

**ESTABLISHMENT BOARD MEETING OF THE BUCKINGHAMSHIRE,
OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE
BOARD**

Date of Meeting: 01 July 2022	Agenda item: 06
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Title of Paper: Safe Transfer of Clinical Commissioning Group Functions
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Paper is for: (Please ✓)	Discussion		Decision		Information	✓
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<p>Executive Summary</p> <p>This paper sets out key steps taken for the safe transfer of CCG staff and the transferring of any CCG functions including any outstanding business. Key areas of update included in the paper are:</p> <ul style="list-style-type: none">• Transfer of open actions from the CCGs Governing Bodies and Committees• Safe Transfer of CCG Staff• Transferring outstanding organisational business• Risk Management• Policies• Delegated Commissioning Functions
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<p>Action Required</p> <p>The Board members are asked to:</p> <ol style="list-style-type: none">1. Note the information provided on transfer of CCG functions2. Note the formal delegation of commissioning of POD service (in addition to primary medical services) and that this is enacted through a delegation agreement.

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Date of Paper: 24 June 2022

Conflicts of Interest
Not applicable

No conflict identified	
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflict noted, supported paper withheld from conflicted party e.g. pecuniary benefit	
Conflicted party is excluded from discussion	

SAFE TRANSITION OF CCG FUNCTIONS

Context

1. This report sets out the work undertaken to ensure that live business tasks from the three Clinical Commissioning Groups (CCGs) are owned and actioned in the Integrated Care Board (ICB) structure. This includes
 1. specific actions from Committees,
 2. live or open responsibilities of the CCG that will transfer to the ICB and
 3. any 'in progress' requests or submissions such as Individual Funding Requests.
 4. The status of the work that has been undertaken to align policies and the approach to risk management
 5. Transfer of existing delegated responsibility for the commissioning of primary medical services and the additional delegation of accountability for commissioning Pharmacy, Optometry and Dentistry
2. Experience from previous NHS reorganisations informed the work undertaken and Board members will be aware that CCG staff have transferred to the ICB and maintain their ability to complete outstanding tasks.

Management of transition from CCGs to ICB

3. NHS England guidance summarised all required actions in two key templates
 1. The Readiness to Operate (ROS) Statement Checklist to prepare for legal establishment of the ICB on 1 July 2022
 2. The CCG Close Down and ICB Establishment Due Diligence Checklist
4. A programme structure was used to ensure all required tasks belonged to a work stream with a Senior Responsible Officer. For closedown and safe transfer of function the workstreams reported through a Programme Board to the CCG Governing Bodies. NHS England provided additional oversight and assurance of our programme
5. The work undertaken enabled the CCGs Accountable Officer to write to the ICB Chair designate on 1 June 2022 to give assurance that a robust due diligence process had been followed to prepare for CCG closedown and safe transfer of staff and property to the ICB.
6. Our signed ROS was countersigned by Anne Eden as Regional Director for NHSEI and presented to the National Team for final approval.

Transfer of open actions from the CCGs Governing Bodies and Committees

7. The CCGs held their last Governing Bodies meeting in common on 9 June and confirmed that the majority of actions had been completed and agreed the approach to the handover of open actions as follows:

1. ICB Director of Governance to ensure any open actions from the Governing Bodies, Audit Committees and Finance Committees are reviewed within the ICB structures.
 2. ICB Director of Transformation to ensure that any actions raised as part of the final meeting of the Primary Care Commissioning Committees on 16 June are reviewed within the ICB and where necessary submitted to the relevant ICB Committee.
8. The CCGs submitted their 2021/22 Annual reports and audited Accounts in line with the national timetable. The ICB is required to publish these reports on its website.
 9. The ICB inherits the requirement to prepare CCG accounts and annual reports for quarter 1 (April-June) of 2022/23.

Safe Transfer of CCG Staff

10. TUPE transfer consultation was completed on 3 May and letters sent to all staff in early June. All CCG functions were mapped to the ICB organisational structure. The approach was in line with the NHS employment commitment published specifically for this NHS organisational change. All staff lists and required information was collated ready for transfer as part of the establishment order.

