NHS
Wolverhampton
Clinical Commissioning Group

EXTRAORDINARY GOVERNING BODY IN COMMON

Tuesday 21 January 2020
1.00 pm to 2.30 pm
Millichip Suite, West Bromwich Albion Football Club, Birmingham Road, West Bromwich, B71 4LF

Time			Agenda Items	Action		Lead
1pm		**1**	**To receive apologies for absence**			Chair
1.05		**2**	**Declarations of Interests** To request members to disclose any interest they have, direct or indirect, in any agenda items and to note that those members may not be allowed to take part in the consideration or discussion or vote on any questions relating to that item			Chair
1.10		**3**	**Notification of any items of other business**			Chair
1.10		**4**	**CCG Governance Arrangements**			
		4.1	Proposed future governance from 1st April	Decision	1 – 44	Claire Parker
		4.2	Proposed GB working groups on operational governance	Decision	45 – 50	Paul Maubach
1.50		**5**	**CCG future HQ**			
		5.1	Proposed criteria for determine HQ location	Decision	51 – 56	Paul Mauback and Claire Parker
2.05		**6**	**Senior Management Team**			
		6.1	Proposed structure and process	Decision	57 – 68	Paul Maubach/ Alice McGee
2.25		**7**	**Any Other Business**			
Close 2.30		**8**	**DATE OF NEXT MEETING** Governing Body in Common - Tuesday 18 February 2020			

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Governing Body in Common Date	21st January 2020
Agenda item	Item 4.1

Title	Proposed Governance structure for four CCG's operating under a single executive management team
Sponsoring Director	Claire Parker
Authors	Sara Savile Peter McKenzie Jodi Woodhouse Emma Smith Claire Parker
Presented by	Claire Parker
Exec Summary/Purpose	This paper proposes a Governance structure for the four CCGs to work together at system level and at 'place' whilst allowing for room to innovate and develop ideas, following feedback from Governing Body members and executive management team members. It also includes outcomes from the Phase 1 listening exercise. The Transition Board recommended an approach that is discussed within the paper to ensure the new structure will deliver the statutory responsibilities at system and place and ensure time for innovation and development of commissioning ideas. There is considerable work to do around the structure, and changes may need to be made, as well as ensuring that CCG constitutions are adhered to. The Governing Bodies in Common are asked to approve the new structure as the approach from 1st April 2020. Governing Bodies in Common are asked to approve the GB in Common and Joint Health Board alternately from 1st April 2020, with continued development work from now until beyond 1st April. To ensure the CCG's are meeting statutory requirements and can continue decision making. A **draft** Scheme of Resolution and Delegation (SORD) is attached for discussion. This will be developed in detail with GB members and executive directors from this point forward.

	A **draft** terms of reference for the Joint Health Commissioning Board for information and discussion is attached. A plan on a page proposal for a second phase conversation with stakeholders, staff, members and patients is attached.
Previously considered at	A number of development sessions with the executive management team, GP and Lay members across the four CCGs has taken place during the Autumn 2019. Transition Board on 12th December 2019 considered two options and recommended a hybrid version to be presented to Governing Bodies.
Are any risks highlighted in this report?	**No specific risks highlighted but a risk around duplication and inefficient use of management resource is eluded to.**
Other risks highlighted/addressed in this paper? (e.g. financial, quality, regulatory, other)	**None**
Equality Impact assessment	Not required
Next steps	• Detailed work on Scheme of Reservation and Delegation (SORD) and Terms of reference for JHCB will be completed and approved in March 2020. • Workshops as detailed in section 5 will commence immediately. • Work with executive and staff to ensure the committee structure beneath the GBiC and JHCB are effective and in line with CCGs constitution • Model constitutions for the four CCGs will be aligned • Phase 2 conversation will commence in February
Recommendations	• Note the recommendation made by the Transition Board. • Approve the development of the proposed governance structure. • Approve the specific GB in common and the Joint Health Board in place from 1st April 2020 with work commencing from this point to ensure the reporting structure at system and place meets statutory duties and enables decision making. • Note the draft SORD • Note the draft JHCB Terms of reference • Approve alignment of the model constitutions

	• Governing Bodies note that an extraordinary Governing Body in common meeting beheld on 31st March 2020 to approve the SORD and the Terms of reference for the Health Commissioning Board.

Why has the paper been presented to the Governing Bodies? (Please tick):

For the Governing Bodies to make a decision	Yes
For the Board's information / to note	Yes

Background

Following the appointment of a single Accountable officer for the Black Country and West Birmingham (BCWB) CCGs in October 2019, the process of transition to a single management structure will commence across the four Black Country and west Birmingham CCGs (NHS Dudley CCG, NHS Walsall CCG, NHS Wolverhampton CCG and NHS Sandwell and West Birmingham CCG) subject to approval from the Governing Bodies.

To support the transition of the four CCGs to a shared management team the Transition Board have been considering options for aligning the Governance structures across the CCGs. This will support the CCGs coming together to work differently, to support commissioning as a single voice across the STP area as it moves towards becoming an ICS.

A listening exercise on future form was also run alongside the appointment of the accountable officer on behalf of the Transition Board. The listening exercise asked GP members, staff, stakeholders and patients a series of questions, outlined below:

- What do you value from the current CCGs?
- What would good look like to you in terms of future CCG arrangements?
- Do you have any concerns in terms of future CCG arrangements?
- How might these concerns be resolved?
- What questions might you want answered before you could make a decision?

The purpose of moving to a new governance structure is to provide the CCGs with an appropriate framework that demonstrates how, as organisations working together, they are continuing to operate within their statutory responsibilities across the five place footprints (across the four CCGs) and together as a Black Country and West Birmingham System. To ensure that the best use is made of both non-executive and executive team time (particularly for the new shared executive team, when it is established) by avoiding duplication or proliferation of meetings and complex reporting lines.

A shared governance structure should also provide enough capacity for the CCGs to work together at a strategic level on issues of common concern in line with agreed STP priorities. These include supporting horizontal integration via acute collaboration, better integration at local place level and addressing the wider determinants of health. However, there must be a supporting structure to enable the development of place (Integrated Care Partnerships) and maintain the existing relationships built over the previous 8 years and retain organisational memory. This was a clear message from the listening exercise.

1. Headline Governance Roles and Responsibilities

1.1. All of the CCGs currently have a similar governance structure designed to support the Governing Body in delivering its core duties overseeing the organisation: -

- Setting the **Strategy** for the organisation
- Agreeing **Objectives** to support the Delivery of the Strategy
- Gaining **Assurance** that objectives are being delivered through the day to day work of the CCGs and their teams.
- Providing **Accountability** for the delivery of the strategy and statutory responsibilities to the Public, Patients, CCG Members, Regulators and other stakeholders.

1.2. The Governing Bodies also have additional responsibilities which include signing off budgets, annual reports and accounts and for sign off of decisions within the CCG's financial scheme of delegation. Each CCG has also delegated other areas of responsibility in their individual scheme of delegation.

1.3. The challenge is to develop an aligned governance structure that enables the Governing Bodies to exercise these responsibilities effectively and collectively where possible. This includes understanding the impact of what of the current CCGs work will be delivered at a system level and what will operate through the developing local place arrangements. This piece of work will be ongoing from now and beyond 1st April 2020.

1.4. Themes identified as part of the listening exercise identified by staff, stakeholders, patients, and GP members need to be incorporated in the overall structure. Not to design the governance structure but rather to ensure the structure supports the issues raised within the listening exercise.

2. Current Progress

2.1. Since the appointment of the Single Accountable Officer, the CCGs current executive teams and Governing Bodies have been discussing approaches to developing future governance arrangements. These discussions have begun by considering the principles underpinning how the four core roles outlined above should be delivered. There has been broad consensus that in order to deliver benefits by working together at a system level, the Governing Bodies should set strategy and agree objectives collectively. These objectives will then be delivered at both system and place levels and mechanisms for assurance and accountability will need to be agreed for both.

2.2. From the listening exercise it was clear that maintaining control of local place commissioning and budgets was important, as well as maintaining the existing local relationships both internal and external. There was a fear of losing influence and control and local services for local people. These key issues need to be delivered by the single management structure and delivered and supported through the governance structure.

2.3. The Transition Board considered initial options for governance structures at its 12th December 2019 meeting. This highlighted two options with the following headline features: -

- **Option 1 –** Bringing the four Governing Bodies and associated committees together to meet in common. This is a mechanism for the four CCGs to meet together at the same time with aligned agenda items to streamline reporting lines and reduce the physical number of meetings.

- **Option 2 –** To delegate responsibilities to the existing Joint Commissioning Committee which would be re-configured as a Health Commissioning Board to operate across the system and provide assurance to the Governing Bodies.

2.4. The Transition Board have supported a structure that takes some of the elements of both Option 1 and Option 2. Recognising that the number of people involved in meetings of the Governing Bodies in common are likely to be unwieldy. It would be possible to discuss and develop strategy through 'workshop' sessions but delegation where possible to the JCC, becoming a Health Commissioning Board with a smaller

membership for more operational delivery would be a more streamlined approach. This structure also supports the outcomes of the listening exercise, where the design of the structure supports commissioning in place on equal terms with the system, with opportunities to retain local voice and budgets.

3. Issues and Governance Constraints

3.1. In order to develop a detailed proposal for governance arrangements on this basis, there are a number of technical and practical considerations for the Governing Bodies to bear in mind. It is important to understand that the CCGs are only able to exercise 'commissioning' functions jointly so there are limitations to what may be delegated to the Joint Commissioning Committee.

3.2. **Appendix 1** sets out an initial assessment of Statutory duties which potentially relate to commissioning functions that may be delegated to the Joint Commissioning Committee. This is based on work undertaken to support the Birmingham and Solihull CCG merger.

3.3. The exact matters delegated to the Joint Commissioning Board will need to be supported by a clear delegation agreement which will need to be developed over the coming months. In particular, there will need to be a clear description of the specific commissioning functions being delivered by the Committee, especially a breakdown of those being delivered at a system level rather than at place. A first draft of the Scheme of Reservation and Delegation (SORD) has been attached at **Appendix 2**. This is a start of work that needs to be done by 1st April 2020 to ensure that the Governing Bodies in Common and the Health Commissioning Board can meet from this point going forward and that a clear decision making process is available during the transition period.

3.4. **Recommendation: The Governing Bodies note and discuss the draft Scheme of Reservation and Delegation and approve further work to be undertaken on the SORD.**

3.5. **Appendix 3** sets out the proposed governance structure. A timeline for start of the boards and committees is shown below. It is proposed that the main boards start on the 1st April 2020, but other committees are in place as work takes place with the executive team to deliver the agendas, terms of references and workplans for each of the committees going forward. There will need to be work by each of the committees to determine the appropriate assurance and escalation processes for each of the committees at both system, place and for the Integrated Care Partnerships.

Action	Timeframe
GB in common approval of alternate GB in common and Health Commissioning Board	**21st January 2020**
Work groups commence on the governance and committee process (see 5.2)	**Jan-Feb 2020**
Draft SORD discussed at GB in common	**21st January 2020**
Work with GB's and executive to produce final draft of SORD for approval	**Jan- Feb 2020**

Approval of final SORD	**March 2020**
Terms of Reference for Health Commissioning Board approval	**March 2020**
Recommendation on committee structures	**March 2020**
Work on Committees in Common- Audit, Remuneration and Primary Care Contracting Committee to align workplans	**Jan-Feb 2020**
Commence Committees in Common	**Q1 2020/2021**
Commence sub-committees of HCB (aligns with MoC process)	**Q1 2020/2021**

3.6. **Recommendation: The Governing Bodies approve the implementation of a Governing Bodies Committee in Common and Health Commissioning Board from 1st April 2020.**

3.7. Consideration will also need to be given to the role of the existing governance arrangements in the four CCGs. Whilst there is scope and flexibility to revise their specific terms of reference, the CCGs' current committees will continue to exist until constitutions are varied. Model constitutions for each of the CCG's will be reviewed to ensure they are exactly the same to future proof any changes in line with a single way of working.

3.8. **Recommendation: The Governing Bodies approve the review of the model constitutions to ensure they are identical and to future proof further constitutional changes as necessary.**

3.9. In the visual description of Appendix 3, the Governing Bodies will meet together in Common to set **Strategy and Objectives** and to deliver the responsibilities related to **Accountability.** Commissioning functions relating to system-based working would be delegated to the joint Health Commissioning Board which would establish Sub-Committees to provide **Assurance** of delivery against system-based objectives. This would be supported (at least initially) by the existing Place based committees providing local assurance which could then feed into the sub-committees to support the system level assurance. The Governing Bodies' non-commissioning functions (including the work of the Remuneration and Audit Committees) and the Primary Care Commissioning responsibilities delegated by NHS England would be delivered through meetings in common. A draft of the terms of reference for the Joint Health Commissioning Board is attached at **Appendix 4** for information and discussion. This will need to be approved by Governing Bodies in March 2020.

3.10. **Recommendation: Governing Bodies are asked to note the Terms of Reference for the JHCB and discuss the key principles to support approval by March 2020.**

3.11. **Recommendation: Governing Bodies note that an extraordinary Governing Body in common meeting beheld on 31st March 2020 to approve the SORD and the Terms of reference for the Health Commissioning Board.**

3.12. Phase 1 of the listening exercise on future form highlighted the importance of local voice, maintaining control of local budgets and that place was equally important

as system. A further conversation on the proposals will be carried out throughout February 2020 to further develop the design of a health commissioning system that has the support of staff, GP membership, stakeholders and patients.

5.0 Future Issues for Consideration

5.1 Membership of committees will be based on the principle of clinically led, managerially supported and nonexecutive support.

5.2 Support for each of the committees will need to be considered as part of the management of change process but support will need to be identified prior to this process as the timelines overlap.

