

Agenda Item:

Report to: Governing Body
Date of meeting: 16/06/2022
Date paper distributed: Click or tap to enter a date.
Subject: CCG Closedown Assurance – handover and transition
Presented by: Laura Whitton / Helen Kenyon
Previously distributed to: NA

STATUS OF THE REPORT (auto check relevant box)	
Decision required	<input type="checkbox"/>
For Discussion to give Assurance	<input type="checkbox"/> (Only if requested by Committee member prior to meeting)
For Information	<input type="checkbox"/>
Report Exempt from Public Disclosure	<input type="checkbox"/> No <input type="checkbox"/> Yes

PURPOSE OF REPORT:	To provide the Governing Body with assurance that there are arrangements being established to replace the CCG will continue to ensure that resources are efficiently and effectively managed for the benefit of the population of NEL.
Recommendations:	The Board are asked to note the work that has taken place and continues to take place re the finalisation of arrangements for post 1st April and the establishment of the ICB.
Clinical Engagement	There has been no clinical involvement in the production of this paper, however there has been clinical and professional involvement in the development of the place arrangements that have been established that will take over many of the responsibilities previously undertaken by the CCG.
Patient/Public Engagement	There has been no public/ patient involvement in the production of this paper, however there has, and continues to be community engagement in the development of the place arrangements and in particular how to ensure there is strong service user and community engagement going forward.
Committee Process and Assurance:	The CCGs risk committee has been overseeing the establishment of the new arrangements, and the shadow ICB has been undertaking due diligence meetings to ensure that the risks and issues currently managed by the CCGs are known and understood.

Link to CCG's Priorities	<ul style="list-style-type: none"> • Sustainable services <input checked="" type="checkbox"/> • Empowering people <input checked="" type="checkbox"/> 	<ul style="list-style-type: none"> • Supporting communities <input checked="" type="checkbox"/> • Fit for purpose organisation <input checked="" type="checkbox"/>
Are there any specific and/or overt risks relating to one or more of the following areas?	<ul style="list-style-type: none"> • Legal <input checked="" type="checkbox"/> • Finance <input checked="" type="checkbox"/> • Quality <input type="checkbox"/> • Equality analysis (and Due Regard Duty) <input type="checkbox"/> 	<ul style="list-style-type: none"> • Data protection <input checked="" type="checkbox"/> • Performance <input checked="" type="checkbox"/> • Other <input type="checkbox"/>

Provide a summary of the identified risk

If proper arrangements are not established at place, then decision making within the new organization, the ICB, may be taken remotely, without understanding the impact on the wider place partners, and could jeopardize the long standing joint arrangements in place between the NHS and NEL Council, in relation to the integration of Health and social care, and the impact on the broader determinants of health (public health)

CCG Closedown Assurance - Transition & Handover

Introduction

On the 1st July 2022 the CCG will cease to exist, and all its NHS responsibilities will transition to the Humber and North Yorkshire Integrated Care Board (ICB).

The Council and CCG have reviewed the current Section 75 agreement and are finalising the changes required to ensure that it continues to meet the partnerships aspirations going forward.

There is still a lot of detail to be worked through at an ICB level, and so it is not expected that all of the detail and the ultimate model will be in place or 1st July 2022, with further development work continuing until 2023.

However, over the last 2 years NEL place: the CCG; the Council; and the place providers, have been working closely together to establish the Health and Care Partnership and a Joint Committee. The Joint Committee has been meeting in shadow form as part of its development to ensure that NEL continues to have the right arrangements in place for partnership working across the NHS and the Council and for the continued delivery of integrated services for our population, with a renewed focus on addressing health inequalities.

Work undertaken

A review has been undertaken of the current governance arrangements to determine what needs to be retained as part of the emerging place arrangements to ensure that there are effective systems and processes being established to undertake the activities delegated to NEL Place.

The committees reviewed as part of this process were:

- Integrated Governance and Audit – statutory committee
- Remuneration Committee – statutory committee
- Care Contracting Committee
- Quality Governance Committee
- Primary Care Commissioning Committee – Statutory Committee
- Union Board – Committee in Common

The review also looked at the responsibilities of the Council of Members, which was an additional element of the CCG governance arrangements.

