

Item: 7.2c

Report to:	CCG Board
Date of Meeting:	10 March 22
Title of Report:	Interim CCG Board / shadow ICB Arrangements – April to June 2022
Presented by:	Dr Dan Roper, NHS Hull CCG Chair
Author:	Dr Dan Roper, NHS Hull CCG Chair

STATUS OF THE REPORT:

To approve	<input type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input checked="" type="checkbox"/>		

PURPOSE OF REPORT:

To report to the Board the outcome of the Council of Member's consideration of the above item and the agreed operating arrangements between the CCG Board and the shadow Integrated Care Board from April to June 2022.

RECOMMENDATIONS:

- To note the agreed operating arrangements between the CCG and the shadow ICB for April to June 2022.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE

The CCG has established formal mechanisms and arrangements for the governance of the CCG and supports the delivery of the CCG Constitution.

IMPLICATIONS:

Finance	The costs associated are already incorporated into the CCG running costs.
HR	There are no adverse HR implications identified.
Quality	There are no adverse quality implications identified.
Safety	There are no adverse safety implications identified.

ENGAGEMENT:

Engagement has taken place with the CCG Chair and Chief Officer (Accountable Officer, Governance Leads and relevant others).

LEGAL ISSUES:

Failure to continue to apply robust governance arrangements for the CCG, as a statutory body, could result in legal challenge and / or judicial review.

EQUALITY AND DIVERSITY ISSUES: *(summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report)*

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION:

The proposal support delivery of Principle 3 of the NHS Constitution:

The NHS aspires to the highest standards of excellence and professionalism in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

Interim CCG Board / shadow ICB operating arrangements from April to June 2022

1. Introduction

- 1.1 With the establishment of Integrated Care Boards (ICB) and Integrated Care Systems being formally delayed until the 1st July 2022 and therefore Clinical Commissioning Groups (CCGs) remaining in place as the accountable organisations until then, there is a need to develop a clear approach to collaborative working between the CCGs and the shadow operating arrangements of the ICB for the period April – June 2022.
- 1.2 Through discussions with the Accountable Officers and Chairs of CCGs and the Designate Chair and Chief Executive of the ICB, consideration has been given to the broad areas where collaboration on decisions would need to take place pre 30th June 2022 due to the impact beyond the 1st July 2022, in a way that provides oversight and assurance to all and enables the CCGs to continue to discharge their duties in the three month period.

2. Background

- 2.1. The CCB Board discussed a range of options for interim operating arrangements at its development session on 25 February 2022 and the preferred option was subsequently submitted to the Council of Members (CoM) for approval at their meeting on 10 March 2022.
- 2.2. Those members present at the CoM meeting approved the recommended operating arrangement proposed by the CCG board. Unfortunately, the meeting was a small number of members short of quoracy and so it was agreed that the recommended proposal be subsequently circulated to all CoM members for comment, with a deadline of Monday 21 March 2022.
- 2.3. No further comments have been received at the time of writing of this report and final confirmation of any subsequent comments will be given at the board meeting itself.

3. Information

- 3.1. It is important to note that for many of the areas highlighted below we have had collaborative ways of working operating for a number of years e.g. planning and this document is intended to capture them for clarity. The areas identified that would be part of these interim operating arrangements are currently identified as:

3.1.1. Planning

- Collaborative development of the 2022/23 Operating Plan will be undertaken with Place supported by Strategic Partnerships and Provider Collaboratives. Any implication resource/capital/financial and in particular new commitments for 2022/23 and beyond would need to be clearly articulated in plans for the ICB shadow board (Transitional Executive for draft plans now to April 2022) to review and consider initially before CCGs formally ratify the plansⁱ.
- The plans for all major programmes for 2022/23 will be developed and implemented collaboratively as overall ICS plans, as per national guidanceⁱⁱ. All plans and decisions will be endorsed by the ICB shadow board (Transitional Executive for draft plans now to April 2022) before CCGs formally ratify the plans.

3.1.2. Policies

- Policies if needed, will be developed across the ICS, with the Designate Director responsible for that portfolio, working collaboratively with Place, Provider Collaboratives and other system partners.

3.1.3. Close-down of the CCGs

- For the financial year 2021/22 the production of the annual reports, financial accounts and the due diligence and items relating to close-down of the CCGs will continue to be undertaken across the 6 CCGs working collaboratively where required with the Designate ICB Directors and the transition programme. Guidance is to be published soon in relation to the financial processes for the period April - June 2022 and in collaboration the actions will be determined.

3.1.4. Developing Place arrangements

- The development of Place and Place Based Committees will continue to be determined locally with the support of the Strategic Partnership Director being cognisant of the principles and framework agreed at the HCV Partnership Board in January 2022 (subject to any further national guidance). The ICB will maintain oversight of the developments to ensure that the arrangements are aligned to the principles and enables them to be ratified by the ICB board once it is established.

3.1.5. Service safety issues

- Service safety issues will continue to be managed locally by CCGs working with Partners and where required with reference to the Designate Executive Directors for Clinical and Professional, and

Nursing and Quality. Any resource implications would be considered by the Finance Directors Group.

- 3.2. **Governance** - The shadow ICB Designate Board will be established from April 2022 (excluding Partner Members - nominees will be invited to be in attendance once successfully appointed until the ICB is formally established).
- 3.3. With the original terms of office for all the non-officer board members having been planned to end at the end of March 2022 (the original planned end date of CCGs) arrangements for decision-making have needed to be implemented in order for the CCG to be able to continue to operate safely and legally as statutory organisation during the three months 1st April – 30th June 2022.
- 3.4. The majority of board members have agreed to extend their appointment for a further three months, enabling the meeting to remain quorate and therefore able to take decisions. With the confirmed retirement of the CCG Chair, the CoM agreed that the CCG Vice Chair would lead the Board for the remaining meetings and provide further support, as necessary, outside of the meetings with respect to the governance elements of the CCG Chair's duties (as set out in the CCG Constitution).
- 3.5. At the same time, further engagement and development of the local clinical leadership arrangements would continue during the three months between PCN clinical directors, CCG clinical board members and the wider primary care leadership at Place.

4. Recommendation

- 4.1. Board members are asked to note the agreed operating arrangements between the CCG and the shadow ICB for April to June 2022

ⁱ Plans will be approved for the 12 month ICB as well as at CCG level for the first 3 months in line with planning guidance

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