations of the Governing Body's committees where the committees do not have executive powers. 6. Approve arrangements relating to the discharge of the CCG's responsibilities as a corporate trustee for funds held on trust. 7. Establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Governing Body. 8. Authorise use of the seal. 9. Discipline members of the Governing Body and/ or employees who are in breach of statutory requirements or SOs.

		10. Approve any urgent decisions taken in accordance with Standing Order 6 for ratification by the Governing Body.
4	The Governing Body	<p>Appointments/ Dismissal</p> <ol style="list-style-type: none"> 1. Approve the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning. 2. Appoint the Deputy Chair of the Governing Body. 3. Appoint the Clinical Directors in accordance with the outcome of the process set out in Standing Order 2.4.3 4. Appoint and dismiss committees (and individual members) that are directly accountable to the Governing Body. 5. Confirm appointment of members of any committee of the Group or Governing Body as representatives on outside bodies. 6. Delegate power to committees to appoint sub-committees where appropriate.
5	The Governing Body	<p>Strategy, Local Delivery Plan and Budgets</p> <ol style="list-style-type: none"> 1. Identify the key strategic risks, evaluate them and ensure adequate responses are in place and are monitored. 2. Approve plans in respect of the application of available financial resources to support the agreed Commissioning Strategy Plan (Operating Plan/QIPP). 3. Approve proposals for ensuring quality and developing clinical governance in services provided by the Group or its constituent practices, having regard to any guidance issued by the NHS Commissioning Board and/ or the Secretary of State. 4. Approve (with any necessary appropriate modification) the Group's commissioning strategy or plan. 5. Approve annually (with any necessary appropriate modification) the Group's CSP and Operating Plan/QIPP. 6. Approve the Group's policies and procedures for the management of risk. 7. Approve budgets.

		<ol style="list-style-type: none"> 8. Ratify the Senior Management's proposals for strategic development, including the CSP and associated delivery and incentivisation processes. 9. Ratify proposals for acquisition, disposal or change of use of land and/or buildings. 10. Approve the opening of bank accounts. 11. Approve contracts in accordance with the Prime Financial Policies. 12. Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Officer and Chief Finance Officer (for losses and special payments) previously approved by the Governing Body. 13. Approve individual compensation payments above delegated limits. 14. Approve proposals for action on litigation against or on behalf of the Group. 15. Approve arrangements for managing exceptional funding requests. 16. Define the vision, values, aims and overall strategic direction of the Group. 17. Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the Group's ability to achieve its agreed strategic aims. 18. Agree the framework within which delegated Collaborative Commissioning arrangements or Individual Funding Request regimes will operate.
6	The Governing Body	<p>Terms of Employment/ Terms of Service</p> <ol style="list-style-type: none"> 1. Determine remuneration, fees and allowances payable to employees of the Group and to other persons providing services to the Group, including the allowances payable under any pension scheme. 2. Determine: <ol style="list-style-type: none"> a) the other terms and conditions of employment of the employees of the Group; and b) the other terms of service of persons providing services to the Group. 3. Approval of the arrangements for discharging the Group's statutory duties as an employer. 4. Approve human resources policies for employees and for other persons working on behalf of the Group.

		5. Approve changes in Executive/management structure, designation and function.
7	The Governing Body	<p>Audit</p> <ol style="list-style-type: none"> 1. Receive the annual management letter received from the External Auditor, taking account of the advice, where appropriate, of the Audit Committee. 2. Receive an annual report from the Internal Auditor and agree action on recommendations where appropriate of the Audit Committee.
8	The Governing Body	<p>Annual Reports and Accounts</p> <ol style="list-style-type: none"> 1. Receipt and approval of the Group's Annual Report and Annual Accounts. 2. Receipt and approval of the Annual Report and Accounts for any funds held on trust, which may be incorporated within the Group's annual report. 3. Approval of the arrangements for discharging the Group's statutory financial duties.
9	The Governing Body	<p>Tendering and Contracting</p> <ol style="list-style-type: none"> 1. Approval of the Group's contracts for any commissioning support. 2. Approval of the Group's contracts for corporate support (for example finance provision)
10	The Governing Body	<p>Commissioning and Contracting for Clinical Services</p> <ol style="list-style-type: none"> 1. Approval of the arrangements for discharging the Group's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation. 2. Approve arrangements for co-ordinating the commissioning of services with other clinical commissioning groups and or with the local authority(ies), where appropriate.
11	The Governing Body	<p>Operational and Risk Management</p> <ol style="list-style-type: none"> 1. Approval of the Group's risk management arrangements. 2. Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006).

