

<b>Meeting: Strategic Commissioning Board</b>			
<b>Meeting Date</b>	04 November 2019	<b>Action</b>	Consider
<b>Item No</b>	6	<b>Confidential / Freedom of Information Status</b>	No
<b>Title</b>	Strategic Commissioning Board : Sub-Committee 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>Council Lead</b>	-		

### Executive Summary

This paper builds on developments to date in establishing the Strategic Commissioning Board and sets out a proposal for the governance sub-structure that will provide additional scrutiny and assurance to enable the SCB to discharge the duties delegated to it.

In summary, the recommendations as set out at Section 4 reflect the view that developing an integrated sub-governance arrangement, where appropriate to do so, is progressed and this supports the Strategic Commissioning Board in provide assurance to the CCG Governing Body and Council Cabinet that all delegated duties are effectively discharged.

### Recommendations

It is recommended that the Strategic Commissioning Board:

- consider the report;
- note the requirement for continued clinical and professional input into commissioning and support the development of a Health and Care Professional Congress to provide assurance to the Strategic Commissioning Board,
- note the position in respect to patient, public, citizen and stakeholder engagement and support further consideration of the Strategic Commissioning Board requirements when the Communication and Engagement Strategy and framework is presented;
- support the further exploration of a Finance Committee operating on a joint basis, to provide scrutiny in respect to the collective budget arrangements and onward reporting to the Strategic Commissioning Board, Governing Body or Council Cabinet / Scrutiny as required under delegation arrangements;
- support the further exploration of a Quality and Performance Assurance Committee operating on a joint basis, to provide scrutiny in respect to the collective quality and performance indicators required to demonstrate improvements across the whole health and care system.

<b>Links to Strategic Objectives/Corporate Plan</b>	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Choose an item.
<i>Add details here.</i>	

<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"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	N/A					
How do proposals align with Locality Plan?	N/A					
How do proposals align with the Commissioning Strategy?	N/A					
Are there any Public, Patient and Service User Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?	N/A					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Assessment been completed?						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Additional details						

Governance and Reporting		
Meeting	Date	Outcome

## **Strategic Commissioning Board Governance Sub-structure**

### **1.0 Introduction**

- 1.1 This paper builds on developments to date in establishing the Strategic Commissioning Board and sets out a proposal for the governance sub-structure that will provide additional scrutiny and assurance to enable the SCB to discharge the duties delegated to it.
- 1.2 In summary, the recommendations as set out at Section 4 reflect the view that developing an integrated sub-governance arrangement, where appropriate to do so, is progressed and this supports the Strategic Commissioning Board in provide assurance to the CCG Governing Body and Council Cabinet that all delegated duties are effectively discharged.

### **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 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 Furthermore, and in additional to the arrangements approved through respective governance arrangements, 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 that 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 work with and influence the local economy as well as being a key vehicle in delivery of the emerging strategy for Bury 2030.
- 2.6 This paper sets out a proposal which will support the governance of the Strategic Commissioning Board to drive improvements in provision, determine health outcomes, reduce inequalities and to hold providers to account.

### 3.0 Governance 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 Sector Reform agenda.
- 3.2 A pictorial representation of the Governance Structure is set out at Appendix 1. This has previously been presented to the CCG Governing Body, CCG Membership and Council Cabinet as part of the supporting papers to establish the Strategic Commissioning Board, however has been amended since its last presentation to reflect the wider Council governance arrangements and will be developed further as the arrangements evolve. The Strategic Commissioning Board is reminded that key decisions within its delegated authority are subject to call in by elected members and reviewed by the relevant scrutiny committee.
- 3.3 Reference has been made to the SCB being directly supported by key committees, which were originally defined (for illustrative purposes only) as:
- 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
- 3.4 Thinking in respect to these arrangements has developed further and is set out as a proposal which will require discussion, approval and recommendation by the Strategic Commissioning Board, in accordance with agreed delegation authority:
- **Health and Care Professional Congress**
- 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 The shifting role of commissioning, with the long-term vision for Strategic Commissioning to be undertaken through 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.
- 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 LCO established a Professional Congress from 1<sup>st</sup> April 2019. Whilst the overall aim is for this to provide a system-wide forum for professional input into strategic and tactical commissioning decisions for the place of Bury, this has initially operated alongside and in partnership with the CCG's Clinical Cabinet and is not expected to be sufficiently developed to support the system-wide agenda until April 2020.

3.10 Interim arrangements are therefore required to ensure clinical input is maintained whilst the system-wide governance arrangements are mapped out, Terms of Reference reviewed, and decision-making and delegation arrangements and implications considered.

3.11 It is therefore proposed that the Strategic Commissioning Board establish a Health and Care Professional Congress, which will build on the CCG's Clinical Cabinet, widening the membership accordingly to take account of the changing commissioning landscape under an integrated agenda. This will continue to meet in partnership with the Professional Congress whilst the next stage of development is undertaken to ensure a robust and sufficiently mature forum and supporting governance is in place for April 2020. Discussions with the LCO are currently underway to explore this further.

