

WOLVERHAMPTON CCG

GOVERNING BODY
11 JULY 2017

Agenda item 8

TITLE OF REPORT:	Variation to the Constitution
AUTHOR(s) OF REPORT:	Peter McKenzie, Corporate Operations Manager
MANAGEMENT LEAD:	Peter McKenzie, Corporate Operations Manager
PURPOSE OF REPORT:	To ask the Governing Body to authorise the submission of an application to vary the CCG's constitution to amend the GP representation on the Governing Body, to reflect the appointment of a Joint Chief Finance Officer with Walsall CCG, include the establishment of the Joint Committee with Dudley, Sandwell and West Birmingham and Walsall CCGs and to insert details of Committee roles in considering risks as part of revised risk management arrangements
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • Following discussions with the GP membership, a new model of GP representation on the Governing Body has been agreed. • To allow the implementation of this model and to proceed with the election process, an application to NHS England to amend the constitution is required. • As part of the variation, a number of other minor changes will be made as outlined above.
RECOMMENDATION:	To Authorise the Interim Chair and Accountable Officer to make an application to vary the CCG's Constitution in line with the changes described in the report.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	[Outline how the report is relevant to the Strategic Aims and objectives in the Board Assurance Framework – See Notes for Further information]
2. Reducing Health	<u>Improve and develop primary care in Wolverhampton</u> The agreed model for GP representation includes linkages to



Inequalities in Wolverhampton	the New Models of Care Grouping to ensure the delivery of improved Primary Care remains at the heart of the Governing Body's work
3. System effectiveness delivered within our financial envelope	<p><u>Continue to meet our Statutory Duties and responsibilities</u> There is a statutory requirement for the CCG to have an up to date, published constitution. Making an application for a review will ensure that the CCG will have a constitution that reflects its planned operating approach.</p>

1. BACKGROUND AND CURRENT SITUATION

- 1.1 The CCG's constitution is its primary Governance document, setting out how decisions are made, by whom and the roles of the Membership, the Governing Body, Committees and holders of specific roles. In order to progress proposed changes in the election process for GP members, the constitution will need to be changed.
- 1.2 NHS England are responsible for agreeing changes to CCG constitutions. They set out the procedure for making these variations in statutory guidance. This states that, when the CCG wishes to make a change they should submit an application detailing the proposed changes and an assessment of the impact of these changes.

2. GOVERNING BODY ELECTED GP POSITIONS

- 2.1 Following changes to the CCG's constitution which took effect in 2015, the Governing Body has eight positions for elected GP members. This is made up of five GPs elected across the city, from whom the roles of Clinical Chair and Clinical leads for Finance and Performance, Commissioning and Contracting and Quality and Safety have been drawn and three GPs elected to represent the three localities in the City.
- 2.2 As a result of a number of drivers, including the CCG's Primary Care Strategy, NHS England's GP Forward View and proactive efforts to improve patient care, GP practices in Wolverhampton are working much more closely together in defined clinical groupings which cut across the current localities. As a result of this, the GP membership and the Governing Body were concerned that the existing approach to electing GPs from the localities was no longer appropriate.
- 2.3 Discussions have taken place over a number of months which the leaders of the Clinical groups, culminating in a discussion at the CCG membership meeting in April 2017. At that meeting, it was agreed that a new model of representation for the elected GP representatives would be developed based on direct representation for the clinical groups.



- 2.4 At the members meeting, it was agreed that the detail of this model would be discussed and agreed by the clinical group leaders to be included an application for constitutional variation by the Governing Body. The discussions have now taken place and the Group leaders have agreed that there should be seven elected GP representatives on the Governing Body, elected as follows:-
- A Clinical Chair – Elected by all of the GPs across the City
 - Six GPs to represent the Clinical Groups, allocated according to patient list size as follows:-
 - 3 Unity (Medical Chambers)
 - 1 Primary Care Home 1
 - 1 Primary Care Home 2
 - 1 Vertical Integration
- 2.5 These roles will be filled by election, with all GPs working in the city eligible to stand for and vote for the role of Chair (subject to any conflicts of interest etc.) and GPs from each of the clinical groups able to stand for and vote for the representatives of their groups. The election process will be overseen by the Local Medical Council to ensure transparency.
- 2.6 The roles of Clinical Leads which involve chairing committees will be drawn from the GPs elected to represent the clinical groups. In recognition of the on-going issues with managing conflicts of interest it has been highlighted throughout the discussions with the membership and group leads that any conflicts arising from their membership of the group (such as procurements where their group is bidding) will need to be actively managed. The importance of the Governing Body's overall corporate role has also been highlighted.
- 2.7 In order to reflect these changes in the Constitution, paragraph 6.9.2 of the constitution and Paragraphs 2.2.2 and 2.2.4 of Appendix E Standing Orders will need be amended. The references in the constitution to Locality Boards have been removed. A copy of the revised versions of these documents is appended.

