



**Proposal to CCG Governing Bodies  
to  
Expand the Scope of the Joint Committee Delegation to  
Include Transition 2021/22**

**CCG Governing Body Meeting  
Public Session**

**1 September 2021**

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| <b>Author(s)</b>  | <b>Rob McGough Hill Dickinson</b>       |
| <b>Sponsor</b>  | <b>SYB AOs<br/>Joint Committee CCGs</b> |
| <b>Is your report for Approval / Consideration / Noting</b>   |   |
| Approval  |   |
| <b>Background</b>   |   |
| <p>NHS Operational Planning Guidance for 2021/22 requires systems to start formally planning for the establishment of the statutory integrated care systems including setting out plans to operate in shadow form in Q4 of 2021/22. In summary this will involve the establishment of a statutory Integrated Care Board (ICB) and an Integrated Care Partnership (ICP) which together make the Integrated Care Systems (ICSs) of the future. Both statutory functions of current CCGs and some of NHS England will transfer to the ICB, along with existing non-statutory functions of ICSs, including strategic planning, transformation and oversight.</p> <p>The five CCGs and ICS wish to put in place arrangements to ensure a smooth transition to the ICB in April 2022. It has been decided that the most practical way of doing this is to bring together the work of the Joint Committee of CCGs (“<b>the Joint Committee</b>”) with aspects of the ICS non-statutory arrangements. The intention is that this will enable the CCGs to begin to take joint decisions on matters that would be likely to be decided/ adopted at ICS level following legislation in a way that is linked to the current (non-statutory) ICS operating arrangements.</p> <p>Subsequent changes have now been approved by the Secretary of State to the boundaries of the ICS which mean that NHS Bassetlaw will move into Nottinghamshire and a neighbouring integrated care system. Transition arrangements are now underway between Bassetlaw and Nottinghamshire and Nottingham ICS. This will clearly impact on their role within the SYB ICS arrangements and there will need to be consideration of the ongoing involvement of NHS Bassetlaw in these arrangements and the timing of any proposed changes as this will impact on the implementation process.</p> |   |
| <b>Summary of key points</b>  |   |
| <p>This proposal sets out that the Joint Committee of the five CCGs (“<b>the Joint Committee</b>”) is adapted for the transition to the South Yorkshire and Bassetlaw Integrated Care System (“<b>ICS</b>”) by:</p> <ol style="list-style-type: none"> <li>a) Expanding the scope of its delegation to include transition work such as preparing the constitution for the new Integrated Care Board (“<b>ICB</b>”);</li> <li>b) Establishing sub-committees to carry out this preparatory work; <ul style="list-style-type: none"> <li>• Meeting in common with the senior leadership team of the ICB; and</li> <li>• Having a working arrangement with Bassetlaw CCG that the CCG will not participate in parts of the meeting or sub committees that are not directly relevant to Bassetlaw, following the announced move from South Yorkshire &amp; Bassetlaw ICS to Nottinghamshire &amp; Nottingham ICS from the 1<sup>st</sup> April 2022.</li> </ul> </li> </ol> <p>An approach has been taken of minimising the changes needed to the constitutional documents. This is</p>   |   |

because:

- There is a need to move quickly as the system prepares for April 2022. Any changes to the Terms of Reference will require approval by NHS England, which will introduce delay and uncertainty; and
- There remain many details to be provided in legislation and guidance about how the ICS will operate from April 2022. The governance arrangements will need to adapt and be flexible as those details become clear.

## Recommendations

This paper seeks agreement from the members Governing Bodies of the Joint Committee to this approach and agreement for the next steps and further work to be taken forward:

1. **Agreeing the approach in principle:** Stakeholders (including the ICS) agree they are happy in principle with the proposed changes to the Joint Committee for its operation until the 31st March 2022. If there is any disagreement, it will be for the Member CCGs to make the final decision. All stakeholders (including the ICS) agree in principle how the governance of the new transitional arrangements will operate including the integrated operation of the Joint Committee and ICS Core Group during the transition to the statutory ICS.
2. **Agreeing to the Next steps (to be worked up through the JCCCG/ ICS in September and October):**
  - Identifying the sub-committees, what each covers and who attends
  - Desired membership of the Joint Committee. (Note that any change to voting members will require a change to the Terms of Reference).

Updating the documentation:

Proposed changes to the Manual and Delegation are to be revised for approval and will include drafting a Joint Committee Transition Paper that will be appended to the Manual. (Changes to the Terms of Reference have been avoided.)

- Terms of reference for the sub-committees are drafted for approval
- The Governing Body of each CCG adopts the updated documents (cOctober)
- The ICS adopts the Joint Committee Transition Paper.