3.12 This forum will provide assurance on professional input into commissioning decisions which fall within the remit of the Strategic Commissioning Board.

- **Patient / Public / Stakeholder / Congress**

3.13 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.

3.14 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.

3.15 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.

- 3.16 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 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.
- 3.17 The Council have more 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.
- 3.18 Engagement with the Borough is recognised as a key enabler to delivering the challenging agenda and has been supported through the appointment of a strategic Head of Communications, Marketing and Engagement across the CCG and Local Authority.
- 3.19 Work is currently underway to develop a strategy and framework for communication and engagement and it is therefore suggested that the Strategic Commissioning Board consider the mechanisms it requires to provide assurance that relevant duties are being discharged in respect to patient, public, citizen and stakeholder involvement, engagement and consultation once this is presented.
- 3.20 In the interim, the existing arrangements in place to ensure the patient voice informs commissioning decisions will remain, subject to any other conversations through respective statutory governance arrangements.
- **Finance Sub - Committee**
- 3.21 Whilst not required by statute, as part of its governance structure, the CCG has operated a Finance, Contracting and Procurement Committee with delegated responsibility for strategic oversight and scrutiny of these specific functions.
- 3.22 The Council has other monitoring arrangements via Cabinet, scrutiny arrangements and working under delegated authority with regular and robust review of departmental budgets, undertaken by the portfolio holder and senior finance colleagues. The Council's Overview and Scrutiny Committee has a formal remit in relation to Council budgets, amongst other things.
- 3.23 An initial scoping meeting has been undertaken to determine how best the oversight and scrutiny can be best delivered across both organisations moving forward, recognising the accountability, responsibility and delegation that needs to be adhered to.
- 3.24 It is proposed that the model to be developed would need to ensure that the Strategic Commissioning Board would have accountability and decision making powers in respect to budgets within the S75 agreement, however should be sighted on the wider financial position, risks and issues, and make recommendations regarding "aligned budgets" outside of the s75 agreement, although any decision making in this regard would need to be submitted to the CCG Governing Body or Council Cabinet in

accordance with delegation arrangements.

3.25 The emerging proposal is to move towards a joint finance sub-committee focusing on strategic financial matters. Further work, subject to the recommendation of the Strategic Commissioning Board, will be undertaken with a view to a full framework, including a Draft Terms of Reference, being produced for January 2020. Consideration will also be given on how best the residual operational matters that are currently undertaken at the CCG's Finance Contracting and Procurement Committee could be managed.

3.26 In the interim, the Portfolio Holder for Finance will be invited to the next CCG Finance Committee meeting, where the quarterly financial report for the CCG and Council will be shared for information to raise awareness and promote discussion amongst Committee members.

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

3.27 Quality and performance are intrinsically linked and need to be at the core of the health and care that is commissioned to meet the health needs and improve outcomes for the Borough.

3.28 From a CCG perspective there are clear responsibilities set out across a number of key documents including the NHS Constitution, NHS Outcomes Framework, CQuIN (Commissioning for Quality and Innovation), the standard NHS Contract and CCG Improvement and assessment Framework (CCG IAF). These set out the expectation of commissioned care for the population. The Care Act 2014 also sets out the arrangements that need to be in place in respect to these services.

3.29 The CCG brings all these requirements together through the oversight and scrutiny of Quality and Performance by means of a Committee, which is intended to ensure that all providers are held to account in respect to delivery and continued improvement, identifying gaps in current quality and performance arrangements and working alongside providers to address these and ensuring continuous shared learning.

3.30 To ensure the continued level of scrutiny and robust focus on quality and performance, it is proposed that a new Quality and Performance Assurance Sub – Committee is established which widens the membership according alongside the breadth of work across both CCG and Council, however its remit and any potential overlap with the role of scrutiny and the Health and Well-Being Board will need careful consideration to ensure no unnecessary overlap or duplication.

3.31 This sub-committee would delve in to the detail of performance and quality metrics and report by exception to the Strategic Commissioning Board on areas of under-performance or concern.

## **4.0 Recommendations**

4.1 The Strategic Commissioning Board is invited to:

- consider the report;
- note the requirement for continued clinical and professional input into commissioning and support the development of a Health and Care



Professional Congress to provide assurance to the Strategic Commissioning Board,

- note the position in respect to patient, public, citizen and stakeholder engagement and support further consideration of the Strategic Commissioning Board requirements when the Communication and Engagement Strategy and framework is presented;
- support the further exploration of a Finance Committee operating on a joint basis, to provide scrutiny in respect to the collective budget arrangements and onward reporting to the Strategic Commissioning Board, Governing Body or Council Cabinet / Scrutiny as required under delegation arrangements;
- support the further exploration of a Quality and Performance Assurance Committee operating on a joint basis, to provide scrutiny in respect to the collective quality and performance indicators required to demonstrate improvements across the whole health and care system.

**Lisa Featherstone**  
**Deputy Director of Business Delivery**  
**October 2019**

# Appendix 1: Governance Structure