3. OTHER CHANGES

- 3.1 As part of the variation process, a number of other changes will be made to the constitution as follows:-
- 3.1.1 **Risk Management** – As part of the CCG's response to an Internal Audit review of Risk Management Arrangements in 2016/17, the Risk Management Strategy is being revised to increase the ownership of risk by Governing Body committees. Each Committee will have its own defined risk profile and will consider and review risks on a regular basis throughout the year. To reflect this, the following wording will be inserted into the terms of reference of the Commissioning Committee, Finance and



Performance Committee, Primary Care Commissioning Committee and Quality and Safety Committee

The Committee will be responsible for ensuring that risks identified through the CCG's risk management arrangements and allocated to the committee due to its relevance to its responsibilities are effectively managed through regular consideration of the committee's risk profile. The committee will assure the Audit and Governance Committee and the Governing Body that these risks are being managed, escalating and de-escalating risks as it considers necessary.

3.1.2 **Black Country Joint Commissioning Committee** – Following the agreement to establish the Joint Committee, it needs to be reflected in the Constitution of the CCGs under Paragraph 6.5 (Joint Arrangements with Other CCGs). As the Joint Committee does not yet have any functions formally delegated to it, a further amendment will be required to change the scheme of Reservation and Delegation once the proposals for the delegation of strategic commissioning functions have been agreed.

3.1.3 **Chief Finance Officer** – The appointment of Walsall CCG's Chief Finance Officer as part of a Joint arrangement needs to be reflected in Paragraph 7.8 (Joint Appointments with Other Organisations). As part of the arrangements to replace the previous Chief Finance and Operating Officer, the Group's Director of Operations will also become a member of the Governing Body.

4. CLINICAL VIEW

4.1 The proposed changes have been discussed and agreed at Membership meetings and with Clinical Group leaders.

5. PATIENT AND PUBLIC VIEW

5.1 Not Applicable.

6. KEY RISKS AND MITIGATIONS

6.1 There are risks associated with the CCG's overall leadership and clinical engagement should there continue to be vacancies for the GP positions on the Governing Body. The proposed structure aims to mitigate this risk by reflecting the make up of Primary Care in Wolverhampton, but does have inherent risks associated with the management of conflicts of interest for GPs who are members of groups providing services.

6.2 Such risks are however inherent to the CCG's make up as a membership based clinical commissioning group. Robust policies and procedures to support the management of conflict of interests will continue to be applied to ensure there is transparency in the CCG's business.



7. IMPACT ASSESSMENT

Financial and Resource Implications

7.1 The proposed Governing Body structure is in line with budgeted running cost expenditure.

Quality and Safety Implications

7.2 There are no specific Quality and Safety implications associated with this report.

Equality Implications

7.3 There are no specific equality implications associated with this report.

Legal and Policy Implications

7.4 The application will be submitted in line with the nationally prescribed process and statutory guidance for constitutional review. This will result in an update to the CCG's published constitution

Other Implications

7.5 There are no other implications arising from this report.

Name Peter McKenzie
Job Title Corporate Operations Manager
Date: June 2017

ATTACHED:

Revised Constitution and Standing Orders



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	Discussed at Membership and Group Leaders Meetings	April - June
Public/ Patient View	Not Applicable	
Finance Implications discussed with Finance Team	Not Applicable	
Quality Implications discussed with Quality and Risk Team	Not Applicable	
Equality Implications discussed with CSU Equality and Inclusion Service	Not Applicable	
Information Governance implications discussed with IG Support Officer	Not Applicable	
Legal/ Policy implications discussed with Corporate Operations Manager	Report Author	30/06/17
Other Implications (Medicines management, estates, HR, IM&T etc.)	Not Applicable	
Any relevant data requirements discussed with CSU Business Intelligence	Not Applicable	
Signed off by Report Owner (Must be completed)	Peter McKenzie	30/06/17

