

<b>Meeting: Governing Body (Meeting in Public)</b>			
<b>Meeting Date</b>	22 January 2020	<b>Action</b>	Consider
<b>Item No.</b>	5a	<b>Confidential</b>	No
<b>Title</b>	Governing Body and SCB Sub Structure		
<b>Presented By</b>	Geoff Little, Chief Executive and Accountable Officer		
<b>Author</b>	Lisa Featherstone, Deputy Director of Business Delivery		
<b>Clinical Lead</b>	-		

<b>Executive Summary</b>
<p>This paper builds on the two previous reports that have been considered at the meetings of the Strategic Commissioning Board in October and November 2019 and also reflects feedback from the CCG's Governing Body, specifically in respect to future arrangements for the discharge of duties with regard to involving the public in commissioning.</p> <p>In summary, the paper sets out:</p> <ul style="list-style-type: none"> <li>• a high-level timeline for delivering an operation sub-governance structure by 1<sup>st</sup> April 2020 to support the Strategic Commissioning Board in receiving and providing onward assurance as necessary to the Governing Body and Cabinet respectively;</li> <li>• additional assurance in respect to patient and public involvement for recommendation by the Strategic Commissioning Board to the Governing Body in respect to a final decision for the future of the Patient Cabinet, which currently is a sub-committee of the Governing Body; and</li> <li>• high level support for a system-wide Professional Reference Board.</li> </ul>
<b>Recommendations</b>
<p>It is recommended that the Governing Body:</p> <ul style="list-style-type: none"> <li>• note the high-level timeline proposed;</li> <li>• support the proposal for a robust system wide Professional Reference Board to be established which spans the OCO, in its widest sense, including representation from each Partner within the LCO and note that further work is ongoing to confirm the remit;</li> <li>• note the approach in respect to patient and public involvement, including the principles and mechanisms set out in the paper which will be incorporated into the Communication and Engagement Strategy 2020-2023;</li> <li>• note the update in respect to the Finance Committee;</li> <li>• note the update in respect to the Quality and Performance Assurance Committee.</li> </ul>

<b>Links to CCG Strategic Objectives</b>	
<b>SO1 People and Place</b> To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life	<input checked="" type="checkbox"/>
<b>SO2 Inclusive Growth</b> To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value	<input checked="" type="checkbox"/>
<b>SO3 Budget</b> To deliver a balanced budget for 2019/20	<input checked="" type="checkbox"/>
<b>SO4 Staff Wellbeing</b> To increase the involvement and wellbeing of all staff in scope of the OCO.	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF N/A	

<b>Implications</b>						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
The main risk associated with this paper relates to Conflicts of Interest, in terms of process, implementation and assurance. There are policies in place, however there is always a risk a declaration may not be captured. The process for seeking declarations at each meeting acts as a safeguard, however the CCG could be challenged on the robustness of arrangements.						

<b>Governance and Reporting</b>		
<b>Meeting</b>	<b>Date</b>	<b>Outcome</b>
Strategic Commissioning Board Meeting	06/01/2020	

## **Strategic Commissioning Board Governance Sub-structure High-Level Timeline**

### **1.0 Introduction**

- 1.1 This paper builds on the two previous reports that have been considered at the meetings of the Strategic Commissioning Board in October and November 2019 and also reflects feedback from the CCG's Governing Body, specifically in respect to future arrangements for the discharge of duties with regard to involving the public in commissioning.
- 1.2 In summary, the paper sets out
- a high-level timeline for delivering an operation sub-governance structure by 1<sup>st</sup> April 2020 to support the Strategic Commissioning Board in receiving and providing onward assurance as necessary to the Governing Body and Cabinet respectively;
  - additional assurance in respect to patient and public involvement for recommendation by the Strategic Commissioning Board to the Governing Body in respect to a final decision for the future of the Patient Cabinet, which currently is a sub-committee of the Governing Body; and
  - high level support for a system-wide Professional Reference Board.