Appendix 1 – Statutory Duties

Statutory Duties of Clinical Commissioning Groups

General Duties
• To commission healthcare to the extent the CCG considers necessary to meet the reasonable requirements of:
  ○ patients registered with the GP practices who are members of the CCG;
  ○ people who usually live within the CCG's defined geographic area who are not registered with any GP practice (except where regulations prescribe otherwise).
• To commission healthcare for other groups of patients as defined in regulations. This will include:
  ○ commissioning emergency care for any person present in the CCG's geographic area
  ○ commissioning services for people receiving NHS continuing healthcare in out of area placements.
• When commissioning services, to act consistently with the duties of the Secretary of State and the NHS CB to promote a comprehensive health service and the objectives and requirements set for the NHS CB by the Secretary of State through the mandate.
• To assist and support the NHS CB in securing continuous improvement in the quality of primary medical services.
• To obtain appropriate advice to enable the CCG to discharge its functions effectively from people who (taken together) have a broad range of professional expertise in the prevention, diagnosis or treatment of illness and in the protection or improvement of public health.
• To make arrangements to secure public involvement in the planning of commissioning arrangements and in developing, considering and making decisions on any proposals for changes in commissioning arrangements that would have an impact on service delivery or the range of health services available.
• To co-operate with relevant local authorities and participate in their Health and Wellbeing Boards.
• To co-operate with other NHS bodies.
• To have regard to the NHS Constitution.
• To have regard to commissioning guidance published by the NHS CB.
• To pay providers (in specified circumstances) for the costs of healthcare commissioned by another CCG but provided to a patient for whom the CCG is responsible (e.g. for A&E attendances or emergency admissions).
• To provide the NHS CB with specified information, if considered necessary by the Secretary of State for the purposes of carrying out his functions in relation to the health service.

In the exercise of its functions, a CCG will have duties to:
• Act with a view to securing that health services are provided in a way which promotes the NHS Constitution, and promote awareness of the NHS Constitution among patients, staff and the public.
• Act with a view to securing continuous improvements in the quality of services for patients and in outcomes, with particular regard to clinical effectiveness, safety and patient experience.
• Have regard to the need to reduce inequalities between patients with respect to their ability to access health services and the outcomes achieved for them.
• Promote the involvement of individual patients, and their carers and representatives where relevant, in decisions relating to the prevention or diagnosis of illness in them or their care and treatment.
• Act with a view to enabling patients to make choices about aspects of health services provided to them.
• Promote innovation in the provision of health services.
• Promote research on matters relevant to the health service, and the use of evidence obtained from research.
• Act with a view to securing that health services are provided in an integrated way, and that provision of health services is integrated with provision of health-related or social care services, where the CCG considers that this would improve quality of services or reduce inequalities.
• Have regard to the need to promote education and training of current or future health service staff.
• Ensure that appropriate facilities are made available to any university which has a medical or dental school in connection with clinical teaching or research.

2. Planning, agreeing and monitoring services- Duties
• To contribute to the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) led by the Health and Wellbeing Board(s) on which the CCG has a representative, and to have regard to any JSNA or JHWS to which they have contributed which is relevant to the exercise of any of their functions.
• To prepare and publish a commissioning plan before the start of each financial year, explaining how the CCG intends to exercise its functions. In particular the plan must set out how the CCG proposes to:
  ○ secure improvement in the quality of services and outcomes for patients,
  ○ reduce inequalities in access to services and outcomes achieved
  ○ involve the public in the planning of, and proposed changes to, commissioning arrangements
  ○ fulfil its financial duties.
• To consult patients and the public in developing, or making significant revisions to, the commissioning plan. To ensure that any published commissioning plans (including revised plans) include a summary of views expressed during consultation and an explanation of how the CCG took account of those views.
• To involve each relevant Health and Wellbeing Board in preparing or making significant revisions to the commissioning plan; consult them on whether the draft plan takes proper account of each relevant JHWS; and ensure that any published commissioning plans (including revised plans) include a statement of their final opinion.
• To comply with the requirements of any 'standing rules' set out in regulations, e.g. to include specific terms and conditions in commissioning contracts.
• To comply with regulations governing best practice in relation to procurement, protecting and promoting patient choice, and anti-competitive conduct.
• To comply with public law requirements in relation to entering into contracts concerning commissioning arrangements and the use of public monies.
• To take appropriate steps to ensure that the CCG is properly prepared to deal with emergencies that might affect it
• To provide information, where required, to the Information Centre, e.g. to support publication of national data on healthcare services.

To ensure expenditure in a financial year does not exceed the allocated budget.

• To ensure that revenue resource use and capital resource use do not exceed the separate limits set for each.
• To ensure that the CCG's revenue resource use on prescribed matters relating to administrative costs (i.e. costs not relating to healthcare services) does not exceed an amount specified by the NHS CB (i.e. the 'running costs' allowance).
• To ensure that the CCG adheres to any further limits set by the NHS CB in relation to capital or revenue resource to reflect limits set by the Secretary of State on the NHS CB.
• To provide financial information to the NHS CB as required to allow in-year monitoring against budgetary and Parliamentary controls.
• To keep proper accounts and proper records in relation to the accounts, prepare annual accounts and have these audited, and comply with any directions of the NHS CB as regards accounts.
• To use a specified banking system (i.e. the Government Banking Service).

To have a governing body to ensure the CCG has made appropriate arrangements for ensuring that it adheres to relevant principles of good governance and carries out its functions effectively, efficiently and economically.

• To have an Accountable Officer, responsible for ensuring, in particular, that the CCG works effectively, efficiently and economically and with a view to securing continuous improvements in quality, meets its financial and accounting obligations, provides the NHS CB with information as required under the 2006 Act, and exercises its functions in a way which provides good value for money.
• To maintain one or more publicly accessible registers of interests of members of the CCG, its employees, members of the governing body, and members of committees or subcommittees of the CCG or its governing body, and to make arrangements to ensure that relevant conflicts or potential conflicts of interest are declared and included in the registers.
• To make arrangements for managing conflicts and potential conflicts of interest in such a way as to ensure that they do not, and do not appear to, affect the integrity of the CCG's decision-making processes, and to have regard to guidance published by the NHS CB on management of conflicts of interest.
• To have a published constitution that sets out the arrangements made by the CCG for the discharge of its functions and:
    ○ the name of the CCG, meeting requirements set by regulations;
    ○ the GP practices that are members of the CCG;
    ○ the area for which the CCG is responsible;
    ○ arrangements for the discharge of functions of the CCG's governing body, including provision for an audit committee and remuneration committee, the procedure to be followed by the governing body in making decisions, and the arrangements made to secure transparency of its decision-making (including arrangements for holding governing body meetings in public except where the CCG considers that it would not be in the public interest to do so);
    ○ how the CCG will make decisions, how it will deal with conflicts and potential conflicts of interest of members, employees, governing body members and members of CCG or governing body committees and sub-committees, how it will ensure transparency for its decisions and how it will ensure effective participation of all its members;
    ○ the arrangements for involving the public in planning commissioning arrangements, and in proposals and decisions concerning changes to those arrangements that would have an impact on services delivered, and a statement of the principles which the CCG will follow in implementing the arrangements.
• To publish an annual report on how the CCG discharged its functions in the previous financial year, with particular reference to how it discharged its duties in relation to quality improvement, reducing inequalities and public involvement and contributed to the delivery of joint health and wellbeing strategies (on which the relevant health and wellbeing board(s) must be consulted).
• To hold a meeting to present the annual report to the public.
• To provide information, documents, records or other items, or explanation, to the NHS CB, where it has reason to believe that the CCG might have failed, might be failing, or might fail to discharge any of its functions, or that the CCG's area is no longer appropriate
• To comply with any directions given by the NHS CB as a result, including, where appropriate, co-operating with the NHS CB or another CCG or its Accountable Officer where the NHS CB has directed that they perform any of the CCG's functions.
• To offer NHS pension arrangements to staff employed by the CCG.
To co-operate with local authorities and their partners to improve the wellbeing of children in the local authority's area and, where necessary, support local authorities in arranging support for children and families.
• To help plan services for carers.
• To support local authorities, where appropriate,
    ○ in community care assessments.
    ○ In supporting local education (e.g. to help the authority in providing support for children with special educational needs)
    ○ In co-operating with the police, prison services and probation services (e.g. arrangements for assessing risks of violent or sexual offenders).
• To participate in the development and implementation, with other responsible authorities, of crime and disorder strategies and youth justice services.
• To participate, where required by the Secretary of State, in a domestic homicide review.
• To carry out specified duties under the Mental Health Act including:
    ○ making payments for medical examinations in connection with the Act;
    ○ providing a court on request with information about availability of hospital places;
    ○ notifying local authorities of availability of suitable hospital places for emergency admissions and for under 18s;
    ○ working with local authorities to arrange after-care services for patients after detention under the Act.
• To consult with local authorities on matters to be set out in regulations. The equivalent regulations for PCTs require that they consult where they are planning a substantial variation in service and that they provide relevant information, respond to local authority Overview and Scrutiny Committees (OSCs) reports and attend OSC meetings when requested.

To carry out functions effectively, efficiently and economically.
• To meet safeguarding duties, including:
    ○ having regard to the need to safeguard and promote the welfare of children;
    ○ following the requirements around employing members of staff;
    ○ being a member of the Local Safeguarding Children Board(s)
• To meet the requirements of the Employment Rights Act 1996.
• To act compatibly with the European Convention on Human Rights.

- To meet the requirements of the Equality Act 2010, including:
    - not discriminating, harassing or victimising, either in commissioning of services or in treatment of employees, on grounds of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, or sexual orientation (collectively referred to as the protected characteristics);
    - advancing equality of opportunity;
    - fostering good relations between those who share a relevant protected characteristic and those who do not;
    - setting and publishing equality schemes;
    - publishing a range of equality data relating to their workforce and the services they provide;
    - producing equality analyses.
- To meet the requirements of the Data Protection Act and Freedom of Information Act.
- To meet Health and Safety requirements, including duty of care towards anyone working for the CCG and towards visitors.

Appendix 2 Draft Scheme of Reservation and Delegation

SCHEME OF RESERVATION AND DELEGATION (SORD) – DECEMBER 2019 (FOUR CCGS)

			Comparison of existing SORD's				
Policy Ar	**Decision**	**Proposed delegation under new structure**	**Dudley**	**Sandwell & West Birmingham**	**Wolverhampton**	**Walsall**	**Comments**
Regulation And Controls	1. Delivery of the duty to act effectively, efficiently and economically	Delegated to Governing Body			Reserved/ Delegated to Governing Body		Only in Wolves
	2. Determine the arrangements by which the members of the Group approve those decisions that are reserved for the membership.	Reserved to the Membership	Reserved to the Membership	Reserved to the Membership	Reserved to the Membership	Reserved to the Membership	This section is not in Wolves Our arrangements for decision making by the members are set out in Standing Orders (Membership meetings). This would be a substantive change to the constitution so is reserved to the Membership.
	3. Consider and approve applications to NHS England on any matter concerning changes to the Group's constitution, including terms of reference for the Group's Governing Body, its committees, membership of committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies. (other than those detailed below under Practice Member Representatives and Members Of Governing Body)	Delegated to Governing Body	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body		Reserved to the Membership	**Walsall** - Consider and approve applications to NHS England on any matter concerning changes to the Group's constitution **Wolverhampton** - Approval of applications to NHS England on any matter concerning substantive changes to the group's constitution
	4. The approval of any material changes to the CCG's constitution and other related documents	Delegated to Governing Body	Reserved to the Membership			Reserved/ Delegated to Governing Body	This section is not in SWB This section is not in Wolves – Covered by Wording above
	5. Exercise or delegation of those functions of the clinical commissioning group which have not been retained as reserved by the Group, delegated to the Governing Body, delegated to a committee or Sub- Committee of the Group or to one of its members or employees.	Accountable Officer	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	
	6. **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 • group's Governing Body • committees and Sub-Committees of the Group, or its members or employees • and which sets out those decisions of the Governing Body reserved to the Governing Body and those delegated to • the Governing Body's committees and Sub-Committees, • members of the Governing Body, • an individual who is member of the Group but not the Governing Body or a specified person • for inclusion in the Group's constitution.	Director with responsibility for Governance	Director with responsibility for Governance	Chief Finance		Director with responsibility for Governance	This section is not in Wolves...Do we need to include this?
	7. **Approve** the Group's overarching scheme of reservation and delegation.	Delegated to Governing Body	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	

