

**WOLVERHAMPTON CCG**

**GOVERNING BODY**  
**10 October 2017**

**Agenda item 13**

<b>TITLE OF REPORT:</b>	<b>Variation to the Constitution</b>
<b>AUTHOR(s) OF REPORT:</b>	Peter McKenzie, Corporate Operations Manager
<b>MANAGEMENT LEAD:</b>	Peter McKenzie, Corporate Operations Manager
<b>PURPOSE OF REPORT:</b>	To advise the Governing Body that NHS England have approved the CCG's application to vary the Constitution
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• The CCG made an application to vary its Constitution in August 2017 to incorporate changes to the way GPs were elected to the Governing Body.</li> <li>• Following consideration of the proposed changes, NHS England have given approval for the change, which will take effect on 11 October 2017.</li> <li>• Elections to the new positions on the Governing Body have been held in parallel with the constitution change and the successful candidates will take up their positions in October 2017.</li> </ul>
<b>RECOMMENDATION:</b>	That the Governing Body note the approval of the CCG's Constitution Change and the results of the Election for GP Governing Body Members.
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
3. System effectiveness delivered within our financial envelope	<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. The application has followed NHS England's prescribed process for changing the constitution.



## **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. NHS England have approved changes to the CCG's constitution in line with their procedure.
- 1.2 The Changes include amendments to the process for electing GPs on to the Governing Body to include representation for Clinical Groups. Elections to these positions (overseen by the LMC in line with the CCG's constitution) have taken place in parallel with the Constitution approval process.

## **2. CONSTITUTION CHANGE**

- 2.1 The CCG made an application for a change to its Constitution in August 2017. The most significant change was that the elected GP representation would change from eight GPs (five elected to fulfil roles including Governing Body and Committee Chairs and three Locality Chairs) to seven GPs, 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
- 2.2 Other changes included changes to Committee terms of reference to reflect new Risk Management arrangements, inclusion of reference to the newly established Joint Commissioning Committee and details of the joint appointment of the Chief Finance Officer with Walsall CGG. The application to NHS England included a full impact assessment of these changes, details of the rationale and detailed tracked changes to the existing document.
- 2.3 NHS England informed the CCG on 26 September that the changes to the Constitution had been approved. The new Constitution will be published on the CCG website and will take effect from 11 October 2017.

## **3. GOVERNING BODY ELECTIONS**

- 3.1 An election process has taken place throughout August and September for the elected GP roles on the Governing Body. This has been overseen by the LMC to provide an independent perspective.



3.2 Details of the process and the eligibility criteria were sent to all GPs and the following candidates have subsequently been elected:-

- |                                               |                  |
|-----------------------------------------------|------------------|
| • <b>Clinical Chair of the Governing Body</b> | Dr S Reehana     |
| • <b>Primary Care Home 1</b>                  | Dr M Asghar      |
| • <b>Primary Care Home 2</b>                  | Dr R Gulati      |
| • <b>Vertical Integration</b>                 | Dr Julian Parkes |
| • <b>Unity (3 positions)</b>                  | Dr D Bush        |
|                                               | Dr M Kainth      |
|                                               | Dr R Rajcholan   |

3.3 The new Governing Body members will take up their roles when the new Constitution takes effect and will be in place for the November Governing Body meeting.

#### **4. CLINICAL VIEW**

4.1 The changes to the constitution were 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 is a documented risk associated with changes to the CCG's overall leadership, particularly in relation to the Governing Body. This risk is being mitigated through a clear induction programme for Governing Body and through the continuity between existing and in-coming Governing Body members.

6.2 There are also risks associated with the management of conflicts of interest of Governing Body members, given the new link to clinical groupings as potential providers. 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 There are no financial or resource implications associated with this report.



***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 has been considered and managed 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:** September 2017



### 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.**

	<b>Details/ Name</b>	<b>Date</b>
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	29/09/17
Other Implications (Medicines management, estates, HR, IM&T etc.)	Not Applicable	
Any relevant data requirements discussed with CSU Business Intelligence	Not Applicable	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Peter McKenzie</b>	<b>29/09/17</b>