# FURTHER DEVELOPMENT OF THE SOUTH YORKSHIRE AND BASSETLAW JOINT COMMITTEE OF CCGS FOLLOWING NHS OPERATIONAL GUIDANCE, NEXT STEPS OF ICS DEVELOPMENT AND CCG CHANGE AND TRANSITION

September 2021

## EXECUTIVE SUMMARY

- a) Under this proposal the Joint Committee of the five CCGs (“**the Joint Committee**”) is adapted for the transition to the South Yorkshire and Bassetlaw Integrated Care System (“**ICS**”) by:
  - a. Expanding the scope of its delegation to include transition work such as preparing the constitution for the new Integrated Care Board (“**ICB**”);
  - b. Establishing sub-committees to carry out this preparatory work;
  - c. Meeting in common with the senior leadership team of the ICB; and
  - d. Having a working arrangement with Bassetlaw CCG that the CCG will not participate in parts of the meeting or sub committees that are not directly relevant to Bassetlaw, following the announced move from South Yorkshire & Bassetlaw ICS to Nottinghamshire & Nottingham ICS from the 1<sup>st</sup> April 2022.
- b) We have taken the approach of minimising the changes needed to the constitutional documents. This is because:
  - a. There is a need to move quickly as the system prepares for April 2022. Any changes to the Terms of Reference will require approval by NHS England, which will introduce delay and uncertainty; and
  - b. There remain many details to be provided in legislation and guidance about how the ICS will operate from April 2022. The governance arrangements will need to adapt and be flexible as those details become clear.
- c) This paper seeks agreement in principle from the Joint Committee members to this approach.

## INTRODUCTION

- 1 NHS Operational Planning Guidance for 2021/22 requires systems to start formally planning for the establishment of the statutory integrated care systems during Q1 of 2021, including setting out plans to operate in shadow form in Q4 of 2021/22. In summary this will involve the establishment of a statutory Integrated Care Board (ICB) and an Integrated Care Partnership (ICP) which together make the Integrated Care Systems (ICSs) of the future. Both statutory functions of current CCGs and some of NHS England will transfer to the ICB, along with existing non-statutory functions of ICSs, including strategic planning, transformation and oversight.
- 2 The five CCGs and ICS wish to put in place arrangements to ensure a smooth transition to the ICB in April 2022. It has been decided that the most practical way of doing this is to bring together the work of the Joint Committee of CCGs (“**the Joint Committee**”) with aspects of the ICS non-statutory arrangements. The intention is that this will enable the CCGs to begin to take joint decisions on matters that would be likely to be decided/ adopted at ICS level (once the anticipated NHS reforms have been passed), in a way that is linked to the current (non-statutory) ICS operating arrangements.
- 3 Subsequent changes have now (late July) been approved by the Secretary of State to the boundaries of the ICS which mean that NHS Bassetlaw will move to into Nottinghamshire and a neighbouring integrated care system, transition arrangements are now underway between Bassetlaw and Nottinghamshire and Nottingham ICS. This will clearly impact on their role within the

SYB ICS arrangements and there will need to be consideration of the ongoing involvement of NHS Bassetlaw in these arrangements and the timing of any proposed changes as this will impact on the implementation process.

## EXISTING GOVERNANCE ARRANGEMENTS

4 The Joint Committee is governed by:

- the *Manual/ Agreement for JC CCGs* (“**the Manual**”)
- the delegation to the Joint Committee that has been adopted by each of the CCGs that is Appendix 1 to the Manual (“**the Delegation**”)
- the terms reference for the Joint Committee, which are at Appendix 2 to the Manual (“**Terms of Reference**”)

We will refer to the CCGs who are voting members of the Joint Committee as “**Member CCGs**”. This includes the Associate CCG (NHS Derby & Derbyshire) on issues where they have a vote and Bassetlaw CCG, currently a member CCG but will move to the Nottingham and Nottinghamshire ICS on 1<sup>st</sup> April 2022 and will cease to be a member CCG at this point.

5 The SYB ICS is currently governed by:

- A **Health and Care Compact** (setting out the commitment of the health and care system to work together on the core purpose of an ICS)
- A number of strategic partnership arrangements to support collaboration between health organisations and between health and care and other organisations (exercising mutual accountability and non-statutory decision-making)
- An **Integrated Assurance Committee** of non-executives from statutory organisations giving challenge and assurance
- A number of other committees and programme boards

## PROPOSED APPROACH

6 In summary, the proposed approach is:

6.1 **For the Joint Committee to be tasked by the Member CCGs to carry out work which is required to prepare for the introduction of the South Yorkshire ICS**, in particular:

