

<b>NHS North Cumbria CCG Governing Body</b>	<b>Agenda Item</b>
<b>3 April 2019</b>	<b>10</b>

### NHS North Cumbria CCG Functions

<b>Purpose of the Report</b>							
<p>The report is intended to update the Governing Body on the continued development of proposals to change the way the CCG fulfills its statutory functions.</p> <p>This builds on earlier discussions including through Part 2 Governing Body arrangements on 4 March 2019.</p>							
<b>Outcome Required:</b>	Approve		Ratify		For Recommendation		For Information
							<b>X</b>
<b>Assurance Framework Reference:</b>							
As detailed in the Strategic Objectives below.							

<b>Recommendation(s):</b>
<p>The Governing Body are requested to:</p> <ol style="list-style-type: none"> <li>1) Note the ongoing development of partnership arrangements relating to the delivery of CCG functions.</li> </ol>

<b>Executive Summary:</b>
<p><b>Key Issues:</b></p> <p>The CCG has broadly engaged with partners on the future delivery model for the organisation in the context of the developing North Cumbria Integrated Care System.</p> <p>The attached document summarises the work undertaken so far and the intended direction of travel.</p> <p>The Governing Body and/or the Full Council of Members, will be requested to consider formal changes as appropriate during 2019/20. At this stage no formal approval is being sought.</p>

<p><b>Key Risks:</b></p> <p>The CCG Governing Body needs to ensure that the organisation can effectively discharge its statutory functions. The Governing Body will need to be appropriately assured that any new or changed arrangements will be fit for purpose.</p> <p><b>Implications/Actions for Public and Patient Engagement:</b></p> <p>The CCG will need to ensure appropriate transparency and engagement in any changes to its operating model.</p> <p><b>Financial Impact on the CCG:</b></p> <p>The proposals do not have a known financial impact at this stage. There may be implications for the future financial, contracting, and budgetary reporting process for the CCG, but these cannot be determined at this stage. There are also potential implications for how the CCG manages its Running Cost Allowance, which again cannot be fully determined at this stage.</p>
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<b>Strategic Objective(s) supported by this paper:</b>	<b>Please select (X)</b>
Support continuous quality improvement within existing services including General Practice	
Commission a range of health services, including an increasing range of integrated services, appropriate to our population's needs	
Develop our system leadership role (in the context of an integrated health and care system) and our effectiveness as a partner	X
Continuously improve our organisation and support our staff to excel	

<b>Impact assessment:</b> (Including Health, Equality, Diversity and Human Rights)	N/A
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<p><b>Conflicts of Interest</b> Describe any possible Conflicts of interest associated with this paper, and how they will be managed</p>	<p>No formal conflicts of interest have been identified at this stage. The proposals, if implemented, will potentially significantly impact on the roles and ways of working of CCG staff and Governing Body members in the future.</p>
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<b>Lead Director</b>	Peter Rooney, Chief Operating Officer
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<b>Date Report Written</b>	26 March 2019

## **CCG Operating Model and Delivery of CCG Functions**

### **Purpose of this Paper**

1. The Governing Body are requested to note this document and the outlined direction of travel. Formal approval for changes, where required, will be subsequently sought from the Governing Body and/or Full Council of Members prior to implementation, as required.

### **Context**

2. The NHS England Ten Year Plan notes anticipated changes in the functioning of CCGs. In summary, this includes that CCGs will become leaner, more strategic organisations, that support providers to partner with local government and community organisations on population health, service redesign and Long Term Plan implementation.
3. The North Cumbria Integrated Health and Care System (IHCS) is developing at pace and is one of 14 pioneering areas nationally and comprises the CCG and the two local Trusts. The IHCS is one of four Integrated Care Partnerships based within North East and North Cumbria Integrated Care system which is expected to move to shadow form from April 2019.
4. The local Trusts plan to complete the formal merger, subject to approval from regulators, in October 2019. In part this is to create a platform for the IHCS.
5. Also in October 2019, the planned transfer of Mental Health and Learning Disability services to the Northumberland, Tyne and Wear NHS FT will be enacted.

### **Clinical Commissioning Group Functions**

6. NHS North Cumbria CCG will continue to exist, and will continue to be accountable for the delivery of its statutory functions, within the current legislative framework.
7. The CCG has c250 statutory functions, which are either duties or powers. It is not possible, or practical, to go through each of those functions in this paper. However, as this work develops, the Governing Body will need to be assured that any arrangements for the delivery of the CCG functions are fit for purpose.

### **Potential Changes in the Delivery of CCG Functions**

8. In October 2018 the CCG formally wrote to local and regional partner organisations to invite their response to an engagement document on the future delivery of CCG functions.

9. The CCG is planning to change in order to align with the IHCS, strengthen joint commissioning with Cumbria County Council where appropriate, and integrate with the emerging CCG configuration in the North East where appropriate.
10. This will mean that over the next 12 months there will be a phased programme of change which for example will lead to a change in how the CCG delivers its functions.
11. The CCG is open to a changed relationship with each of:
  - the NHS Trusts it commissions services from
  - General Practice
  - Cumbria County Council
  - North East Partner CCGs,
12. The CCG anticipates becoming smaller. The CCG will still exercise its functions fully and professionally, and the CCG skills, capacity, capability and organisational memory should be respected and cherished in any new arrangements.
13. The basic proposal is that there will be three categories for how the CCG will meet its statutory functions. They are:
  - **Core** Functions, anticipated to stay in the CCG for the foreseeable future. These include strategic commissioning, finance and contracting, and quality assurance.
  - **Transitional** Functions, anticipated to stay in the CCG for the short – medium term but which may be delivered with/through partner organisations in the future.
  - **Aligned** functions, which are anticipated to be delivered in partnership with other organisations beginning during 2019/20. These include the development of pathways and service improvement/transformation.

### **Outline Timeline**

14. The timeline is split across three basic, but overlapping phases, as outlined below.
  - March – May 2019: Engagement Phase
  - April – June 2019: Decision Making Process
  - June 2019 onwards, particularly leading to October 2019: Implementation