Outcome of the Review

The table below summarises the conclusion from the review of the Governing Body and its committees.

CCG formal meetings / Committees	Transition / cease	New Arrangement if applicable
Council of Members – Statutory requirement	Cease	Joint Committee Health and Care Partnership
Governing Body Statutory requirement	Cease	ICB Joint committee
Union Board	Transition	Joint Committee
Community Forum	Cease	Health and Care partnership community Engagement group being established, which will focus on involving communities rather than the assurance re involvement and engagement. The JC will have a patient public and engagement member on it who's role it will be to hold us to account re appropriate meaningful involvement
Integrated Governance and Audit Statutory requirement	Cease	One Item to be picked up as part of the JC & HCP arrangements going forward: To oversee the places performance and outcomes against the prevailing NHS and Social Care performance management regimes.
Remuneration Committee Statutory requirement	Cease	
Care Contracting Committee	Transition	Health and Care Contracting Group (Joint committee sub group)
Primary Care Commissioning Committee Statutory requirement (if delegated primary care)	Cease	ICB PCCC Items delegated to place will be picked up as part of the H&C Contracting Group
Quality Governance Committee	Transition	Place Quality Group

Council of Members (CoM)

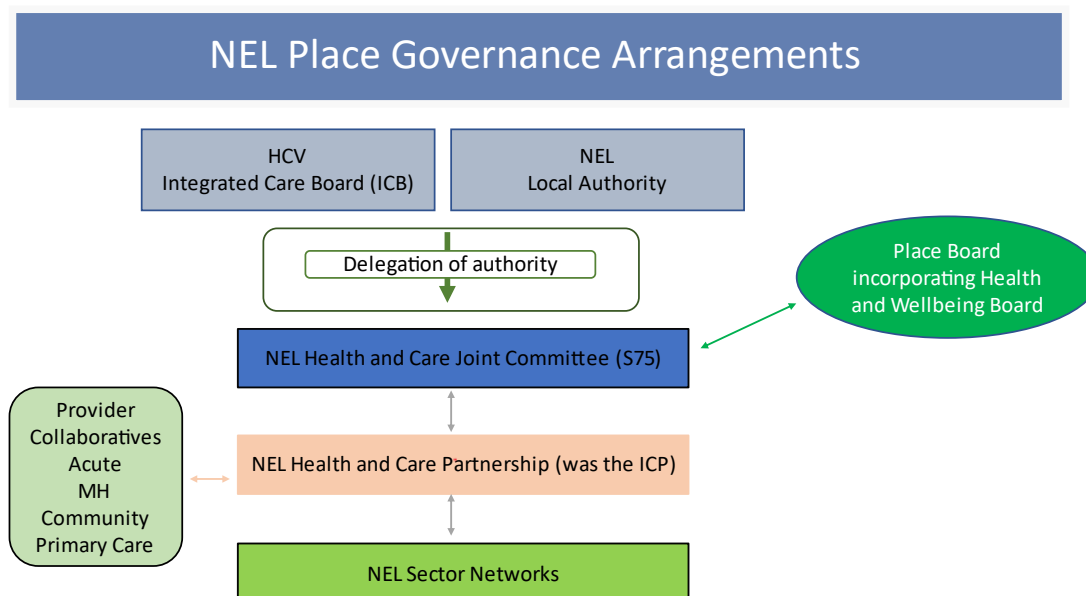
The CCG is a membership organisation and as such was required to have a Council of Members, which comprised of all practices in NEL that made up the formal CCG membership. CoM was responsible for agreeing the strategic direction of the CCG and for agreeing the annual plans that were then enacted by the CCG officers, Clinical leads and community forum members, the triangles.

Whilst all CCGs were required to have a CoM, in NEL because of the partnership arrangement with the Council the membership was extended to include Adult Social Care, as a formal member with voting rights to reflect this. The NEL CoM also provided a standing invite to the meetings to NLG, Navigo and CPG to enable the broader system view of the health and care priorities to be discussed and reflected where necessary.