			Comparison of existing SORD's				
Policy Ar	**Decision**	**Proposed delegation under new structure**	**Dudley**	**Sandwell & West Birmingham**	**Wolverhampton**	**Walsall**	**Comments**
	8. **Prepare** the Group's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the clinical commissioning group, not for inclusion in the Group's constitution.	Director with responsibility for Governance	Director with responsibility for Governance	Chief Finance	Reserved/ Delegated to Governing Body	Director with responsibility for Governance	**Wolverhampton** - Approval of the group's detailed scheme of delegation, setting out the key operational decisions delegated to individual employees of the group (and not deemed to be part of the constitution)
	9. **Approve** the Group's operational scheme of delegation that underpins the Group's 'overarching scheme of reservation and delegation' as set out in its constitution.	Audit & Governance Committee	Audit & Governance	Audit & Governance Committee		Audit & Governance	
	10. **Prepare** detailed financial policies that underpin the clinical commissioning group's prime financial policies.	Chief Finance Officer	Chief Finance Officer	Chief Finance	Reserved/ Delegated to Governing Body	Chief Finance Officer	**Wolverhampton** - Approval of proposed changes to the Prime Financial Policies
	11. **Approve** detailed financial policies.	Health Commissioning Board	Finance & Investment	Finance & Performance	Finance & Performance	Finance & Investment	**Wolverhampton** - Approval of the group's detailed financial policies (not deemed to be part of the constitution) and overall banking arrangements
	12. Approve arrangements for managing exceptional funding requests.	Health Commissioning Board	Policy & Commissioning	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	Policy & Commissioning	
	13. Determination of process for making grants and loans to voluntary organisations	Chief Finance Officer	Chief Finance Officer	Chief Finance	Reserved/ Delegated to Governing Body	Chief Finance Officer	**Wolverhampton** -Approval of grants and loans to voluntary organisations
	14. Ensure the Group's expenditure does not exceed the aggregate of the CCG's allotments for the financial year	Chief Finance Officer	Chief Finance Officer		Chief Finance Officer	Chief Finance Officer	This section is not in SWB
	1 5 Ensure the Group's use of resources (both its capital resource use and revenue resource use) does not exceed the amount specified by NHS England for the financial year	Chief Finance Officer	Chief Finance Officer		Chief Finance Officer	Chief Finance Officer	This section is not in SWB
	16. Take account of any directions issued by NHS England, in respect of specified types of resource use in a financial year, to ensure the Group does not exceed an amount specified by NHS England	Chief Finance Officer	Chief Finance Officer		Chief Finance Officer	Chief Finance Officer	This section is not in SWB
	17. Publish an explanation of how the Group spent any payment in respect of quality made to it by NHS England	Chief Finance Officer	Chief Finance Officer		Chief Finance Officer	Chief Finance Officer	This section is not in SWB
	18. Confirm the recommendations of the Health Commissioning board's sub committee's where those sub-committees do not have executive powers	Health Commissioning Board					This is a new control to support the proposed structure.
	19. Approve the terms of reference and reporting arrangements of all sub-committees that are established by the Health Commissioning Board	Health Commissioning Board					This is a new control to support the proposed structure
	20. Approve any urgent decisions taken by the Chair of the organisation and Accountable Officer. (for the avoidance of doubt this is delegated to the Health Commissioning Board in those instances that fit within its remit and responsibilities. Where not, this is delegated to the Governing Body)	Delegated to Governing Body & Health Commissioning Board respectively					This is a new control to support the proposed structure

			Comparison of existing SORD's				
Policy Ar	**Decision**	**Proposed delegation under new structure**	**Dudley**	**Sandwell & West Birmingham**	**Wolverhampton**	**Walsall**	**Comments**
Practice Member Representatives And Members Of Governing Body	1. Approve arrangements for identifying practice members to represent practices in matters concerning the work of the Group; and appointing clinical leaders to represent the Group's membership on the Group's Governing Body, for example through election (if desired).	Reserved to the Membership	Reserved to the Membership	Reserved to the Membership	Reserved to the Membership	Reserved to the Membership	**Wolverhampton** - Determine whether or not to fill a vacancy for any elected position on the Governing Body via a by-election. (This is set out in our standing orders so it is effectively reserved to the membership as a substantive constitutional change.)
	2. Approve the appointment of Governing Body members, the process for recruiting and removing members to the Governing Body (subject to any regulatory requirements) and succession planning.	Delegated to the Governing Body	Reserved to the Membership	Reserved to the Membership	Remuneration Committee	Reserved/ Delegated to Governing Body	
	3. Approve arrangements for identifying the Group's proposed accountable officer.	Delegated to Governing Body	Reserved to the Membership	Reserved to the Membership	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	
Strategy And Planning	Agree the vision, values and overall strategic direction of the group	Health Commissioning Board				Reserved/ Delegated to Governing Body	Only in Walsall
	1. Approve the Group's operating structure.	Health Commissioning Board	Chief Accountable Officer	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	Chief Accountable Officer	
	2. Approve the Group's commissioning plan.	Health Commissioning Board	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	**Wolverhampton** - Approval of the group's commissioning strategy, plans and policies, together with any arrangements for consultation thereon, and its procurement strategy
	3. Approve the Group's corporate budgets that meet the financial duties as set out in section the main body of the constitution.	Delegated to Governing Body	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	**Wolverhampton** - Approval of the group's budgets and any variations thereto which are significant enough to impact on the group's ability to meet its statutory duties and/or agreed strategic aims
	4. Approve 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.	Health Commissioning Board	Finance & Investment	Finance & Performance	Finance & Performance	Finance & Investment	
Annual Reports And Accounts	1. Approve the Group's annual report and annual accounts.	Audit & Governance	Audit & Governance	Audit & Governance	Reserved/ Delegated to Governing Body	Audit & Governance	
	2. Approve arrangements for discharging the Group's statutory financial duties.	Audit & Governance	Audit & Governance	Finance & Performance		Audit & Governance	This section is not in Wolves
Human Resources	1. Make recommendations on the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.	Remuneration	Remuneration & HR	Reserved/ Delegated to Governing Body	Remuneration & HR	Remuneration & HR	**Wolverhampton** - Approval of terms and conditions, remuneration, fees and allowances for governing body members who are not employees of the group, including any pensions

			Comparison of existing SORD's				
Policy Ar	**Decision**	**Proposed delegation under new structure**	**Dudley**	**Sandwell & West Birmingham**	**Wolverhampton**	**Walsall**	**Comments**
	2. Make recommendations on the terms and conditions of employment for all employees of the Group including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the Group.	Remuneration	Remuneration & HR	Reserved/ Delegated to Governing Body	Remuneration & HR	Remuneration & HR	
	3. Make recommendations on the any other terms and conditions of services for the Group's employees.	Remuneration	Remuneration & HR	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	Remuneration & HR	**Wolverhampton** - Approval of terms and conditions, remuneration, fees, allowances and pensions payable to all employees and others providing services
	4. Make recommendations on the terms and conditions of employment for all employees of the Group.	Remuneration	Remuneration & HR	Reserved/ Delegated to Governing Body		Remuneration & HR	This section is not in Wolves – Covered under general delegation above
	5. Make recommendations on the pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the Group.	Remuneration	Remuneration & HR	Reserved/ Delegated to Governing Body		Remuneration & HR	
	6. Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the Group.	Remuneration	Remuneration & HR	Remuneration & HR		Remuneration & HR	
	7. Approve disciplinary arrangements for employees, including the Accountable Officer (where he/she is an employee or member of the Clinical Commissioning Group) and for other persons working on behalf of the Group.	Remuneration	Remuneration & HR	Reserved/ Delegated to Governing Body		Remuneration & HR	
	8. Review disciplinary arrangements where the Accountable Officer is an employee or member of another Clinical Commissioning Group.	Remuneration	Remuneration & HR	Remuneration & HR		Remuneration & HR	
	9. Approve arrangements for discharging the Group's statutory duties as an employer.	Remuneration	Remuneration & HR	Reserved/ Delegated to Governing Body		Remuneration & HR	
	10. Approve human resources policies for employees and for other persons working on behalf of the Group.	Remuneration	Remuneration & HR	Reserved/ Delegated to Governing Body	Remuneration & HR	Remuneration & HR	**Wolverhampton** - Approval of human resources policies for employees and others working on behalf of the group, through which the group will discharge its statutory duties as an employer
Quality And Safety	1. Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.	Health Commissioning Board	Integrated Assurance	Quality& Safety	Executive Nurse	Integrated Assurance	**Wolverhampton** - Determination of arrangements for securing continuous improvement to the quality of commissioned services
	2. Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.	Health Commissioning Board	Integrated Assurance	Quality& Safety	Executive Nurse	Primary Care Commissioning	**Wolverhampton** - Determination of arrangements for supporting NHS England as regards improving the quality of primary medical services including quality and safety
Operational And Risk Managem	1. Prepare and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the Group.	Director with the responsibility for Governance	Director with the responsibility for Governance	Chief Finance		Director with the responsibility for Governance	This section is not in Wolves – should we include preparation entries?
	2. Approve the Groups arrangements counter fraud and security management	Audit & Governance	Audit & Governance	Audit & Governance	Chief Finance	Audit & Governance	

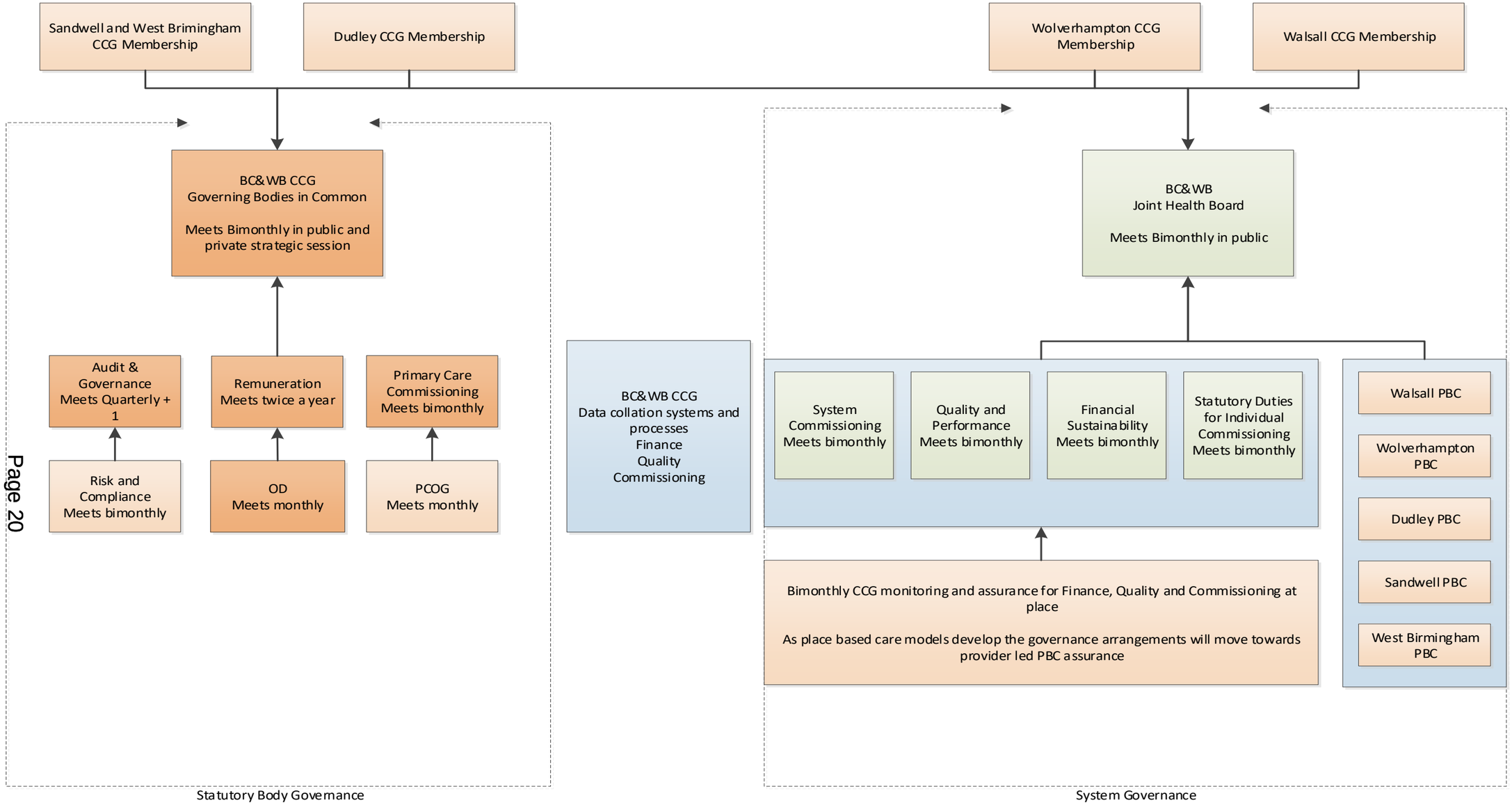
			Comparison of existing SORD's				
Policy Ar	**Decision**	**Proposed delegation under new structure**	**Dudley**	**Sandwell & West Birmingham**	**Wolverhampton**	**Walsall**	**Comments**
	Approval of internal audit and counter fraud plans and other arrangement for/sources of assurance through an integrated governance framework	Audit & Governance			Audit & Governance		Wolves only
	3. Approve the Group's risk management arrangements.	Audit & Governance	Audit & Governance	Quality & Safety	Audit & Governance	Audit & Governance	
	Approval of action plans to address risks to the achievement of strategic objectives or acceptance of the risk as currently assessed	Audit & Governance			Reserved/ Delegated to Governing Body		Wolves only
	Determination of arrangements for external audit services	Audit & Governance			Reserved/ Delegated to Governing Body		Wolves only
	4. 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).	Audit & Governance	Reserved/ Delegated to Governing Body	Finance & Performance		Reserved/ Delegated to Governing Body	This section is not in Wolves
	5. Approve a comprehensive system of internal control, including budgetary control, which underpins the effective, efficient and economic operation of the Group.	Audit & Governance	Reserved/ Delegated to Governing Body	Audit & Governance	Audit and Governance	Audit & Governance	Approval of internal audit and counter fraud plans and other arrangement for/sources of assurance through an integrated governance framework (2a)
	6. Approve proposals for action on litigation against or on behalf of the clinical commissioning group.	Audit and Governance	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	Audit & Governance	
	7. Approve the Group's arrangements for business continuity	Audit & Governance	Audit & Governance	Quality & Safety	Quality and Safety	Audit & Governance	**Wolverhampton** - Approval of policies for information governance, business continuity, emergency planning, security and complaints handling
Information Governance	1. Approve the Group's arrangements for handling complaints.	Audit & Governance	Integrated Assurance	Quality & Safety		Audit & Governance	This section is not in Wolves, assume its included above
	2. Approve arrangements for ensuring appropriate safekeeping and confidentiality of records and for the storage, management and transfer of information and data.	Audit & Governance	Audit & Governance	Quality & Safety		Audit & Governance	This section is not in Wolves, assume its included above
Tendering And Contracting	1. Approve the Group's contracts for any commissioning support.	Health Commissioning Board	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body		Walsall do not have this section This section is in "Commissioning and Contracting" in Wolves
	2. Approve the Group's contracts for corporate support (for example finance provision).	Health Commissioning Board	Finance & Investment	Finance & Performance			Walsall & Wolves do not have this section (We would consider this covered under commissioning support)
Partnership Working	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.	AO	Chief Accountable Officer	Chief Accountable Officer	Reserved/ Delegated to Governing Body	Reserved/ Delegated to Governing Body	
	2. Approve decisions delegated to joint committees established under section 75 of the 2006 Act.	Delegated to Governing Body	Chief Accountable Officer	Chief Accountable Officer		Reserved/ Delegated to Governing Body	**Wolverhampton** - Approval of the delegation of powers to representatives of the group under any joint or collaborative