### **2.0 Background**

- 2.1 Over the last 6 months, significant work has been undertaken to enable the development of a single commissioning system for health and care, referred locally as a 'One Commissioning Organisation' through the appointment of a joint Chief Executive and Accountable Officer, emergence of a joint senior leadership team and operating structure and establishment of the Strategic Commissioning Board providing a single decision making structure which became effective from 1<sup>st</sup> October 2019 and is supported by appropriate pooled and aligned budgets.
- 2.2 NHS England confirmed its support for the revised constitution of the CCG on 3<sup>rd</sup> October, which enables the Strategic Commissioning Board to have delegated authority for the majority of commissioning decisions previously undertaken by the CCG's Governing Body.
- 2.3 Commissioning staff from across both the Local Authority and the CCG have been co-located for over 12 months and a programme of organisational development to co-design future structures, working arrangements and cultures has been progressed.
- 2.4 These developments demonstrate a strong commitment to change and through effective relationships and leadership, integration of health and care can be achieved to deliver better outcomes and experiences for the population of the Borough and provide a solid foundation for Strategic Commissioning.
- 2.5 These new arrangements require a different way of working. Clear, consistent and effective governance structures, alongside clinical and political leadership which is not only innovative, but also enables appropriate challenge of public service provision, are what is required to join up public services as well as being a key vehicle in delivery of

the emerging strategy for Bury 2030.

2.6 This paper sets out the timeframe for delivery of a sub-governance structure which will support the governance of the Strategic Commissioning Board.

### 3.0 Time Frame for Implementation of a Governance sub-structure for Strategic Commissioning

3.1 Moving to place based commissioning is a cultural journey as much as it is operational and requires a governance structure which is enabling of transformational health, care and place-based systems and is also reflective of the wider Public Service Reform agenda.

3.2 The Strategic Commissioning Board has previously received a pictorial representation of the Governance Structure that will support the One Commissioning Organisation, which is the integration of health and care functions in addition to all other core and statutory business of the Council and has been advised on the potential for this to include:

- Professional Congress – advice from a clinical and professional perspective
- Patient/Public/Stakeholder Congress – advice from a citizen and user perspective
- Finance/Contracting and Procurement Committee – detailed scrutiny of finances and commissioning contracts and to provide assurance (allowing the Board to maintain its strategic focus)
- Quality and Performance Committee – detailed scrutiny of compliance and performance and to provide assurance

3.3 Thinking in respect to these arrangements has continued to develop since the last (verbal) update to the Strategic Commissioning Board in December 2019 and a high-level timeline for translating the proposals into an operational sub-structure has now been determined:

Review of existing arrangements and development of draft Terms of Reference in respect to Finance, Performance and Professional Reference Board	2 <sup>nd</sup> – 15 <sup>th</sup> Jan 2020
Draft Terms of Reference reviewed through JET	20 <sup>th</sup> Jan 2020
Draft Terms of Reference shared with proposed Committee members for feedback and input	20 <sup>th</sup> Jan – 14 <sup>th</sup> Feb 2020
Draft Terms of Reference for identified Committees to SCB for recommendation to Governing Body and Cabinet as the basis for consultation	3 <sup>rd</sup> Feb 2020
Draft Terms of Reference presented to Governing Body (Development Session)	26 <sup>th</sup> Feb 2020
Draft Terms of Reference presented to Cabinet	26 <sup>th</sup> Feb 2020
Draft Terms of Reference shared with CCG Membership (note that GB approves ToRs for Sub-Structure of SCB for the CCG)  (note that can circulate in advance of the GP engagement event if required so not receiving update cold)	11 <sup>th</sup> March 2020 (GP Engagement Event)

Review of all feedback and collation of final points for inclusion and response as appropriate	13 <sup>th</sup> March 2020
Draft Terms of Reference approved by Governing Body (and included in CCG Governance Handbook as required)	25 March 2020
Draft Terms of Reference approved by Cabinet (and included into the Council Constitution as required)	25 March 2020
Operationalisation	1 <sup>st</sup> April 2020

3.4 In addition to the high-level timeline, the following updates reflect the current proposal:

- **Health and Care Professional Reference Board**

3.5 Clinical leadership has been widely recognised as one of the key strengths the establishment of CCGs has brought to commissioning. The CCG Governing Body, member practices and other stakeholders have also stated its importance in the development of these new arrangements.

3.6 As the scope of commissioning broadens the same principles should apply to professionals from social care and public health.

3.7 In addition, the establishment of the One Commissioning Organisation and tactical or operational commissioning to be progressed via the Locality Care Organisation, will change the role of clinical and professional leadership within Bury. It is now proposed that a robust system wide Professional Reference Board is established which spans the OCO, in its widest sense, and the LCO, including representation from each Partner within the alliance.

