

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

13 June 2017

Title of the report:	SLT Memorandum
Section:	Governance
Report by:	Ruth Brutnall, Head of Corporate Governance
Presented by:	Ket Chudasama, Director of Performance and Corporate Affairs

Report supports the following West Leicestershire CCG's goal(s):			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely	✓		

Equality Act 2010 – positive general duties:
1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics.
2. The CCG will work with providers, service users and communities of interest to ensure any issues relating to equality of service within this report are identified and addressed.

Additional Paper details:	
Please state relevant Constitution provision	6.5.1 (b) Joint Arrangements
Please state relevant Scheme of Reservation and Delegation provision (SORD)	Preparation of the Group's overarching scheme of reservation and delegation
Please state relevant Financial Scheme of Delegation provision	n/a
Please state reason why this paper is being presented to the WLCCG Board	To receive
Discussed by	CMT Governing Body in April and at the May TSF
Alignment with other strategies	STP for LLR
Environmental Implications	None
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	No – though there continues to be public interest in the governance arrangements for the STP

EXECUTIVE SUMMARY:

1. At its meeting in February 2017 the governing body approved a number of changes to the CCG's constitution, including the formal creation of the System Leadership Team (SLT) as a joint committee of the three CCGs within Leicester, Leicestershire and Rutland (LLR).
2. Following this approval, the proposed changes were circulated to all member practices, to provide them with the opportunity to comment on the changes prior to their submission to NHS England for formal approval.
3. Feedback was received from the North Charnwood Locality in which member practices sought greater clarity regarding the delegation of powers to the System Leadership Team, and how this would work in practice. This feedback was discussed by the governing body at its meeting on 11 April 2017 and it was agreed that a note of how the West Leicestershire CCG governing body would work with the SLT be produced to provide clarity of those areas where SLT may act, and those matters reserved to the governing body.
4. This draft was presented to the governing body's Transforming Services Forum meeting in May 2017, and members invited to provide comment. The note sets out the role of the SLT, what is delegated to is (and what isn't), and the proposed ways of working for West Leicestershire CCG on areas where SLT will be involved.
5. These ways of working draw upon the safeguards which exist within the SLT Terms of Reference as well as other local arrangements in terms of the arrangements by which members of the governing body will have the opportunity to discuss matters to be considered by the SLT in advance. This was implemented in May when the TSF discussed key SLT agenda items. We will continue to embed this. Minutes of the SLT meetings are presented to the relevant meeting of all CCG governing bodies.
6. Following the presentation of the memorandum to the TSF meeting, it was circulated to all members, who were invited to consider it further and provide any additional comments. No comments have been received to date.
7. It is now presented to the governing body to receive.

RECOMMENDATION:

The West Leicestershire Clinical Commissioning Group is requested to:

RECEIVE the Explanatory Memorandum

System Leadership Team: Explanatory Memorandum

The role of the System Leadership Team

The System Leadership Team is a joint committee of the three Leicester, Leicestershire and Rutland CCGs, which provides oversight to the development and implementation of the LLR Sustainability and Transformation Plan.

The three CCGs are represented by their respective MDs and Clinical Chairs, and meetings are also attended by senior managers and clinicians from providers, and the CEOs of the three Local Authorities.

The aims of the SLT are:

- To set the direction and oversee the delivery of the STP for LLR
- To provide collective problem solving and decision taking for system wide issues; and
- To provide oversight to and the monitoring of performance against the system control total

What is delegated to SLT by the CCGs

There are three specific matters where the SLT may take decisions on behalf of the three CCGs, following consultation with governing bodies.

- Approval of system level plans developed by member organisations and are supportive of the objectives of the STP
- Approval of consultation materials and process for system wide proposals, following review by governing bodies
- NHS Commissioner approval of system level service and pathway changes

What is not delegated to SLT by the CCGs

- Approval of budgets and operational plans for individual organisations
- Approval of local consultation materials (e.g. where the consultation affects only one part or area of the STP – such as Hinckley)
- Approval of individual CCG commissioning intentions
- Contract award
- Approval of capital expenditure business cases
- Approval of s75 arrangements.

How will West Leicestershire CCG's Governing Body work with the SLT

To ensure that the governing body is confident in both the role of the SLT and the way in which it is undertaking its duties, the following **ways of working will be adopted**:

- Papers for the SLT to be shared with all members of the governing body in advance of the meeting.
- Members of the governing body to have the opportunity to discuss any matters either as part of the scheduled Board and TSF meetings, or via teleconference if necessary, in advance of the SLT meeting.
- There shall be a standing item on the confidential agenda for the governing body's meeting to receive feedback from the previous SLT.
- All minutes shall be provided to the governing bodies and boards of member organisations, with non-confidential minutes being presented to public meetings, to ensure public oversight.

In addition to the above, the **following safeguards exist** within the Terms of Reference and shall apply to the work of the SLT:

- The CCG's representatives on the SLT have a clear responsibility to ensure that their contributions to meetings of the SLT reflect the views of their governing body (SLT TOR 13);
- Even in those areas where SLT can take decisions, there is a clear expectation that governing bodies should be consulted in advance, to ensure agreement – where this is not done, individual governing body members can hold their representatives on SLT to account for this. (SLT TOR14)
- Decisions taken by SLT must be by consensus, any one of the six representatives of LLR CCGs (either MD or Clinical Chair or both) can object to a decision, and require it to be considered further at governing bodies or CCB. (SLT TOR17 & 18)

System Leadership Team: Explanatory Memorandum

How this may work in practice: A new pathway or service

The governance and decision making route for a new service may function as set out below. This is indicative of the route taken by the Integrated Cardio-Respiratory Service Business Case. SLT would not provide the approval of such items, which would remain with individual governing bodies and boards, or their committees (including the CCB).

Programme boards, sub-committees (e.g. F&P) and working groups

Inform and shape

development of proposals, up to business case stage. Ensure adequate clinical input, and financial and managerial as well as public input where required. Committees and programme boards will have primary care and locality representation and engage with Federations as appropriate.

System Leadership Team

To ***consider the business case*** for the proposal from a system perspective. To test proposal against agreed aims of STP to ensure alignment and identify interdependencies and identify and recommend solutions to any barriers.

Governing Bodies and Boards (or committee thereof, including CCB)

Approve the business case for their organisation, including consideration and approval of associated commissioning and financial implications.

Agree any procurement approach and ***approve*** contract award (where required)

How this may work in practice: Changes to community hospitals

Decisions regarding local provision, such as community hospitals remain the statutory responsibility of individual CCGs. Such a decision would not be delegated to the SLT, but in taking the decision the CCG would need to be mindful of the system implications and views of all partners in the STP.

Programme boards, sub-committees (e.g. F&P) and working groups

Inform and shape

development up to business case stage. Clinical input via GPs and other clinicians. Financial representation to consider capital implications and any bids for funding. Locality and federation engagement to be undertaken at an early stage. Public engagement activities to inform development, and local consultation developed as required.

System Leadership Team

To ***consider*** the consultation materials for any local consultation.

To ***consider and inform*** the refinement of proposals, reflecting system level issues in terms of capacity, implications for the wider system and alignment with broader STP priorities.

Governing Bodies and Boards

Approve any consultation materials, and consider and approve the outcome of the consultation.

Approval of the final recommendation and any associated capital expenditure or business case.