Policy Ar	Decision	Proposed delegation under new structure	Comparison of existing SORD's				
			Dudley	Sandwell & West Birmingham	Wolverhampton	Walsall	Comments
							arrangements with other clinical commissioning groups
	Determine arrangements for promoting integration of both health services with other health services and health services with health-related and social care services	Health Commissioning Board		Strategic Commissioning and Redesign			Only in SWB
	Determine arrangements for working in partnership with the group's local authorities to develop joint strategic needs assessments and joint health and wellbeing strategies	Health Commissioning Board		Strategic Commissioning and Redesign			Only in SWB
	Determination of arrangements for securing public involvement, promoting both awareness and use of the NHS Constitution, obtaining appropriate advice and promoting integration of services	Health Commissioning Board			Accountable Officer		Only in Wolves
	Determination of arrangements for enabling patients to make choices	Health Commissioning Board			Executive Nurse		Only in Wolves
	Determination of arrangements for promoting the involvement of patients, their carers and representatives in decisions about their healthcare	Health Commissioning Board			Executive Nurse		Only in Wolves
Commissioning and Contracting for Clinical Services	1. Determination of arrangements for discharging the Group's statutory duties associated with its commissioning functions, including but not limited to securing public involvement, ensuring patient choice, securing continuous improvement in the quality of services, innovation, research, education and training and obtaining appropriate advice.	Health Commissioning Board	Reserved/ Delegated to Governing Body	Organisation Development	Executive Nurse	Reserved/ Delegated to Governing Body	**Sandwell** - Determination of arrangements for discharging the group's statutory duties innovation, research, education and training and obtaining appropriate advice. **Walsall** - 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 **Wolverhampton** - Determination of arrangements for promoting innovation, research, education and training
	2. Determination of arrangements put in place to promote a comprehensive health service	Health Commissioning Board	Reserved/ Delegated to Governing Body	Strategic Commissioning	Reserved/ Delegated to Governing Body		
	3. Determination of arrangements to meet the public sector equality duty	Health Commissioning Board	Reserved/ Delegated to Governing Body	Quality & Safety	Accountable Officer		**Wolverhampton** - Determination of arrangements for ensuring that the group meets the public sector equality duty and reduces inequalities in both access and outcomes

			Comparison of existing SORD's				
Policy Ar	**Decision**	**Proposed delegation under new structure**	**Dudley**	**Sandwell & West Birmingham**	**Wolverhampton**	**Walsall**	**Comments**
	4. Promote the involvement of patients, carers and representatives in decision about their healthcare	Health Commissioning Board	Reserved/ Delegated to Governing Body		Executive Nurse		Only in Dudley
	5. Determination of the arrangements to secure engagement with the public, patient and their representatives in decisions about their healthcare	Health Commissioning Board	Policy & Commissioning	Strategic Commissioning & Redesign			This section is not in Walsall or Wolves
	6. Determination of the arrangements to secure engagement with the public, patient and their representatives in decisions about their healthcare - Patient Experience	Health Commissioning Board	Integrated Assurance		Accountable Officer		Only in Dudley **Wolverhampton** Determination of arrangements for securing public involvement, promoting both awareness and use of the NHS Constitution, obtaining appropriate advice and promoting integration of services
	7. Determination of arrangements for supporting NHS England as regards improving the quality of primary medical services	Primary Care Commissioning	Integrated Assurance		Executive Nurse		Only in Dudley
	8. Determination of arrangements for co-ordinating the commissioning of services with other groups and or with the local authority(ies),where appropriate.	Health Commissioning Board	Policy & Commissioning	Strategic Commissioning & Redesign	Director of Strategy and Transformation	Reserved/ Delegated to Governing Body	**Wolverhampton**- Determination of arrangements for working in partnership with the group's local authority to develop joint strategic needs assessment and joint health and wellbeing strategy
	9. Determination of arrangements for securing health services that are provided in a way that promotes awareness of, and has regard to the NHS Constitution	Health Commissioning Board	Policy & Commissioning	Reserved/ Delegated to Governing Body	Accountable Officer		This section is not in Walsall or Wolves **Wolverhampton** Determination of arrangements for securing public involvement, promoting both awareness and use of the NHS Constitution, obtaining appropriate advice and promoting integration of services
	10. Determination of arrangements for the review, planning and procurement of primary care medical services (under delegated authority from NHS England). To include • GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action, such as issuing branch/remedial notices, and removing a contract); • Newly designed enhanced services ("Local Enhanced Services (LES)" and "Directed Enhanced Services (DES)"); • Design of local incentive schemes as an alternative to the Quality and Outcomes Framework (QOF); • The ability to establish new GP practices in an area; • Approving practice mergers; and • Making decisions on 'discretionary' payments (e.g., returner/retainer schemes).	Primary Care Commissioning	Primary Care Commissioning	Primary Care Commissioning	Primary Care Commissioning Committee		This section is not in Walsall or Wolves
	11. Promoting integration of both health services with other health services and health services with health-related and	Health Commissioning Board	Policy & Commissioning				Only in Dudley

			Comparison of existing SORD's				
Policy Ar	**Decision**	**Proposed delegation under new structure**	**Dudley**	**Sandwell & West Birmingham**	**Wolverhampton**	**Walsall**	**Comments**
	social care services where the Group considers that this would improve the quality of services or reduce inequalities						
	Approval of business cases relating to new investments, new service developments or service increases within the overall operating plan or budgetary financial limit	Health Commissioning Board			Commissioning Committee		Only in Wolves
Communications	1. Approve arrangements for handling Freedom of Information requests.	Audit & Governance	Audit & Governance	Accountable Officer	Quality and Safety	Audit & Governance	This section is not in Wolves - covered by defining FOI as part of IG arrangements…
	2. Determine arrangements for handling Freedom of Information requests.	Audit & Governance	Audit & Governance	Chief Quality		Audit & Governance	

Appendix 3 Draft Governance Structure



Appendix 4 Draft terms of Reference for Joint Health Commissioning Board

BLACK COUNTRY AND WEST BIRMINGHAM HEALTH COMMISSIONING BOARD TERMS OF REFERENCE

1. ACCOUNTABILITY & RESPONSIBILITY

1.1. The Black Country and West Birmingham CCGs Health Commissioning Board ("the Board") is a joint committee of NHS Sandwell and West Birmingham, NHS Dudley, NHS Walsall and NHS Wolverhampton Clinical Commissioning Groups (CCGs) and is set up to manage, to the extent permitted under s.14Z3 NHS Act 2006 (as amended), the activities of the four CCGs.

1.2. The Board will be responsible for exercising the following functions to the extent permitted including:

a) have overarching responsibility (subject to the CCGs' Scheme of Reservation and Delegation) for all matters relating to the commissioning of healthcare services across the Black Country and West Birmingham footprint.

b) Develop common Black Country and West Birmingham wide strategic commissioning plans and implement them within each CCG area.

c) Provide assurance to the CCGs' Governing Bodies on delivery against system-based objectives.

d) Receive assurances via its established sub-committees regarding placed based delivery where this is specific to local places.

e) Ensure the four CCGs are working collaboratively in exercising their functions for the improvement of the services they commission. This will include:

i. agreeing the annual programme of objectives; an operational plan; and performance milestones and measures;

ii. setting and monitoring the Black Country and West Birmingham CCGs Financial Plan including delivery of financial targets set by NHS England;

iii. to ensure the continuous improvement in the quality of services commissioned on behalf of the four CCGs through the development of a common quality assurance and reporting framework and quality improvement strategy;

iv. monitoring provider performance and taking remedial action where necessary;

v. reviewing and challenging plans/progress reports; making recommendations and agreeing remedial actions or mitigations, to the extent it deems necessary, to support delivery of the CCG's targets, performance measures and financial plans;

vi. Establishment of a single risk management framework and thereby ensuring all principal risks are identified, managed and mitigated with appropriate plans, controls and assurance reported within the Group's assurance framework;

vii. Set up and oversee the effectiveness of sub committees deemed necessary, agreeing terms of reference and membership of any such sub-committees.

2. MEMBERSHIP

2.1 The membership of the Black Country and West Birmingham CCGs Health Commissioning Board shall be as follows:

(Membership to be determined once Executive structure is confirmed)

2.2 A standing invitation will be extended to the following individuals in a non-voting capacity, where they are not already nominated or a member, to be in attendance at private meetings and meetings held in public:

(Standing invitations will be determined once executive structure is confirmed)

2.3 In the absence of a formal member, the formal member may nominate a deputy to represent them on their behalf. Nominated deputies shall be entitled to exercise voting functions at the Board meeting.

2.4 The Board shall be authorised to co-opt other members to the Board, to ensure it has sufficient expertise to enable it to deal with its agenda.

2.5 The Board may permit or require the attendance of officers of the CCGs to attend meetings of the Board, and may permit observers from the public.

3. CHAIR

a. In the absence of the Chair, meetings will be chaired by the Vice Chair who will be nominated by the Chair and agreed by the Board. The Vice Chair will not be an executive member.

b. In the absence of both Chair and Vice Chair, the meeting will be chaired by another non-conflicted voting member of the Board, who cannot be an executive member.

4 QUORUM

4.1 The quorum for the Board shall be determined once executive structure is confirmed and membership is developed.

4.2 A duly convened meeting of the Board at which quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by it.

5 VOTING

5.1 Members of the Board have a collective responsibility for its operation. Both members and attendees will participate in discussion, review evidence and provide or seek objective expert input to the best of their knowledge and ability, and endeavour to support the Board in reaching a collective view.

5.2 The Board will use best endeavours to make decisions by reaching a consensus, which should take into account the views shared by the non-voting attendees.

5.3 Exceptionally, where this is not possible, the Board Chair (or in their absence Vice Chair) may call a vote, using the following process:

a) The meeting must be confirmed as quorate, once conflicts of interest have been accounted for, by the Chair, or in their absence the Vice Chair;
b) Each CCG will have 2 equal votes;
c) A decision will be made by a majority of votes cast. In the event of a draw, the Chair (or in their absence the Vice Chair) will have a final and casting vote.

6 CONFLICTS OF INTEREST

6.1 The provisions of Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017[1] or any successor document will apply at all times.

6.2 The Board shall hold and publish a Register of Interests. This Register shall record all relevant and material, personal or business, interests as set out in the CCG's Managing Conflicts of Interest Policy or subsequent policy.

6.3 Each member and attendee of the Board shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair.

6.4 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the CCG's Standards for Business Conduct Policy and may result in suspension from the Board.

6.5 Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.

6.6 All members of the Board and participants in its meetings shall comply with, and are bound by, the requirements in the CCGs' Constitutions, Standards for Business Conduct Policy, the Standards of Business Conduct for NHS staff (where applicable) and NHS Code of Conduct.

6.7 The Black Country and West Birmingham Health Commissioning Board Chair (or Vice Chair in their absence or where the Chair is conflicted) will make a determination regarding the arrangements for management of conflicts of interest, in consultation, to the extent they feel appropriate, with the Governance Lead and/or CCG Conflicts of Interest Guardians.

7 MEETINGS AND PROCEEDINGS OF THE BLACK COUNTRY AND WEST BIRMINGHAM HEALTH COMMISSIONING BOARD

7.1 The Board shall hold at least 6 meetings each year. A special meeting may be called at any time by the Chair or by any two members of the Board upon not less than 7 working days' notice, or by exception in extremis, with 3 working days' notice being given to the other members of the Board of the matters to be discussed.

7.2 The Standing orders of xxx CCGs insofar as they apply to the conduct of meetings will apply to Meetings of the Board, which shall be conducted as if the Public Bodies (Admission to Meetings) Act 1960 applied to the Board in the same way as it applies to the Governing Bodies of the CCG's. Reasonable provision will be made on public Board agendas to allow for public questions in accordance with the agreed protocol.

7.3 The Board shall keep minutes of its meetings and any committee or sub-committee that it sets up. Such minutes shall be approved as an accurate record of the meeting by the Board at its next meeting. Duplicate copies of the ratified minutes shall be submitted to each of the CCG Governing Bodies and published as part of their Board papers.

7.4 The Board may appoint working groups or sub committees for any agreed purpose which, in the opinion of the Board, would be more effectively undertaken by a working group or sub-committee. Any such working group or sub-committee may be comprised of members of the CCGs or other relevant external parties, who are not required to be members of the Board. Minutes/reports of working groups or sub-committees will be promptly submitted to the Board.

7.5 In cases of emergency, the Chair may take urgent action to decide any matter within the remit of the Board, subject to consultation with at least three other members of the Board including a representative from each CCG unless conflicts of interest prevent this. Any such urgent action shall be reported to the next Board meeting and to the CCG Governing Bodies.

7.6 A schedule of meetings 12 months in advance will be published and notices of the meeting shall be given not less than 3 working days in advance and where possible 7 days in advance of the meeting, together with the agenda and agenda papers. Notice shall be sent in

[1] https://www.england.nhs.uk/publication/managing-conflicts-of-interest-revised-statutory-guidance-for-ccgs-2017/

writing or by email to the address notified by each Black Country and West Birmingham Health Commissioning Board member to the Board Secretary.