- The development of draft plans for consideration/ adoption by the ICB once it is formally established e.g. the Forward Plan and the Capital Plan
- The development of draft corporate policies for consideration/ adoption by the ICB once it is formally established e.g. in the areas of HR, conflicts of interest, finance.
- Producing the constitution for the ICB and liaising as appropriate with NHSEI in order to gain approval for the constitution.
- Producing/ providing input into the transition arrangements that will manage the move from CCGs to ICSs and liaising as appropriate with NHSEI

6.2 **This preparatory work will be done by one or more sub-committees of the Joint Committee, made up of representatives from the SY CCGs** (and Bassetlaw CCG where appropriate). Members of the Core ICS team can also be invited attend. All work will need to be approved by the Member CCGs including NHS Bassetlaw at the Joint Committee due to quorum rules that all Member CCGs must be present for a decision to be taken at the Joint Committee (see paragraph 8.1 of the Terms of Reference). This includes NHS Bassetlaw who are a Member CCG for all matters until the transition to the N&N ICS has been completed (1<sup>st</sup> April 2022). Furthermore, in most matters NHS Bassetlaw is required

to be party to the decision as there needs to be more than 80% agreement for a decision to be adopted (see paragraph 7.2 of the Terms of Reference). Conducting the preparatory work through sub-committees will minimise the time that NHS Bassetlaw will need to spend at the Joint Committee.

6.3 **For the Joint Committee to meet in common with a defined Core ICS Group** (potentially representing the proposed constituency of the Integrated Care Board as determined by the ICS and informed by the Health and Care Bill), with each group's business being transacted in parallel and in full sight of the other. So far as the governance of the Joint Committee is concerned, this is achieved by the Joint Committee inviting the members of the core ICS group to attend the Joint Committee meeting as non-voting members under paragraph 5.4 of the existing terms of reference.

7 Where it would aid the work of the Joint Committee and the Core ICS Group, it may invite other ICS officers and/or provider collaborative representatives to meetings for input as non-voting members (paragraph 5.4 of the terms of reference) or on an ad hoc basis as experts (paragraph 10.4 of the terms of reference). At first, the Core ICS Group would consist of the interim Chair, Chief Executive and two non-executive directors. If/ when it becomes appropriate for other senior ICS personnel to also attend the meeting, the ICS Chief Executive will notify the Chair of the Joint Committee. The Joint Committee can then formally decide to invite the new non-voting member.

8 Set out below is the suggested process for the Joint Committee to implement this approach (paras 9-11) and also how the ICS can conduct its own business as a shadow group in common with the Joint Committee as part of the same meeting (paras 12-13).

#### CHANGES TO OPERATION OF THE JOINT COMMITTEE

9 A proposed table of the potential options for the development of the Joint Committee and the processes which would be required to implement them has previously been shared with the Joint Committee. This has been updated for the proposed approach and is set out below.

10 *The table assumes that the Manual, Delegation and ToRs were passed in accordance with the constitutions of the different CCGs and therefore that all the powers/ functions of the Joint Committee set out in them have been properly delegated.*

Key:

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|  | Any approval needed can be given by the CCG Governing Bodies.   |
|  | Change can be made by updating the Terms of Reference, which will either require NHSE approval (because the Terms of Reference are currently part of NHS Rotherham's constitution) or a workaround with Rotherham CCG. The core action in this category could be the changes from the movement of NHS Bassetlaw outside of the ICS whilst being a voting member of the Joint Committee. |
|  | Requires a change to Rotherham's constitution that will in turn need NHSE approval  |

| Ref.  | Change   | Comment  |
|---|--|--|
| <b>Core actions to implement the proposed Shadow ICS Approach</b> |  |  |
| 1   | Add non-voting members (ICS officers to the group to sit with the Joint Committee) | The Terms of Reference of the Joint Committee allow it to invite non-voting members to join the Joint Committee (5.4) and invite additional experts on an ad hoc basis (10.4). |

