

**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
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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	<ul style="list-style-type: none"> To set up the working groups to report to Governing Bodies
Recommendations	<ul style="list-style-type: none"> 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), 2 lay 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