8 ORGANISATIONAL SUPPORT

8.1 The Board shall agree with the CCGs support for the operations of the Board including the provision of administrative support for its activities.

9 REVIEW OF TERMS OF REFERENCE & COMMITTEE EFFICACY

9.1 In the first instance these terms of reference will be reviewed within the first six months of their approval.

9.2 Terms of reference and committee efficacy will be formally reviewed by the CCGs at least annually. They may be amended by mutual agreement of between the CCG Governing Bodies as required to reflect changes in circumstances which may arise.

9.3 Changes to the Terms of Reference of the Heath Commissioning Board that make amendments to the membership should be agreed by the four CCG's Governing Bodies.

Item 4.1.1

Communications and Engagement Plan

Establishing a Single Commissioning Voice for the Black Country and West Birmingham through Shared Governance Arrangements

1. Introduction

This document sets out the process of communication and engagement during this next stage of transition, as we move towards a single voice for the Black Country and West Birmingham through shared governance arrangements.

2. Background and progress to date

Following the appointment of a single Accountable Officer (Paul Maubach) for the Black Country and West Birmingham CCGs in October 2019, the process of transition to a single management structure has now commenced across the 4 CCGs.

To support the transition of the 4 CCGs to a shared management team the Transition Board have been considering options for aligning the Governance structures across the CCGs. This work will support the CCGs coming together to work differently, to support commissioning as a single voice across the Black Country and West Birmingham Sustainability and Transformation Partnership as it moves towards becoming an integrated Care System.

A listening exercise on future form was also run alongside the appointment of the accountable officer on behalf of the transition board. The listening exercise asked GP members, staff, stakeholders and patients a series of questions, outlined below:

- What do you value from the current CCGs?
- What would good look like to you in terms of future CCG arrangements?
- Do you have any concerns in terms of future CCG arrangements?
- How might these concerns be resolved?
- What questions might you want answered before you could make a decision?

The purpose of moving to a new governance structure is to provide the CCGs with an appropriate framework that demonstrates how, as organisations working together, they are continuing to operate within their statutory responsibilities across both areas managed at the five place footprints (across the four CCGs) and together as a Black Country and West Birmingham System. To ensure that the best use is made of both non-executive and executive team time (particularly for the new shared executive team, when it is established) by avoiding duplication or proliferation of meetings and complex reporting lines.

A shared governance structure should also provide enough capacity for the CCGs to work together at a strategic level on issues of common concern in line with agreed STP priorities. These include supporting horizontal integration via acute collaboration, better integration at local place level and addressing the wider determinants of health. However, there must be a supporting structure to enable the development of place (Integrated Care Partnerships) and maintain the existing relationships built over the previous 8 years and retain organisational memory. This was a clear message from the listening exercise.

Regulatory and Legal Context

Key Strategic Drivers

The Long Term Plan clearly sets out the expectations for local commissioning, and signals significant changes to the role that commissioners will play within their health and care system. Key aspects can be summarised as follows:

- Typically, there will be a single commissioner within each ICS area
- Every ICS is expected to enable a single set of commissioning decisions at system level
- CCGs must become leaner, more strategic organisations that support providers in partnering with local government and other community organisations
- Working through the ICS, commissioners will make shared decisions with providers about using resources, designing services and improving population health
- Commissioners will be exclusively responsible for certain decisions, e.g. procurement and the awarding of contracts
- Streamlined commissioning arrangements across the ICS footprint are essential
- Implementation of the above will ensure a consistent and equitable approach to commissioning across the Black Country and West Birmingham.

The proposed model is part of a process to move towards a single commissioning voice for the Black Country and West Birmingham. Section 14Z2 of the Health and Social Care Act 201, places a requirement on CCGs to ensure stakeholder involvement in commissioning processes and decisions. Whilst this could be seen an administrative change and will not directly impact on patient services it is considered best practice to involve stakeholders at an early stage and throughout the change process. Should there be an application to merge in the future we will be required to provide evidence that we have sought views.

Objectives

The next phase of engagement is planned for February (subject to approval from Governing Bodies in Common on January 21st, 2020). The key communications and engagement purposes are:

- Reflect back what we heard in phase one of the listening exercise
- Update stakeholders around the progress and next steps on the transition arrangements on the future form of the BCWB CCGs.
- Share and capture the initial thoughts and reactions of the model for shared governance arrangements
- Ensure that all our Staff, GP Members and wider stakeholders are continually included as part of an ongoing conversation. That they have the opportunity to inform and influence were possible the future form of the CCGs and how it works in place.

These events are not:

- A platform to persuade people of our thinking; it is another opportunity update and listen as part of a wider engagement process.

To ensure representation and consistency across the Black Country and West Birmingham stakeholders the stakeholder mapping undertook in phase 1 will be applied in this next phase.

Key Messages and Narrative

The guiding principles of our messaging will be straightforward dialogue, that is not too simplistic, patronising or defensive, promoting respect and recognition to our stakeholders.

The key messages and narrative in this phase of the engagement process are set out in appendix 1 and will include the following:

Five benefits of establishing a single commissioning voice through shared governance arrangements.

There are many advantages to working closer together across our four CCGs. These will benefit - either directly or indirectly - patients and local people, GPs and other clinicians, health and care partners and many others. Here are five reasons why we believe the appointment of a single Accountable Officer, the establishment of a single team and shared governance arrangements is the logical next step to establishing a single commissioning voice for the Black Country and West Birmingham. It would allow us to provide:

- Better healthcare and health outcomes
- Better use of clinical and other resource
- Stronger, consistent commissioning voice and leadership
- Greater support for transformation and local innovation
- Efficiency savings

Why we can't stay as we are

NHS Long Term Plan

Duplication and sustainability

Running Costs

Improving clinical leadership, involvement and engagement ensuring that we can utilise expertise and resource across a wider footprint to maximise impact from smarter working.

Approach and principles – Staff, Members, wider stakeholders

Across the 4 CCGs we are committed to ensuring that our vision, priorities, and ways of working are shaped through an on-going relationship with our stakeholders, based on mutual respect and openness. Staff and members are real assets, effective communication and engagement is essential to ensure our staff, members and wider stakeholders feel informed and valued.

From the listening exercise it was clear that maintaining control of local place commissioning and budgets was important, as well as maintaining the existing local relationships both internal and external. There was a fear of losing influence and control and local services for local people. These key issues need to be delivered by the single management structure and delivered and supported through the governance structure.

An effective communications and engagement approach will be maintained going forward, based on the existing communications and engagement strategies for all our stakeholders.

GP Members

Our GP members are the ones with the authority to set direction for the CCGs as articulated in the CCGs constitutions. The input of our GP members into the process of how to get more for the local NHS clinical commissioning is critical to achieving the ambitions set out.

We will continue to use the existing channels open to us, protected learning time events, locality focused forums, weekly newsletter briefings, surveys and face to face opportunities. We will continue to work with our Primary Care colleagues and our membership to ensure that the methods and channels we use to communicate and engage GP Members are effective, taking regular temperature checks.

Staff

A number of dedicated channels and forums are in place, including weekly newsletter briefings and face to face opportunities, with the introduction of a Black Country and West Birmingham Change Council which has been established to complement the other staff forums within the 4 CCGs. At a time of change organisational resilience is crucial, if we are to deliver business as usual and support our staff through a change management process then it is crucially important that we ensure our staff are supported, informed and engaged in a consistent and timely fashion.

At one of the two staff conference events held late last year. We were asked what we were going to do to support staff's health and wellbeing. As a result of that question a Black Country and West Birmingham wide staff Health and Well-being Forum has been established with good representation across the 4 CCGs.

There will be a separate staff consultation process that will focus on the internal structures of the CCG. This listening exercise will not replace the formal consultation and engagement process associated with change management but rather an opportunity for staff to contribute to the decision making arrangements for the organisations.

Stakeholders

The views and insight of our wider stakeholders are equally important and will sought and considered as part of the transition process. We have a strong track record of working in partnership across the Back Country and West Birmingham and through our local teams we will continue to use existing channels to inform and seek the views of a wide range of stakeholders as per our stakeholder map. It includes:

- Local Authorities and their representatives
- Healthwatch
- Patient Representatives
- Representatives from the Voluntary and Community Sector
- Other NHS Providers etc.

The combined CCG arrangements need to be able to support the continued engagement and consultation with the public (and with public scrutiny) in each local place; whilst also enable appropriate collective engagement across the four CCGs / system. This may well require a collaborative agreement with both the STP/ICS and local scrutiny in order to define the parameters for when/how engagement and consultation might take place at a system level. We will make arrangements to engage with local scrutiny committees and the 4 Healthwatch organisations across our footprint in order to produce clear protocols/guidelines for how it should prove necessary to undertake formal consultation in the future.

Stakeholder Events

In the period of October 2019 there have been a number of briefings and listening exercises with staff, GP Members and wider stakeholders including patients, the voluntary and community sector, representatives from local authorities, CCGs, NHS providers.

All our stakeholders have so far raised concerns that have been discussed at Transition Board and all 4 Governing Bodies and will form the basis for further conversations that will shape the future form of the 4 CCGs.

Engagement Principles

The following engagement principles will be followed:

- Engagement will continue to put our staff, GP Members and stakeholders at the heart of the conversation
- Engagement will have a shared focus on the future, where the goal is to be a strong strategic commissioner
- The arrangements by which our staff, GP Members and wider stakeholders are engaged will be flexible and will be able to adapt
- Engagement will be support by common messages, with common materials so that all stakeholders receive consistent, timely and relevant information

What happens with the insight we gather?

The views expressed in this next phase of engagement will be collated and put into a report on the outcome of the listening exercise around Establishing a Single Commissioning Voice through Shared Governance Arrangements will presented to the March Transition Board. The outcome of which will then be feedback to everyone who participated in the Listening Exercise.

Must Do's

Regardless of the future arrangements for commissioning, there are a number of 'musts' that we are committed to delivering. Although they do not form part of this engagement exercise because we need to do them anyway, we recognise that they are likely to be of particular relevance to our Staff, GP Members and wider stakeholders.

We must have:

- The ability to deliver our commissioning ambitions and responsibilities effectively and as quickly as possible, both at a place and across the entire geography we serve.
- Strong clinical leadership and involvement in the new arrangements.
- Effective engagement with local people, clinicians, healthcare partners and others to inform commissioning decision making
- An ongoing focus on the health and care needs of neighbourhoods or specific populations, as well as a strategic focus across the Black Country and West Birmingham
- A single commissioning vision with strategic priorities and health outcome goals at system, place and neighbourhood levels
- The best opportunity to work effectively with our partners and pave the way for better integration of health and care services
- The ability to deliver both the 20% savings in CCG running costs by 2020/21

High Level Engagement Plan

The plan at appendix 2 has been developed by local communications and engagement colleagues in each of the CCGs. They have the necessary knowledge, skills and relationships locally to ensure that all our stakeholders feel continually engaged and informed in the process. Continuous engagement is essential when managing change, it is important that our stakeholders feel that we are communicating with them in a timely and relevant manner. This continues to develop a relationship built on openness, honesty and trust.

Evaluation

A combination of quantitative and qualitative measures will be used to monitor and evaluate the effectiveness and impact of our communications and engagement activities, through this next phase of the process. Evaluation allows us to improve the effectiveness of our activities, adapt our approach as situations change, and allocate resources appropriately.

Effectiveness of the communications and engagement activities will be measured by:

- The number of stakeholders who engage in the events and/or submit views
- The overall number and range of responses
- For digital communications and social media, user's statistics, number of posts, number of retweets, comments, likes and shares
- How feedback given by all stakeholders has meaningfully influenced the proposals. This will be demonstrated via regular 'you said, we did' communications

Appendices

Appendix 1. Presentation

Appendix 2. High Level Plan

KEY (status)

✓	**Complete**
→	**In progress/ pending completion**
∞	**Ongoing**
	Incomplete

Version Control

Edited by:
Date:
Time:

Phase 2 - Single Commissioning Voice through Shared Governance Arrangements							
Status	**Target audience**	**Method**	**Date**	**Location**	**Executive Lead**	**Engagement/Comms Lead Support**	**Notes**
	Staff						
	Dudley CCG Team Brief	Face to face session	13th February 9.30am to 11am	BHHSCC	TBC	Helen Codd	
	Dudley CCG Staff News	email	27th February				for any staff who have missed/unable to make session
	SWB CCG Face to Face	Presentation & Q&As (Session 1)	11 February (1.00 - 3.30 pm)	Boardroom, Kingston House	Matt Hartland / Claire Parker	Jayne Salter-Scott / Charlie / Natalie Harding	
	SWB CCG Face to Face	Presentation & Q&As (Session 2)	12 February (1.00 - 3.30 pm)	Boardroom, Kingston House	Matt Hartland / Claire Parker	Jayne Sa;lter-Scott / Natalie Harding	
	SWB CCG Staff News	email	11 February	N/A	N/A	Charlie Wonders/Alice McGee	
	Walsall CCG Team Brief	Face-to-Face	11 February	Atrium, Walsall CCG	Paul Maubach / Available Director	Charlotte Gee / Kiran Patel	
	Walsall CCG Newsletter	Email	12/02/2020	N/A	N/A	Charlotte Gee / Kiran Patel	
	Wolverhampton CCG	Staff Briefing	12/02/2020	Wolves Science Park	Steven Marshall / Mike Hastings	Helen Cook	
	GP Members						
	Dudley Members Event	Presentation & Q&As	11th February between 7pm and	Copthorne Hotel in Merry Hill	TBC	Helen Codd	
	Dudley Members News	Weekly Newsletter		N/A	N/A	Lindsey Harding	for any staff who have missed/unable to make
	SWB GP Members	Presentation & Q&As	6 February (6.00 - 7.00 pm)	The West Bromwich Conference , Birmingham	Dr Ian Sykes / Claire Parker	Jayne Salter-Scott / Natalie Harding	
	SWB Members News	Weekly Newsletter	7,14,21,28 February 2020	N/A	N/A	Charlie Wonders	
	Walsall GP Protected Learning Time (PLT)Event	Face-to-faae	22/02/2020 (If this date is too soon,	Bescott Stadium	Dr Anand Rischie, CCG Chair	Charlotte Gee / Kiran Patel	