		<p>3. Approve proposals for action on litigation against or on behalf of the clinical commissioning Group.</p> <p>4. Approve the Group's arrangements for business continuity and emergency planning.</p>
12	The Governing Body	<p>Quality and Safety</p> <p>1. Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.</p> <p>2. Approve arrangements for supporting the NHS Commissioning Board in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.</p>
13	The Governing Body	<p>Partnership Working</p> <p>1. Approve decisions that individual members or employees of the Group participating in joint arrangements on behalf of the Group can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.</p> <p>2. Approve decisions delegated to joint committees established under section 75 of the 2006 Act.</p>
14	The Governing Body	<p>Information Governance</p> <p>1. Approve the Group's arrangements for handling complaints.</p> <p>2. Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.</p>
15	The Governing Body	<p>Other functions</p> <p>Exercise of those functions of the Group which have not been reserved to the Members' Council, delegated to a committee or sub-committee of the Group or to one or more of its Members or employees.</p>
Ref	The Chair	Decisions/ duties delegated to the Chair of the Governing Body
1	Chair	Appraise the Clinical Directors.
2	Chair	Approve all communications to practices from the Governing Body.
Ref	The Accountable Officer	Decisions/ duties delegated to the Chief Officer
1	Accountable Officer	Operational Scheme of Delegation

		<ol style="list-style-type: none"> 1. Prepare and recommend the Group's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the Group, not for inclusion in the Group's Constitution.
2	Accountable Officer	<p>Comprehensive System of Internal Control</p> <ol style="list-style-type: none"> 1. Approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the Group.
Ref	Chief Finance Officer	Decisions/ duties delegated to the Chief Finance Officer
1	Chief Finance Officer	<ol style="list-style-type: none"> 1. Prepare detailed financial policies that underpin the Group's prime financial policies. 2. Exercise all the functions as set out in clause 7.7.2 of the Group's Constitution and Appendix E (Detailed Financial Policies).
Ref	Committee	Decisions/duties delegated by the Governing Body to committees
1	Audit committee	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Advise the Governing Body on internal and external audit services; 2. Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities that supports the achievement of the organisation's objectives. 3. Monitor compliance with Standing Orders and Prime Financial Policies; 4. Review schedules of losses and compensations and making recommendations to the Governing Body; 5. Review the annual financial statements prior to submission to the Governing Body. 6. Approve the appointment (and where necessary the dismissal) of Internal Auditors and advise the Audit Commission on the appointment of External Auditors, including arrangements for the separate audit of funds held on trust. 7. Receive the annual management letter received from the External Auditor. 8. Approve the Group's counter fraud and security management arrangements. 9. Approve the Group's banking arrangements.

		The Committee will adopt Terms of Reference approved by the Governing Body.
2	Remuneration committee	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Make recommendations to the Governing Body about appropriate remuneration and terms of service for the Accountable Officer and other senior employees of the Group including: <ul style="list-style-type: none"> • all aspects of salary (including any performance-related elements/bonuses); • any other fees and allowances, including the allowances payable under any pension scheme; • arrangements for termination of employment and other contractual terms; <p>having proper regard to the Group's circumstances and performance and to the provision of any national arrangements for such staff;</p> <ol style="list-style-type: none"> 2. Make recommendations to the Governing Body about remuneration and travelling or other allowances payable to members of the Governing Body. 3. Make recommendations to the Governing Body about the remuneration, fees and allowances payable to other employees of the Group and to other persons providing services to the Group, including the allowances payable under any pension scheme. 4. Advise the Governing Body about the terms and conditions of employment of the employees of the Group and the terms of service of persons providing services to the Group. 5. Proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate advise on and oversee appropriate contractual arrangements for such staff; 6. Report in writing to the Governing Body the basis for its recommendations. 7. The Committee will adopt Terms of Reference approved by the Governing Body.
	Performance Committee	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Provide drive and energy on performance such that service delivery in Waltham Forest reflects best practice across the country. 2. Address performance and variability against CSP targets, QIPP delivery and safeguarding/serious untoward incidents.