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| 2   | Expand scope of the Joint Committee to cover the proposed approach set out above            |  | This can be done by amending the Delegation and updating the Manual – there is no need to update the Terms of Reference.   |
| 3   | Create sub-committees of the Joint Committee for specific elements of the proposed approach |  | Permitted by the Manual at 16.1. The terms of reference of any sub-committee will however need approving by the Rotherham Chief Officer or Governing Body.   |
| 4   | Remove non-voting members from the Joint Committee (where required)                         |  | Ideally the Terms of Reference would be amended to reflect this but as an interim measure a non-voting member could simply stop attending as they do not count to the quorum.  |
| <b>Discounted options for the Joint Committee - to note</b> |   |  |  |
| 5   | Remove NHS Bassetlaw from the Joint Committee   |  | <p>This would mean updating the Terms of Reference.</p> <p>Note that NHS Bassetlaw continues to be a core member during 2021/22 and counts towards the quorum, but NHS Derby &amp; Derbyshire is only a voting member/ counts towards the quorum if they have a patient interest.</p> <p>Given the boundary changes members may wish to propose a similar arrangement for NHS Bassetlaw, but this will need to be worked through if agreed. Consensus at JCCG is that Bassetlaw are a core member until 31<sup>st</sup> March 2022</p> <p>The quorum for the Joint Committee is one member from each voting CCG (Terms of Reference, paragraph 8.1). Therefore, if NHS Bassetlaw (or NHS Derby &amp; Derbyshire has a patient interest) does not attend then the meeting of the Joint Committee will not be quorate.</p> <p>Instead of removing NHS Bassetlaw as a voting member of the Joint Committee, we have proposed a work around where preparatory work for the SY ICS is carried out in sub-committees, minimising the need for NHS Bassetlaw participation. (NHS Bassetlaw will still need to attend the Joint Committee meeting that adopts the work of the sub-committee(s)).</p> |
| 7   | Add voting members to the Joint Committee who are members/ employees of one of the CCGs     |  | <p>This will mean updating the Terms of Reference.</p> <p>As an alternative to making the Core ICS Group voting members of the Joint Committee, we have proposed that they</p>   |

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|   |  |  | meet in common with the Joint Committee. This also has the benefit of keeping the organisational boundaries clear in the transition phase.                                 |
| 8 | Add voting members to the Joint Committee who are outside appointments |  | Would need an amendment to the Rotherham constitution that then needs approval from NHSE.<br><br>See (7) above. Non-voting experts can also be invited on an ad hoc basis. |

### FIT WITH ICS GOVERNANCE (SHADOW ICS APPROACH)

- 11 The intention is for the ICS to take its decisions (as a shadow body) alongside the decisions that are being made by CCG Members in the Joint Committee. For example, there might be a discussion about a particular care pathway involving CCG Members and non-voting attendees. This would be followed by a joint decision made by the CCG Members for the Joint Committee, and a decision made on behalf of the ICS by the ICS non-voting attendees.
- 12 There would be a similar approach within the sub-committees of the Joint Committee set up to deliver the transition work. For example, a sub-committee might be discussing the drafting of the proposed constitution for the ICB for approval by the Joint Committee. ICS officers might join the sub-committee so that the ICS and sub-committee can understand one another's thinking and take an aligned approach.
- 13 In this model, it will be important to be clear which grouping is making which decision at each stage. Practical steps to facilitate this process are:
- A flag in the agenda where a Joint Committee/ sub-committee decision is needed and if/ when it is expected that the representatives of other organisations will also make decisions for the ICS (within their delegated authority)
  - When the minutes are drafted, to clearly separate the Joint Committee/ sub-committee decisions and votes from ICS decisions made by/ on behalf of other organisations. We would suggest colour coding decision(s) for the Joint Committee/ sub-committee and for the ICS.
  - Confirmation from the non-voting attendees of the scope of their authority to make decisions on behalf of their organisations (to the extent required).

Under this approach none of the ICS Core Group representatives can vote on the Joint Committee business. **(individuals who are likely to be both a CCG representative on the Joint Committee and a member of the ICS Core Group will need to be identified).**

- 14 Following support of Governing Bodies for the proposed changes, the **Manual will be updated** to reflect this new mode of operation by adding a new Joint Committee Transition Paper appendix that covers these transitional arrangements for the conduct of meetings.

### IMPLEMENTING THE PROPOSED APPROACH

- 15 **The proposed process for developing the Joint Committee** (assuming that green decisions 1-4 are adopted by the 5 CCG Governing Bodies in September) **would then be as follows:**
- a) **Agreeing the approach in principle:** Stakeholders (including the ICS) agree they are happy in principle with the proposed changes to the Joint Committee for its operation until the 31st March 2022. If there is any disagreement, it will be for the Member CCGs to make the final

decision. All stakeholders (including the ICS) agree in principle how the governance of the new transitional arrangements will operate including the integrated operation of the Joint Committee and ICS Core Group during the transition to the statutory ICS. **In particular, stakeholders will need to confirm:**

- **The sub-committees, what each covers and who attends (see further below)**
- **Desired membership of the Joint Committee – we understand that this is currently under review by the CCGs. Note that any change to voting members will require a change to the Terms of Reference.**

b) **Updating the documentation:**

- Proposed changes to the Manual and Delegation are drafted for approval. This will include drafting a **Joint Committee Transition Paper** that will be *appended to the Manual*. (Changes to the Terms of Reference have been avoided.)
- Terms of reference for the sub-committees are drafted for approval

c) **The Governing Body of each CCG adopts the updated documents.** Organisations who are represented by non-voting attendees (such as the ICB and NHS England) will also need to ensure that their officers understand the commitment to attend meetings and their role.

d) The ICS adopts the Joint Committee Transition Paper.