	Walsall GP Newsletter	Email	13/02/2020	N/A	N/A	Charlotte Gee / Kiran Patel	
	Wolverhampton CCG	GP Members Meeting	29/01/2020	Park Hall Ramada	Salma Reehana	Helen Cook	
	Wider Stakeholders						
	Dudley CCG	face to face	Probably between 5.00 pm & 6.30pm	Probably BHHSCC	TBC	Helen Codd	invitees from previous group to be sent invitation to attend. Can be flexible to fit
	SWB Stakeholder Event	Face 2 Face - Presentation and Q&As	5 February (10.00 - 11.30 am)	Brasshouse Community Centre	Dr Ian Sykes / Claire Parker	Jayne Salter-Scott / Natalie Harding	
	Patient and Public Partners	Face-to-Face	W/C 10th Feb - 6pm	Atrium, Walsall CCG	Paul Maubach / Available Director	Charlotte Gee / Kiran Patel	
	Wolverhampton CCG	Stakeholder meeting	Feb-20	tbc	Salma Reehana	Helen Cook	

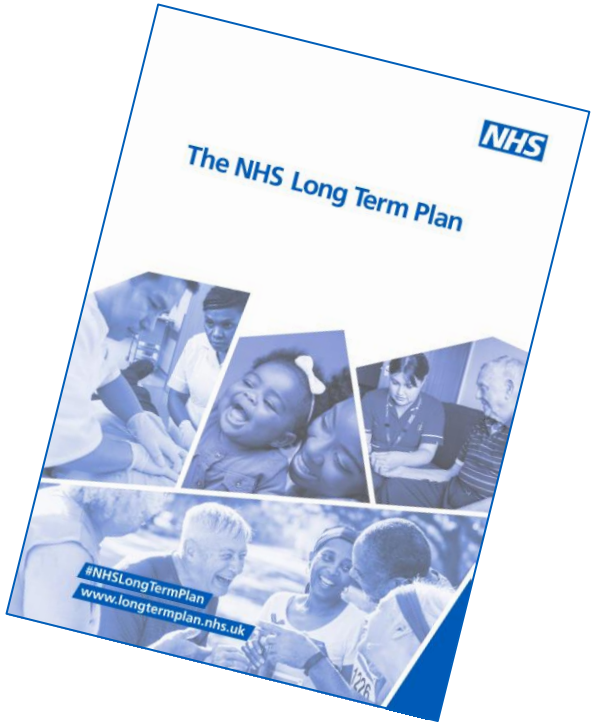
Establishing a single commissioning voice through shared governance arrangements

Continuing the conversation

Insert presenter name and title

A quick recap

- NHS **Long Term Plan** published January 2019
- Real focus on **collaboration**, moving away from market, competition and transacting
- *'…CCGs will become more **strategic, leaner organisations**…'*
- *'… **Typically** there will be **one CCG** per STP/ICS area by March 2021…'*
- **Integrated Care Systems** are the policy focus



Feedback on the Listening Exercise: The Future Form of the CCGs

Focused exercise undertaken during Oct. 2019

- ***Staff***
- ***GP Members***
- ***Stakeholder***

We asked people colleagues to consider 5 questions

- What do you value from the current CCG?
- What would good look like to you in terms of future CCG arrangements?
- Do you have any concerns in terms of future CCG arrangements?
- How might these concerns be resolved?
- What questions would you want answered before you could make a decision?

Listening Exercise -Themes

Staff…

- Value their culture, identity and organisational heritage
- Keen to hold onto organisational intelligence and memory
- Concerns regarding job security, office location and staff benefits
- Keeping the relationship with local providers, voluntary & community sector organisations and local

Listening Exercise -Themes

GP Members…

- Keen to keep the same local relationships with CCG staff built up over the past 7 years
- Merging will dilute success
- Keep things as they are
- Keep same level of funding and arrangements for General Practice, different levels of funding and arrangements across the CCGs
- Fear of losing influence, ‘voice’ and control

Listening Exercise -Themes

Stakeholders…

- Value their relationships and the trust built up locally over many years
- Keep the same CCG finances - local pound, spend on local people
- Do not want to prop up other less performing CCGs
- Resources need to protected at local place
- Concerns about lose of influence
- Keep communicating with us

Common Theme

Across all CCGs, in all groups

- There was a strong and recurring theme emphasis on ***local identity***, including ***relationships, reputation, organisational culture*** and ***intelligence*****.**
- Knowing who to go to and a ***focus on the local population.***
- ***Sense of pride*** in what has been achieved locally.
- A desire to ***keep things the same***.

Current position…

- A single new Accountable Officer appointed in October 2019 - Paul Maubach
- A number of development sessions with the existing executive management team, all 4 CCG Governing Bodies, Lay members and GPs.
- Appointment of 2 Deputy Accountable Officers – Matt Hartland (former CFO from Dudley CCG) and Rachael Ellis (former CO for Integrated Urgent and Emergency Care)
- Senior Executive Team being establish – in place by March 2020
- Teams across the 4 CCGs delivering business as usual

Next Steps…

We have listened to what you have said. No decision has yet been made regarding a potential future merger. ***Agreed*** that there are benefits to working in a more collaborative way, particularly as we move towards a single team. ***We will be continuing the conversation around the future form of the organisation with all our stakeholders.***

However, there is an immediate need to:

- Establish a single Senior Executive Team (in place by April 1st 2020)
- Continue to work with staff on the development of a single staffing structure
- Establish shared governance arrangements across the 4 CCGs

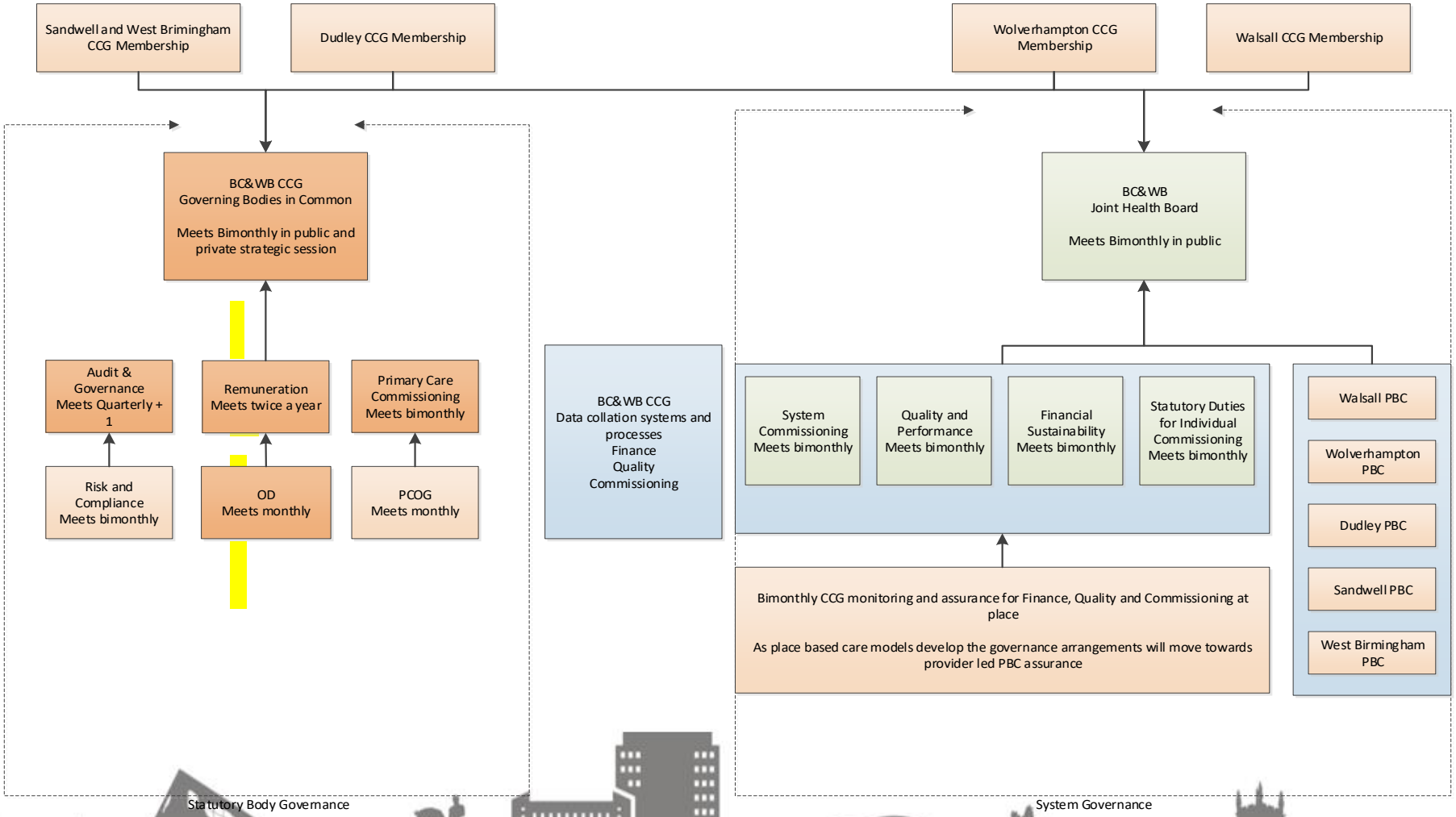
Headline Governance Roles and Responsibilities

All CCGs have a similar governance structure designed to support the Governing Body in delivering its core duties overseeing the organisation: -

- Setting the Strategy for the organisation
- Agreeing Objectives to support the Delivery of the Strategy
- Gaining Assurance that objectives are being delivered through the day to day work of the CCGs and their teams
- Providing Accountability for the delivery of the strategy and statutory responsibilities to the Public, Patients, CCG Members, Regulators and other stakeholders

As well as responsibilities which include signing off budgets, annual reports and accounts etc

What is our current thinking in terms of our developing Governance?



Over to you….

General QUESTION:

- What are your initial thoughts on what we have shared with you? Does the new shared governance make sense to you?

Specific QUESTIONS:

- What should the local place based commissioning arrangements look like?
- How do we continue to be responsive to local need?
- How do we retain strong relationships with local people?
- How do ensure that local voice is heard?
- How do we continue to inform all our stakeholders, what mechanisms should we use?

Questions

Governing Body in Common Date	21st January 2020
Agenda item	Item 4.2

Title	**Ensuring Good Governance in the new combined CCG arrangements**
Sponsoring Director	Paul Maubach
Authors	Paul Maubach
Presented by	Paul Maubach
Exec Summary/Purpose	To provide a framework of assurance for the new management and governance arrangements by proposing a series of working groups and task and finish groups.
Previously considered at	Executive management team meeting
Are any risks highlighted in this report?	**Potential risk around capacity of governance team, lay members, GP members and senior executive team**
Other risks highlighted/addressed in this paper? (e.g. financial, quality, regulatory, other)	**None**
Equality Impact assessment	Not required
Next steps	• To set up the working groups to report to Governing Bodies
Recommendations	• Governing Bodies are asked to note the contents of the report • Governing Bodies are asked to approve the recommendations to set up working groups to oversee the transition governance of the CCGs

Why has the paper been presented to the Governing Bodies? (Please tick):	
For the Governing Bodies to approve	Yes
For the Board's information / to note	Yes

Ensuring Good Governance in the new combined CCG arrangements

1.0 Context

1.1 Our CCGs run complex business which has to comply with a complex map of statutory and legal duties; coordinate a wide range of activities from placements for individuals through to plans for whole populations; within an environment of complex accountabilities and potential for conflicts of interest.

Therefore, whilst our transitional arrangements are covering three key work streams to set up the new arrangements (HR process; new governance; and engagement on potential merger), we also need to ensure that those new arrangements are able to excel in dealing with these different complexities.

1.2 This proposal, therefore, is to set up a series of predominantly lay member led working groups which will consider specific issues and then report recommendations back to the Governing Bodies. The timing of these groups might vary slightly depending on the timing of the other three transitional work streams; however, we would expect these groups to meet between Q4 2019/20 and Q2 2020/21 with a view to all reporting back by September 2020 at the latest.

2.0 Proposed working groups:

2.1 Staff Council

This is already in place and is designed to enable staff to contribute to the HR change process. This would be enhanced with lay member input in order to assist in providing some independent perspectives to the discussion and outcomes.

Recommend that 2 lay members join this group that is supported by HR.

Timeframe: meeting before and throughout the management of change process.

2.2 New Governing Body and Committee membership

The new governance arrangements will produce a new structure of joint committees and committees in common which will necessarily warrant a restructuring of the executive and non-executive input. A working group should be set up with the remit to recommend the number of non-executive roles (lay member and GP elected member) needed and how they should be organised in each CCG to support this new committee structure. This should include proposed representation for each committee.

Recommend that a working group is formed with 2 CCG Directors, 2 lay members and 2 GP elected members. Supported by CCG governance leads.

Timeframe: meet Jan-Feb with recommendations in Mar.

2.3 Assurance on Statutory Duties

The CCG(s) have a complex schedule of statutory and legal duties. It is important that the Governing Bodies are assured that we have the mechanisms in place to ensure that we comply with these duties. A working group should be set up with the remit to review the full schedule of statutory duties and recommend to the Governing Bodies how assurance can best be obtained through the proposed new governance arrangements.