Post the 1st July the CoM will cease to exist, however as part of the new arrangements the Health and Care Partnership (HCP) has been established, which brings together the key sector providers of health and care, adults and children in NEL, under a formal partnership arrangement to support integrated working.

New arrangements being established

New NEL Place Governance Structure is detailed below:



1

The Joint Committee

The Joint Committee has been established with representation from the ICB, the Council and the Health and care partnership.

The Joint Committees roles and responsibilities are:

- To lead and drive the vision and strategy for the NEL health and care system and support its focus on the prevention of ill health, and the promotion of wellbeing, including collective and active engagement in the wider local economic growth and regeneration agenda,
- To act as the strategic governing body for the NEL health and care system, leading and directing strategic development and the effective use resources Ensuring appropriate arrangements are in place to exercise these functions.
- To act as the formal strategic interface between the NHS and Local Government in North East Lincolnshire, in furtherance of the duty to collaborate
- To host current, future and prospective Section 75 arrangements entered into between North East Lincolnshire Council and the ICS and as between any other bodies that may be permitted by statute from time to time.
- To be the forum for accountability management, dispute resolution and the oversight of pooled and aligned funds allocated to the North East Lincolnshire health and care system.
- To ensure that the statutory duties and responsibilities of the DPH, DASS and DCS are integral to the development of system leadership and the formulation of key priorities in partnership with the ICS and the ICP
- To oversee and facilitate the role of the health and care system in support of Covid-19 recovery, learning and future planning.
- To oversee and ensure that the health and care systems approach to quality actively supports collaborative working on areas for quality improvement, shares learning for continuous improvement and future planning for delivery of high quality, personalised and equitable care for all

- To oversee and ensure effective integrated health and social care across North East Lincolnshire, including the engagement of the voluntary and community sector.
- To ensure that citizens, patients and service users receive and access the right care at the right time and in the right place, minimising hospital admissions and maximising independence.
- To Develop and approve the local health and care system's strategic direction and plans addressing local health inequalities and the wider determinants of health taking into account the wider Place Based strategy and agenda, in support of the wider roles of the Health and Wellbeing Board and the ICS respectively
- To develop medium to long term priorities for securing investment in and the development of fit for purpose health and care infrastructure (physical and digital) and the effective use of the public estate.
- To support the effective interface between local democratic and clinical leadership across the system
- To ensure that public and patient involvement is integral to the operation and governance of the Joint Committee's and wider system's responsibilities.
- To collaborate to prioritise the interests and outcomes of citizens, patients, and service users in North East Lincolnshire. To uphold the spirit, purpose and intent of the Memorandum of Understanding

The Shadow Joint Committees membership has been established as follows on an interim basis, however, following further development of the ICB, membership of the Joint Committee will need to be reviewed:

Joint Appointment / Representatives working on behalf of Place

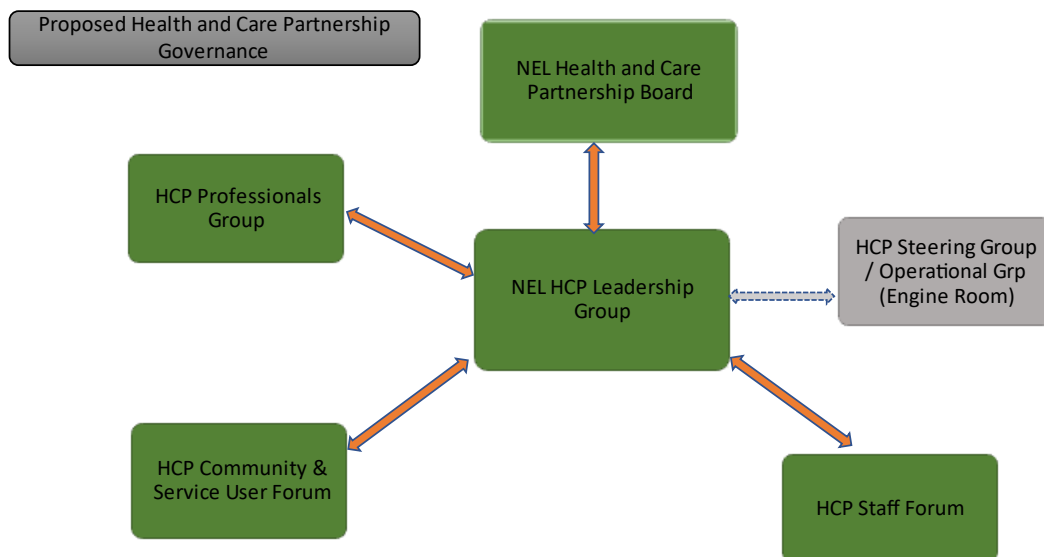
- Executive Lead for Place (LA Chief Executive) – Chair
- NEL Health and Care Director (Joint appointment between ICS, NELC & ICP)
- Finance Lead for Place
- Nursing and Quality Lead for Place
- DPH
- **Local Authority Representatives**
 - Local Authority Deputy Chief Exec (Exec Director for People, Health & Care)
 - HWBB Chair
 - Elected Member
- **CCG / ICB Representatives**
 - ICB Humber Geographic Partnership Director
 - Clinical Lead for Place – CCG Clinical Accountable Officer on an interim basis
 - CCG Chair on an interim basis
- **ICP Representatives**
 - ICP Chair,
 - ICP Professional Lead,
- Community representation - Philip Bond in the interim, currently being recruited to