Transferring outstanding organisational business

11. The due diligence framework includes a detailed list of open or live organisational activities that are currently the responsibility of the CCGs that will transfer to the ICB. Examples of these responsibilities include
 1. Open Individual Funding requests
 2. Open safeguarding adults reviews
 3. Open serious case reviews
 4. Open Freedom of Information requests
12. There is a clear plan for where each of these responsibilities will sit in the ICB. Teams that were leading this work for the CCGs will lead this work in the ICB. In many areas the teams had developed single/aligned processes. Deadlines will be maintained, and any points of escalation will be made within the new governance arrangements of the ICB.

Risk Management

13. The three CCGs, supported by PwC, developed a single risk management framework which was reviewed by the Audit Committees meetings in common. This will be presented to the first meeting of the ICB Audit and Risk Committee for approval.
14. The governance team have been working with all teams to review and align the risk registers to develop a single corporate risk register (CRR) and implement a single risk management system. A draft CRR has been developed on the premise that the newly formed ICB Risk Register(s) will not be a compilation of BOB CCG risks, but instead risks that will form the basis, starting point, for perceived, expected and known risks application to an ICB. This will be presented for review and discussion at the first meeting of the ICB Audit and Risk Committee.

15. A Board workshop on risk and risk management for the ICB as an organisation and as part of the ICS will be arranged for the autumn.

Policies

16. The ICB needs to have in place policies and procedures to set standards of behaviour, conduct and performance. The policies and procedures will set expectations for all staff. Policies and procedures will also ensure the ICB meets its obligations in law.
17. Work has been undertaken to review the policies and procedures held by the former BOB CCGs. These policies and procedures are being transferred to a set of policies/procedures for the ICB. In some areas single BOB ICB policies have already been created. Director leads and teams for each area are working to identify the policies required by the ICB and these will be reviewed, updated, and taken through the appropriate approval routes.
18. The policies and procedures fall into the following areas:
1. Human Resources (HR)
 2. Corporate including Business Continuity
 3. Information Governance (IG)
 4. Medicines Management
 5. Finance
 6. Health and Safety
 7. Quality including Safeguarding
 8. Clinical Commissioning policies
19. Whilst the work is underway and prior to a single policy being implemented, the existing CCG policy will apply.
20. A register of the ICB policies and procedures has been created and will be updated as new policies/procedures become available. The register will include the lead for each policy, the review date, and the location of the policy.

Delegated Commissioning Functions

21. As part of the establishment of ICB there has been an opportunity to take on delegated accountability for commissioning Pharmacy, Optometry and Dentistry (POD) services from NHS England. Across the South-East all ICB's applied for and were successful in securing approval for the delegation of these responsibilities. The delegation is enacted through a delegation agreement that also covers Primary Medical Services that were previously delegated to CCGs from NHS England.
22. In line with the ICB Scheme of Reservation and Delegation (SoRD) the Chief Executive will sign the delegation agreement.
23. The operational model for POD delegation will initially be supported through a hosted model where NHS England continue to employ the staff undertaking POD commissioning and Surrey Heartlands ICB co-ordinates and administers a "meeting in common" of the six system ICB POD "committees" to discharge delegated responsibility of the services, as individual ICBs and collectively on programmes that cross organisational /geographical boundaries. The BOB POD Committee will be part of the

executive function of the ICB and has been established in accordance with the ICB's constitution and SoRD.

24. An assurance process has been undertaken to support the delegation that has been incorporated within the overall assurance process for establishing the ICB. NHS England has issued a separate letter to ICB CEO's confirming a commitment to work collaboratively on the delegation model for the transition period 1 July 2022 to 31 March 2023.

Recommendations

The Board members are asked to:

1. Note the information provided on transfer of CCG functions
2. Note the formal delegation of commissioning of POD services (in addition to primary medical services) and that this is enacted through a delegation agreement.