Recommend that a working group is formed with 2 CCG Directors and 2 lay members and 2 GP elected members. Supported by CCG governance leads. (Note: this could be the same group as the one above looking at membership of committees)

Timeframe: meet during Jan-Jul with recommendations in Sept

2.4 Conflicts of Interest

The introduction of both PCNs and ICPs creates a situation whereby potential GP conflicts of interests extend beyond the historic scope of GMS. This, combined with a desire to ensure that there is local elected GP involvement in decisions over place arrangements, has the potential to significantly complicate the management of conflicts of interest. A working group should be set up with the remit to review the current and potential conflicts of interest and how this correlates both to the scheme of delegation and GP involvement within CCG management structures; and the remit of CCG committees and GP involvement in those committees. With a view to providing clear recommendations on how such conflicts can be managed and enable appropriate GP influence in decision-making.

Recommend that a working group is formed with 1 CCG Director, 3 lay members and 2 GPs. Supported by CCG governance leads.

Timeframe: meet during Jan-May with recommendations in July.

2.5 Mechanisms for public engagement and consultation

The combined CCG arrangements need to be able to support the continued engagement and consultation with the public (and with public scrutiny) in each local place; whilst also enable appropriate collective engagement across the four CCGs / system. This may well require a collaborative agreement with both the STP/ICS and local scrutiny in order to define the parameters for when/how engagement and consultation might take place at a system level. A working group should be set up to review current arrangements and engage with local scrutiny committees and existing local patient forums in order to produce clear protocols/guidelines for how and when we would undertake collective consultation.

Recommend that a working group is formed with 2 CCG Directors, 2 GPs and 4 lay members (1 from each CCG). Supported by CCG communications and engagement leads.

Timeframe: meet during Jan-July with recommendations in Sept.

2.6 Policy harmonisation

The CCGs currently do not have an aligned position on policy; at the same time Sandwell and West Birmingham CCG already adheres to a shared policy agenda with BSol CCG. There are also national programmes to publish new national policies to which we need to respond. However, if our four CCGs move to a position whereby we align our processes for agreeing policy (including with BSol) what are the consequences that arise from doing this; what are current differences in policy and what changes may we need to make to existing policies?

Recommend that a working group is formed with 2 CCG Directors, 2 GPs and 2 lay members. Supported by CCG commissioning.

Timeframe: meet during Jan-July with recommendations in Sept.

2.7 Contract harmonisation

The CCGs hold several hundred contracts between them – some of which are held with the same organisation; some of which may be unique and providing distinct services for one CCG which are not available in the others. There are also variances in the type of contract provision (for example: private vs NHS); and there are some providers where we commission differently in the four CCGs (eg: enhanced services with primary care). What are these differences and are they warranted (because of differences in local population) or should we be aiming to align / remove these differences over time?

Recommend that a working group is formed with 2 CCG Directors, 2 GPs and 2 lay members. Supported by CCG commissioning.

Timeframe: meet during Jan-July with recommendations in Sept.

2.8 *Scheme of Reservation and Delegation (SORD)*

The SORD will be a critical piece of documentation in readiness for the 1st April to be prepared and presented to a combined Governing Body on 31st March 2020, to ensure that the CCG's can work together to make appropriate decisions and exercise its statutory functions.

Recommend that a working group is set up formed of CCG directors for commissioning, finance, quality and governance, 2 lay member (including an audit chair) and a GP member.

Time frame to meet two weekly from Jan to March 2020 with a final SORD to go to Governing bodies in common by 31st March 2020.

2.9 *Statutory duties- commissioning for individuals*

CCG's commission at an individual level for Special educational needs (SEND), Looked After Children (LAC), Transforming care and Continuing health care. As a focus on individual vulnerable patient needs is so important from a quality and commissioning perspective there is a need to ensure that the individual needs are not lost in integrated quality and performance data and processes.

Recommend a working group is set up with two or three directors (to include one CNO, commissioning director), 2lay members and 2 GPs

Time frame: meet during Jan to July with recommendations in September

Recommendations

3.1 Governing Bodies note the contents of the report
3.2 Governing Bodies approve the set up of the working groups as outlined in the report

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Governing Body in Common Date	21st January 2020
Agenda item	Item 5.1

Title	**Principles for determining the location of the CCGs HQ and other offices**
Sponsoring Director	Paul Maubach
Authors	Paul Maubach Mike Hastings
Presented by	Paul Maubach
Exec Summary/Purpose	To provide the key principles for identifying a headquarters and other office space for the four CCGs staff working at place and system.
Previously considered at	
Are any risks highlighted in this report?	
Other risks highlighted/addressed in this paper? (e.g. financial, quality, regulatory, other)	
Equality Impact assessment	Not required
Next steps	• To scope potential sites and score against the proposed criteria
Recommendations	• Governing Bodies are asked to note the contents of the report • Governing Bodies confirm their authority to this working group to determine the preferred location of the HQ, in accordance with the criteria above, before the end of March.

Why has the paper been presented to the Governing Bodies? (Please tick):	
For the Governing Bodies to approve	Yes
For the Board's information / to note	Yes

Principles for determining the location of the CCGs HQ and other offices

Introduction

The restructuring of the CCG team will result in the establishment of a single executive, corporate and shared commissioning infrastructure that will require a single location as an HQ in order to optimise efficient working. In addition, the CCG team will also incorporate five substantial local place-based teams who will need to share accommodation in their respective local areas.

In establishing an appropriate way of working, the first priority will be to establish fully mobile working for **all** staff (with the sole exception of staff linked to the running of a specific location, such as reception staff). Whilst everyone will have an official base, this will enable fully flexible working, including the ability for staff to collaborate in any team or activity or to be mobilised across the system and/or to any of the areas of work across the 4 CCGs. Inclusive of web conferencing, this will also enable staff and Governing Body members to work virtually and so substantially reduce the need for travel to meetings. In this arrangement all meetings will include web conferencing as standard.

The second priority will be to establish a network of locations across the geography. In particular:

- A local office, one in each of our five places, that provides a base for staff working with the local council, local GPs and the local ICP
- An HQ that provides the base for CCG staff working in corporate and collective functions
- 'Pod' locations across the patch that provide bookable meeting spaces
- a new office in West Birmingham (in close proximity to Birmingham Council) for the staff working for the West Birmingham place.

Agile Working

As we review changes to where we will be working, we are also making changes to how we will be working. Now that we have a more formalised foundation of the CCGs working together we are able to move on with the enabling IT systems. There is a medium term goal to move to a single network and teams are currently working on that requirement but in the meantime there is a short term goal to introduce solutions to enable agile working. Through the Digital/IT team we have successfully bid to receive additional funding which will be used to move all staff in all CCG headquarters to Microsoft Office 365. Microsoft Office 365 is a Software as a Service (SaaS) solution that includes Microsoft Office and other services, such as email and collaboration, from Microsoft's cloud server. What this means is that software and files are not stored locally, they are cloud based and so can be accessed from anywhere. The software is bundled with Microsoft Teams which is an instant messaging and video conferencing solution which can run over network, wifi or 4G from anywhere meaning staff are not tied to a single location and can work from satellite buildings or from home as long as they have internet access. There are some issues to overcome, not least of which are the security measures on the four legacy networks however these are not insurmountable and you will begin to experience agile technology imminently as we work through the project.

Use of public assets

Key criteria for all accommodation ought to be that we should seek to prioritise the use of public assets wherever possible – therefore we should use either local council of NHS owned properties.

Collaboration with local councils

It would be a substantial benefit to improving our collaboration with our local councils if our five local offices were co-located with, or in close proximity to, their local council. This would not only improve day-to-day working with council partners but would also improve our political capital with our key partners.

We should therefore seek to enable this change as and when leases allow; subject to there being suitable facilities / space to accommodate our staff accordingly.

Criteria for location of the HQ

It is proposed that we determine the HQ for the CCG(s) against the following three steps:

Step one: the facility should be, if at all possible, a public asset.

Step two: a shortlist of possible sites should be drawn up following step one that meet the following criteria:

- The site is within the geography of Black Country and West Birmingham;
- The site is within reasonable distance of a mainline railway station and close to public bus and/or tram routes;
- The site has reasonable access to parking facilities which can be used by both staff and visitors.
- The site can be established with the CCG(s) preferably as sole occupant so that it can more clearly facilitate the public identity of the CCG(s) – thus contributing to improving the public accountability of the CCG(s) as a public body;
- The site is not co-located with any of the current or potential five local offices. This helps to prevent any potential for any actual or perceived bias towards staff currently working in any particular office but more importantly it will be easier to develop the new CCG culture in a new location.

Step three: if there is more than one suitable site on this shortlist then the determination of the preferred HQ site should be based upon the following criteria:

- The site maximises the potential for supporting the Health and Wellbeing of staff – this has previously been expressed by staff as an important and highly desirable consideration.
- The site has the capacity to host public board meetings and provides for parking that can be set aside specifically for visitors (as the HQ we will be hosting meetings).
- The cost of leasing the site should be reasonable and affordable.
- The site should be available for use as soon as possible from July 2020 so that the CCG(s) corporate team can start working together as soon as they are appointed.

Next Steps

A working group, chaired by the Accountable Officer, has already been established with appropriate specialist technical, HR and financial input to investigate potential options and produce a shortlist / preferred location.

It is recommended that a lay member and GP board member join this group.

The preferred location for the HQ should be determined prior to the start of the consultation with CCG staff in Q1 next financial year so that this can be included as a known quantity in the consultation with them and therefore the consequential impact known for all staff.

It is therefore recommended that the Governing Bodies confirm their authority to this working group to determine the preferred location of the HQ, in accordance with the criteria above, before the end of March.

Subsequently, the working group should review the arrangements for each of the local offices with a view to establishing: first the potential timetable for identifying a new location other than the current location being used; secondly the proposed new location for the local office if that is necessary. Note: the immediate priority will be to determine a preferred location for the West Birmingham office as this is the only one of our five places that currently does not have a local office. This preferred location should also ideally be determined prior to the start of the staff consultation.

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Governing Body in Common Date	21st January 2020
Agenda item	Item 6.1

Title	Executive Structure Proposal
Sponsoring Director	Paul Maubach, Chief Accountable Officer
Authors	Alice McGee, Director of HR and OD (SWB CCG) Paul Maubach, Chief Accountable Officer
Presented by	Paul Maubach, Chief Accountable Officer
Exec Summary/Purpose	This paper proposes a senior leadership structure for the four CCGs to work together at system level and at 'place' whilst allowing for room to innovate and develop ideas. The proposed senior leadership team structure will require a change to CCG Governing Body Membership for the purposes of voting membership and will be accompanied by a formal management of change process for current Directors of the four CCG's. The report aims to present the broad proposal for the structure and the principles of the management of change process that the CCG's will adhere to appoint to the positions. The structure proposes the senior leadership team and once appointed it will be for the senior leadership team to co-design the structures beneath them to operationalise the delivery of the CCG strategic objectives, considering the new governance structure for decision making and assurance.
Previously considered at	A number of development sessions with the executive management team, GP and Lay members across the four CCGs has taken place during the Autumn 2019. January 2019 Governing Bodies approving the appointment of a single Accountable Officer and subsequently a single management team
Are any risks highlighted in this report?	**None**

Other risks highlighted/addressed in this paper? (e.g. financial, quality, regulatory, other)	**None**
Equality Impact assessment	The CCG's will operate within the respective management of change policies which have already had a equality impact assessment
Next steps	• Consultation with Directors to commence 3rd February 2020 • Remuneration Committee in common to receive proposals on remuneration on senior leadership team posts (18th February 2020) • Governing Body in common to approve salary recommendations from Remuneration Committee (18th February 2020) • Appointments into Senior Leadership Team to commence 24th February 2020
Recommendations	1. Approve the proposed executive structure and the change to the voting membership for Officer roles on the Governing Bodies 2. Note the proposed senior leadership team structure 3. Note the management of change process and timeline

Why has the paper been presented to the Governing Bodies? (Please tick):

For the Governing Bodies to make a decision	Yes
For the Board's information / to note	Yes

1. Background

Following the appointment of the Black Country and West Birmingham CCG's Chief Accountable Officer (CEO) the current management team have been working collaboratively to consider both the current challenges for operational delivery and the longer term strategic opportunities for the CCG's. This is in the context of considering national policy for the development of Integrated Care Systems and place based agendas for Integrated Care Partnerships/Providers.

It is clear from working together that the four executive management structures currently in place will not be fit for the future to deliver both system leadership and place based leadership as commissioners. The proposal for a single leadership team compliments the proposal presented to the Governing Bodies on a new governance structure for decision making and assurance.

The Governing Bodies have already approved, through Remuneration Committee, the appointment of the Deputy Accountable Officers and the Director of HR and OD. The process for externally advertising and appointing the Deputy Accountable Officers concluded in December 2019 with two internal candidates being appointed to the role. The appointment of the Director of HR and OD is due to be concluded in January 2020 following a period of consultation with employees affected by this post, this was not an externally advertised post.

2. STRUCTURE

The proposed Director roles that will form part of the single senior management team of the four CCGs are enclosed in Appendix 1 and are listed below:

- **Deputy Accountable Officer** (Executive Director)
- **Chief Medical Officer** (Executive Director)
- **Chief Finance Officer** (Executive Director and *this position will undertake the responsibilities and status of the statutory role of CCG Chief Finance Officer as outlined within the HASC 2012)*
- **Chief Nursing Officer** (Executive Director)
- **Primary Care Director**
- **Managing Director** (one for each of the five places)
- **Technology and Operations Director**
- **HR and OD Director**
- **Communications Director**
- **Transition and Transformation Director**

The CCGs will also host two posts on behalf of the Black Country and West Birmingham STP/ICS

- **Academy Director** (new post to be advertised as an STP role)
- **STP Programme Director** (this post is out of scope for the change management process)

It is proposed that all posts, with the exception of the Director of HR and OD and the Director of Communications will be Very Senior Manager (VSM) salary positions. The

Director of HR and OD and Director of Communications is anticipated to be Agenda for Change Band 8D.