The Health and Care Partnership

The Health and Care Partnership Governance has been established with groups that will maintain the strong focus that the CCG had on clinical, professional, service user and communities engagement into its decision making and its service delivery and transformation activities.

As such the HCP has adopted the co-produced Talking Listening and Working Together approach that was initially developed for the CCG and Council.

Detailed below is the summary of the governance established for the HCP:



The primary objectives of the HCP are to:

- (i) To support an improved focus on the prevention of ill health and the promotion of wellbeing, including collective and active engagement in the wider local economic growth and regeneration agenda.
- (ii) To oversee and facilitate the role of the health and care system in support of Covid-19 recovery, learning and future planning.
- (iii) To oversee effective integrated health and social care across North East Lincolnshire, including the engagement of the voluntary and community sector.
- (iv) To develop medium to long term priorities for securing investment in and the development of fit for purpose health and care infrastructure (physical and digital) and the effective use of the public estate.
- (v) To ensure that citizens, patients, and service users receive and access the right care at the right time and in the right place, minimising hospital admissions and maximising independence.
- (vi) To collaborate to prioritise the interests and outcomes of citizens, patients and service users in North East Lincolnshire.
- (vii) To conduct all activities resulting from this MOU in ways that are consistent with the Nolan principles and to take all reasonable steps to ensure that any employees, partners and associates involved in carrying out activities do likewise

Membership of the Health and Care Partnership comprises of the following organisations:

Full Partners

- Care Plus Group
- focus
- Freshney Pelham Primary Care Network
- Meridian Health Group Primary Care Network
- Panacea Primary Care Network
- Navigo Health and Care CIC
- Lincolnshire Partnership foundation Trust – this provider will leave the partnership at the end of 2022.
- Northern Lincolnshire & Goole Hospitals NHS Foundation Trust
- North East Lincolnshire Council

Associate Partners

- North East Lincolnshire Voluntary Sector and Social Enterprises
- St Andrews Hospice
- St Hugh's Hospital (HMT)
- Core Care Lincs

Associate Partners share a responsibility for delivery of services and are committed to the delivery of agreed priorities, outcomes and standards and will be fully engaged within our transformational and improvement programmes, however they are not part of any risk / gain share agreements.

ICB interim arrangements in relation to delegation to place

At a national level ICBs have been advised to not delegate activities to place joint committees at their inception, unless they are already in existence. The Council, CCG and ICB are still working through this in relation to the existing arrangements in place between the CCG and Council.

In the absence of delegation to a place committee in the first instance, it is proposed that the ICB would delegate responsibility for the majority of items to be undertaken at place to an ICB senior employee at place, notably the Place Director. Where this is the case place director will ensure that discussions take place where appropriate at either the Place Joint Committee or with at the HCP meetings, so that NEL continues to work and make decisions taking due regard to the impact of it.