3.8 It is critical that:

- Clinical leadership remains a strong feature of any new commissioning arrangements;
- Clinical and professional leadership is not limited to GPs but also includes other health, social care and public health professionals;
- professional leadership continues to evolve and adapt as the relationships between Strategic and tactical commissioning mature; and
- transparency is paramount through clear lines of communication, influence and accountability with member practices and wider stakeholders in order to provide the assurance required that these changes continue to deliver the proposed benefits for the Borough.

3.9 The newly proposed Professional Reference Board will build on the work already in train through the CCG's Clinical Cabinet and LCO's Professional Congress with an aim to provide a system-wide forum for professional input into strategic and tactical commissioning decisions for the place of Bury.

3.10 Initial discussions suggests there is an appetite to establish a system-wide Professional Reference Board, however this does require further exploration in relation to remit, membership, responsibilities and reporting lines to ensure all partners are fully on-board. This will include a full review of exiting responsibilities and decision making to determine where these would be appropriately placed to ensure no adverse operational impact.

- 3.11 It is therefore proposed that the Strategic Commissioning Board support the establishment of a Professional Reference Board, which is developed accordingly to take account of the changing commissioning landscape under an integrated agenda. Whilst these arrangements are worked up further, the Clinical Cabinet and Professional Congress will continue to operate as present.
- **Patient, Public and Stakeholder Involvement and Engagement**
- 3.12 Under s.14Z2(2)(b) and (c) of the National Health Service Act (NHS Act), CCGs are required to make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways) in:
- the planning of the commissioning arrangements;
  - the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them;
  - the decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decision would (if made) have such an impact.
- 3.13 Section 14Z2(5) of the NHS Act also requires CCGs to have regard to the guidance published by NHS England for CCGs on the discharge of their functions under section 14Z2.
- 3.14 The relevant NHS England guidance '*Planning, assuring and delivering service change for patients*' sets out best practice with the intention that this will reduce the risk of service changes being referred to the Secretary of State, Independent Reconfiguration Panel or judicial review.
- 3.15 The Strategic Commissioning Board has previously been advised that the CCG has a Patient Cabinet, which when originally set up was intended to bring a patient voice into the commissioning arena, however over recent years the membership has reduced and therefore the Patient Cabinet has fulfilled a brief though it has been limited in what it could achieve. It should be noted however that where individual patient members have been involved in key workstreams, their input and support has been invaluable.
- 3.16 The Council have more extensive and robust arrangements for engaging with its citizens and the CCG have explored opportunities to work alongside and build on the strong arrangements in situ with neighbourhoods.
- 3.17 Engagement with the Borough is recognised as a key enabler to delivering the challenging agenda and will be led from the top. The joint post of CCG Accountable Officer and Council Chief Executive will be responsible for the Communications and Engagement Strategy and for ensuring that an annual report is published that demonstrates compliance with our legal duties and progress on the aims and objectives laid out in the strategy.
- 3.18 An engagement champion on the Governing Body will take responsibility for ensuring that communications and engagement is incorporated into all aspects of our work.
- 3.19 The joint Head of Communications, Engagement and Marketing will be the operational lead and will manage the day to day business. But the overall approach is a

collaborative one, with the communications team from the CCG and Council (now combined) working closely with the Bury Local Care Organisation communications team and their respective partners.

- 3.20 This is supported by the Locality Plan Communications and Engagement workstream which supports, and co-ordinates engagement and communications plans across the Bury system. This is further embedded with the North East Sector (NES) Communications Forum which discuss and agree common communications work that spans across the organisations within the sector.
- 3.21 Ultimately, responsibility for engagement sits with all employees working across the system. Through the Locality Plan Communication and Engagement workstream we will support staff to develop the right skills, competencies and capacity to carry communications and engagement to the right standard.
- 3.22 The Communications and Engagement Strategy for 2020 – 2023 is set to be considered by the Governing Body at its meeting in January 2020 and will be underpinned by the following principles:
- the views of local people and communities' matter to us and we want to involve them and ensure they can influence the decisions we make;
  - by working with local people, we are able to develop public services which meet the needs of our community; and
  - by involving and listening to people who use public services, our teams can better understand their needs and respond to what matters most to them. Local people can often identify innovative, effective and efficient ways of designing, delivering and joining up services. This involvement is an essential component of our work to plan and purchase a range of quality public services that meet people's needs and offer good value for the Bury pound.
- 3.23 To enable delivery of these, Communication and Engagement activity will take the following form:
- We will reach out to people rather than expecting them to find us;
  - We will listen and truly hear what is being said by all members of our community;
  - We will proactively be seeking participation from communities who experience the greatest health inequalities and poorest health outcomes;
  - Relationships will be conducted with equality and respect;
  - We will value people's experiences and have productive two-way conversations;
  - We will provide clear and easy to understand information, recognising different needs;
  - We will take time to plan and start to involve people and communities at the earliest stage of any plans;
  - We will be open, honest and transparent, and where information is restricted, we will say why;
  - We will learn from feedback to continually improve;
  - We will routinely let people know how their feedback has influenced our work - 'closing the loop'; and
  - We will use the strengths and talents that people bring to the table.
- 3.24 The following mechanisms will include, but are not limited to:



### **Routine and existing mechanisms**

- The use of the press and media, where possible securing feature columns on specific topics;
- The use of CCG and Council websites;
- Engagement via social media platforms;
- Information screens in GP surgeries and Council venues;
- The Bury Directory and One Community platforms;
- Reaching communities and groups through the excellent networks that exist via the VCFA and Healthwatch Bury;
- Promotion of meetings in public and the ability to pose a question; and
- Surveys to support engagement and consultation work.

### **Specialist and additional mechanisms**

- Community engagement with specific groups on specific topics, building on the good work undertaken to date in neighbourhoods;
- Public meetings and focus groups;
- Printed materials, infographics and short information videos (how to recycle, the importance of stopping smoking or losing weight before planned surgery, etc.);
- Paid for press coverage/advertorials;
- Radio air time;
- Social media campaigns which can be targeted to a specific audience on a specific topic;
- Outdoor media advertising; and
- Bus advertising.

3.25 We are working to add to our mechanisms with:

- a Lived Experience Panel;
- a strategic engagement alliance linked to the voluntary community and faith sector;
- To expand the use of social media platforms with polls and live Q&As on specific topics with clinicians and politicians;
- Develop mechanisms for neighbourhood engagement, considering the role that GP practice Patient Participation Groups could have in this;
- Promote the opportunity for local people to share their story with us;
- Promote the opportunity for community groups to request a guest speaker from the Council or the CCG (topic dependent) to attend their group meeting.

3.26 The Strategic Commissioning Board is required to consider the above arrangements and determine if the principles set out provide sufficient assurance that commissioning decisions can be suitably informed by the patient and public voice, so that compliance with statutory duties can be appropriately demonstrated.

3.27 The Strategic Commissioning Board is advised that the Governing Body will review these arrangements further, alongside the Communication and Engagement Strategy, to enable a decision to be reached on the future of the CCG's Patient Cabinet.

- **Finance Sub - Committee**

3.28 As referenced in the previous updates, the aspiration is to establish a joint Finance Committee with delegated responsibility for strategic oversight and scrutiny of relevant budgets and financial operations.

3.29 Work has progressed, including the development of an initial draft Terms of Reference, which builds on the scoping already undertaken, and will be progressed in accordance with the timeframes set out in this report taking into account the accountability, responsibility, delegation and decision-making powers that needs to be adhered to.

3.30 In the interim, the Portfolio Holder for Finance and the interim Deputy Chief Finance Officer – Council will be invited to the CCG’s Finance Committee meetings, and on-going arrangements for scrutiny of council finance will continue in accordance with existing governance arrangements.

- **Quality and Performance Assurance Sub - Committee**

3.31 Ensuring a system-wide grip on Quality and Performance will be key to delivering improvements in outcomes for the population.

3.32 A Quality and Performance Assurance Sub-Committee is therefore required to enable this through considering in detail performance and quality metrics, reporting by exception to the Strategic Commissioning Board on areas of under-performance or concern.

3.33 Feedback from the recent Performance Workshop will be integrated into the initial draft Terms of Reference that have been prepared to instigate further discussion with colleagues.

## **4.0 Recommendations**

4.1 The Governing Body is invited to:

- note the high-level timeline proposed;
- support the proposal for a robust system wide Professional Reference Board to be established which spans the OCO, in its widest sense, and the LCO, including representation from each Partner within the alliance;
- note the approach in respect to patient and public involvement, including the principles and mechanisms set out in the paper which will be incorporated into the Communication and Engagement Strategy 2020-2023;
- note the update in respect to the Finance Committee;
- note the update in respect to the Quality and Performance Assurance Committee.

**Lisa Featherstone**  
**Deputy Director of Business Delivery**  
**January 2020**