A summary of the proposed portfolio areas are included in Appendix 2 and subject to approval by Governing Body, full job descriptions will be developed ready to consult with affected Directors week commencing 3rd February 2020.

In each Governing Body a different approach has been taken to voting members of the Governing Body and therefore the proposed change of the executive directors will be reflected in each of the Governing Bodies constitutions subject to approval. Appointed Directors will be appointed on behalf of all CCG's to discharge the duties of the Governing Bodies and delivery of the Strategic Plans for the Black Country and West Birmingham CCG's.

The CEO is currently working with the Chair of the Black Country and West Birmingham STP to understand whether any of the Executive posts proposed in the CCG leadership team will also hold responsibility for STP lead areas. At present a Chief Nurse and a Chief Finance Officer are the respective leads for the STP in their professional area however their terms of office are due to expire at the end of this financial year. Other Directors also lead on specific system pieces of work as executive sponsors or programme leads.

It is likely that the STP will need to establish separate processes for determining who undertakes specific STP roles and it is anticipated that a decision on this will be reached with the STP prior to the job descriptions and remuneration for the CCG roles being agreed and appointments take place. All CCG senior leadership roles will have responsibility for working at system as part of the STP/ICS built into their JDs as per the strategic aims of the CCG's however, the scale, scope and accountability for this to the STP and its partners is yet to be determined.

Another key consideration in the development of the CCG leadership structure is to ensure that there is both a sufficient and balanced leadership capacity to deliver at both system and place. Many of the role will have responsibilities that require working at both a system and a place level – for example the MDs will each lead their local place relationships and also have a system-level commissioning portfolio. As part of the process of appointing to the Deputy AO role it became apparent that these two agendas are so significant (the coordination of system level working and the coordination of place level working) that the appointment of two people was entirely necessary. Whilst the two deputies will work in partnership with each other, one will predominantly focus on the system level working and the other will focus on the place level working.

In addition to the formal senior leadership proposal there is recognition that during a significant period of transformation and transition there may be a requirement for additional senior leadership positions on a temporary basis to lead large scale agendas. An example may be for the TCP (Transforming Care Programme), but this would not be a permanent substantive part of the leadership team.

It is anticipated that all posts, with the exception of the Academy Director and STP Programme Director posts, will be appointed via either 'slot in' or 'ring fence interview' as part of the management of change process by existing Directors. The Academy Director post is identified differently due to it being hosted on behalf of STP partners and being a significantly new and different role. The STP Programme Director post has been identified as out of scope for the CCG's senior leadership team as there is currently a permanent post holder and this is hosted on behalf of STP partners.

3. Change Management

a. Principles

The CCG's Remuneration Committee are responsible for being assured that the CCG has discharged its responsibilities for change management and payments of any redundancy payments.

There have been 21 leadership roles across the four CCGs in 19/20 - not including clinical executive roles and one STP role. This new structure establishes 16 leadership roles in the CCG team plus 2 STP roles (PMO and Academy Director). The proposed senior leadership structure sees a net reduction in 4 posts which equates to a circa 20% reduction in senior leadership capacity and is therefore in line with management cost reduction targets. This also means that there is a possibility that some of the current directors could be placed at Risk of Redundancy at the end of the appointment process.

To appoint to the Director posts consideration will be given to arrangements for 'Slot in', 'Ring Fence', and 'Suitable Alternative'. Consideration will be also be given, as the job descriptions and change management process are completed, as to whether any posts require national advert considering the principles applied to the selection for the Accountable Officer and the Deputy Accountable Officer, where the roles may be considered to be significantly different and therefore not reaching the definitions within the management of change process for 'slot in', 'ring fence' and 'suitable alternative'.

These definitions are included within each of the CCG Management of Change policies and will ensure that an equitable and transparent process is undertaken whilst being able to assure that appointments are suitable. When considering Ring Fence or Suitable Alternative, even where there is only one person considered under these definitions, the selection will require a test of suitability prior to appointment and is likely to include assessment against the new People Framework considering; Cognitive Ability, Leadership Capability, Experience, Values and Behaviours. It is also noted that the statutory posts (Chief Finance Officer and Chief Nursing Officer) will need to be supported by NHS England and NHS Improvement before appointments are made.

The need to minimise the potential for unnecessary redundancy will also need to be incorporated within the management of change process.

b. Timetable

The CCG's Remuneration Committees will be meeting in common on 18th February 2020 and will receive a more detailed report on the outcome of the consultation period to date and the proposed impact on the current Directors in relation to proposed redundancy and change management. However, the CCGs will commence the formal management of change process with directly affected staff on 3rd February 2020. The below timetable provides the headline dates of this management of change process.

Date	Detail
21st January 2020	Governing Body in Common to consider Governance and Leadership structure
27th January 2020	Management of change consultation report sent to staff directly affected
3rd and 4th February 2020	Formal consultation commences with 1:1's a) Structure b) Job Descriptions c) Ring fencing/slotting in approach
18th February 2020	Remuneration Committee and GB in common to determine salaries for VSM posts
20th February 2020	Consultation closes
24th – 26th February 2020	Interviews for executive posts
28th February 2020	Unsuccessful senior leaders placed at Risk of Redundancy
March 2020	Appointments confirmed in writing and communicated to staff
1st April 2020	Formal appointments commence and temporary redeployment for unsuccessful Directors confirmed
6th and 7th April 2020	New Executive Team Development Days

c. Affected Staff

The staff directly affected and therefore included within this management of change are:

- James Green, SWB CCG Chief Finance Officer
- Sharon Liggins, SWB CCG Chief Officer
- Michelle Carolan, SWB CCG Chief Officer
- Claire Parker, SWB CCG Chief Officer
- Sarah Shingler, Walsall CCG Chief Nurse
- Paul Tulley, Walsall CCG Director
- Donna Macarthur, Walsall CCG Director

- Neill Bucktin, Dudley CCG Director
- Caroline Brunt, Dudley CCG Chief Nurse
- Laura Broster, Dudley CCG Director
- Steven Marshall, Wolverhampton CCG Director
- Mike Hastings, Wolverhampton CCG Director
- Sally Roberts, Wolverhampton CCG Chief Nurse

The following Directors are excluded from the process as they are already within a management of change process, have been appointed, or the role has been excluded from the CCG's senior management team restructure:

- Matthew Hartland, appointed as Deputy Accountable Officer
- Rachael Ellis, appointed as Deputy Accountable Officer
- Stephanie Cartwright, in consultation process in relation to Director of HR and OD
- Alice McGee, in consultation process in relation to Director of HR and OD
- Alastair McIntyre, STP Programme Director out of scope of management of change

It is recognised that there are other senior management members of staff that current report directly to the Chief Accountable Officer and current directors that will be directly affected by this proposed structure however the remaining senior management posts will not be part of this management of change process. Any senior managers not listed above will be supported through a management of change process with the rest of the CCG's staff in April and May 2020.

4. Recommendations

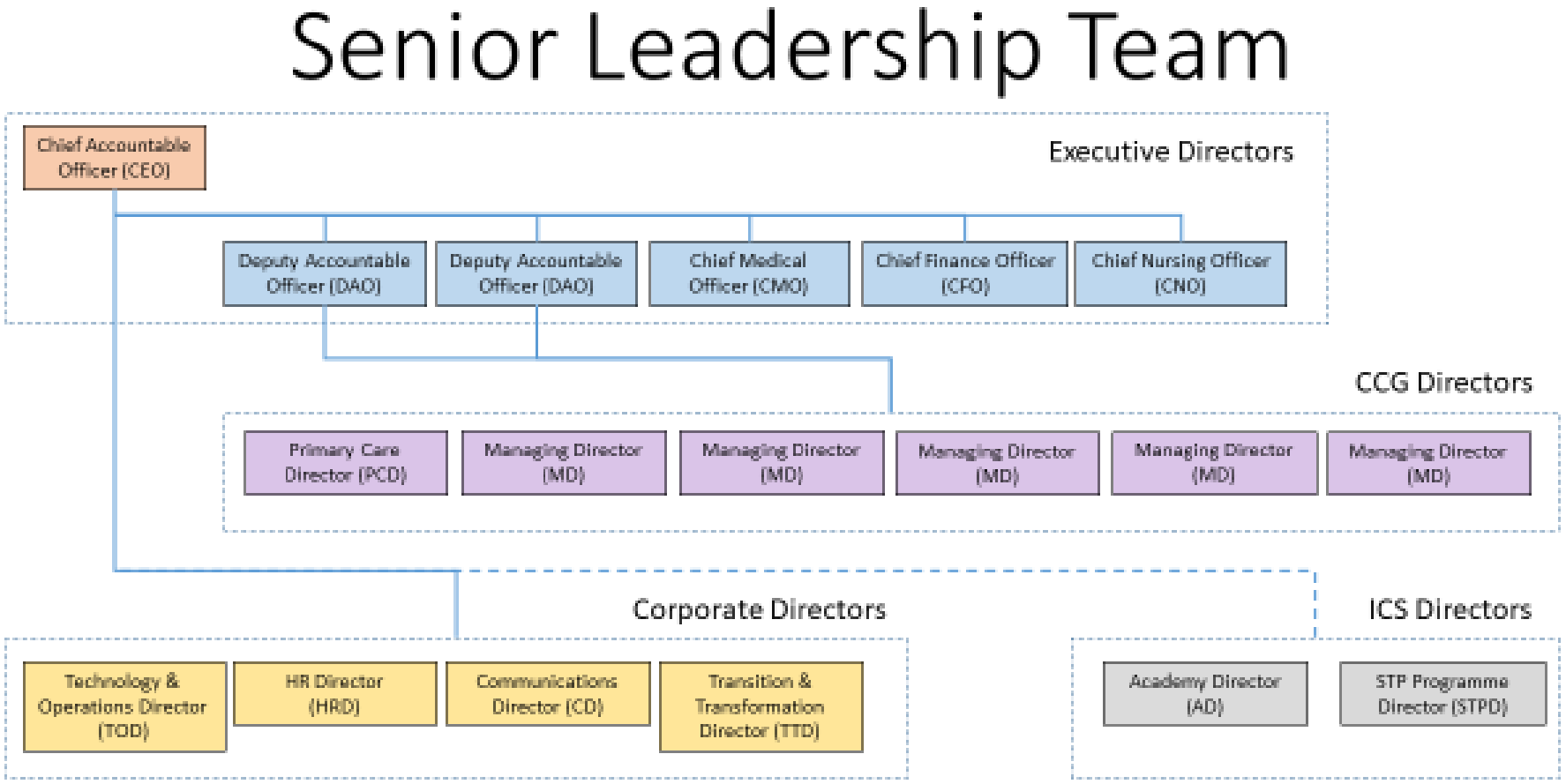
The CCG Governing Bodies are asked to:

1. Approve the proposed executive structure and the change to the voting membership for Officer roles on the Governing Bodies

2. Note the proposed senior leadership team structure

3. Note the management of change process and timeline

Appendix 1 – Proposed Senior Leadership Team



Appendix 2 – Summary Portfolios

Deputy Accountable Officer (DAO)

Executive Voting member of the Governing Body. Each shares responsibility for coordination of planning, commissioning and accountability and will cover for each other as well as the Chief Accountable Officer.

- Deputy one (Matt) prioritises:
    - System and operational planning
    - System accountability: Assurance reporting to NHSE/I
    - Main line management role for Primary Care Director
    - Coordination of contracting, business development and performance functions
- Deputy two (Rachael) prioritises:
    - Coordination and consistency of planning and commissioning in place
    - Coordination of local accountability: local scrutiny, H&WBB, local public accountability and GP engagement
    - Main line management role for Managing Directors
    - Emergency and Urgent Care coordination, EPRR

Chief Finance Officer

Executive voting member of the Governing Body and statutory responsibility in line with the CCG constitution and 2012 Health and Social Care Act. Responsible for:

- Financial management and assurance
- System sustainability
- Capital and estate planning

Chief Nursing Officer

Executive voting member of the Governing Body and statutory responsibility in line with the CCG constitution and 2012 Health and Social Care Act. Responsible for:

- Quality assurance and improvement
- Individual and complex case management
- Safeguarding
- SEND

Chief Medical Officer

Executive voting member of the Governing Body. This post may not require a full time officer to enable continuation of clinical sessions

- Clinical policy development

- Clinical and Public engagement / consultation
- Inequalities agenda
- Medicines Management

5 Managing Directors, one for each place

- Each MD leads their local CCG place committee and is responsible for:
    - GP and PCN relationships and development
    - Council relationships and engagement including attendance at H&WBB, scrutiny, etc…
    - Oversight and performance management of local BCF and local ICP
- Each MD also leads on a shared system agenda. Proposed 5 areas are:
    - Mental Health and LD
    - Children's and Maternity, early years prevention
    - Long-term conditions and personalisation, adult prevention
    - Electives and Cancer, end of life
    - Outcomes and Specialised Services

Emergency and Urgent Care will be coordinated separately (with an Associate Director reporting to Rachael)

Primary Care Director

- Primary Care contracting responsibility across all 5 places
- Preparation for further devolution from NHSE

Technology and Operations Director

- Digital strategy
- Corporate governance and corporate management
- Non-clinical contract management
- Non-clinical statutory duties and non-executive coordination

HR & OD Director (full Job Description already prepared and is being consulted on)

- HR and CCG staff development
- CCG people plan

Communications Director

- All public communications and communication interfaces

Transition and Transformation Director

- Management of CCG Transition
- CCG corporate development (economic role in the system)

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