		<ol style="list-style-type: none"> 3. Recommend performance monitoring processes, benchmarking, delivery plans and other improvement processes. Including the means to report these to the Governing Body such that failing services can be identified and action taken. 4. Focus on practice performance and variability, providing a key link with the NHS CB and the CCG requirement to co-operate with the NHSCB in practice improvement. 5. Provide assurance on the performance of services commissioned and promote continuous improvement with respect to safety of services, clinical effectiveness and patient experience. 6. Ensure that problems are resolved and that action plans drawn up are implemented and achieve their expected results. 7. Communicate to the Governing Body on critical performance issues. The Committee's detailed Terms of Reference are on the CCG website.
	Population Health Committee	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Oversee the delivery of the MOU with LBWF for public health 2. Provide input in to the JHWBS and JSNA 3. Ensure consistency of messages on population health from the CCG perspective drawing on a range of resources 4. Oversee the delivery of the CCG's Primary Care Transformation agenda 5. Address Health outcome data published for the CCG 6. Work with LBWF on health promotion/prevention activity 7. Be the committee that relates to the NHSCB on primary care improvement. <p>The Committee's detailed Terms of Reference are on the CCG website</p>
	Quality, Innovation, Education and Research Committee	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Focus on transformation and service improvement. 2. Identify best practice and ensure this is embedded within plans. 3. Address key clinical policies for the CCG and make recommendations to the Governing Body (ie POLCV).

		<ol style="list-style-type: none"> 4. Provide a governance structure and co-ordination of the work of 'task and finish' project groups established by the CCG. 5. Recommend changes to services, pathways or commissioned provision to the Governing Body for agreement. 6. Develop metrics that evidence the improvement to health which the transformation work of the Group achieves. 7. Promote research and innovation across the CCG. 8. Promote pathways agreed by the Governing Body to CCG members. 9. Provide a framework/set the standard for project groups in terms of the characteristics expected of pathways, redesign proposals and business plans. 10. Provide the 'engine house' for CSP developing, overseeing task and finish groups that the governing body establishes from time to time to assist in focused pieces of service transformation. <p>The Committee's detailed Terms of Reference are on the CCG website.</p>
	<p>Primary Care Co-Commissioning Committee</p>	<p>The Committee will:</p> <ul style="list-style-type: none"> • Approve GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract) • Introduce newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services") • Design local incentive schemes as an alternative to the Quality Outcomes Framework (QOF) • Decide on whether to establish new GP practices in an area • Approve practice mergers • Decide on the management of practice vacancies including whether to disperse, close or procure • Make decisions on 'discretionary' payment (e.g. returner / retainer schemes) The Committee's detailed Terms of Reference are on the CCG website.

Provision of services by Commissioning Support Unit (CSU)

The Group has commissioned North and East London Commissioning Support Unit (CSU) to provide support services for the three-year period ending 31st March 2016 under a service level agreement. The areas covered in this service level agreement include –

- Health needs opportunity assessment
- Business intelligence, informatics and information technology
- Communications and Freedom of Information response
- Support for commissioning
- Support for financial planning and service redesign
- Procurement and market management
- Quality and provider management
- Corporate services

Authorisation of clinical contract invoices

The Group has contracted with the CSU under its service level agreement to approve commissioning invoices on behalf of the Group, committing the Group to pay third parties with whom the Group contracts provided that they are for the specified values or less. This is put in place each year once the contract values have been formally agreed by the Governing Body.

The above authorisation will be limited to a schedule of contracts to be provided to the CSU in April of each financial year. The schedule will set out how much is to be paid on each contract each month and must be approved in writing by the CFO.

The Group can withdraw this authorisation at any point and on any individual contract within the contract period by providing the Chief Officer of the CSU with written instruction to that effect. Only the Accountable Officer or CFO can provide such a withdrawal of authorisation.

Invoices which include a payment for over performance or CQUIN (contractual quality incentive payment) will be authorised by the appropriate CCG staff, at the authorisation level shown above.