

**NHS COMMISSIONING BOARD AUTHORITY**

<b>Title:</b> GOVERNANCE FOR CLINICAL COMMISSIONING GROUPS
<b>Clearance:</b> Barbara Hakin, National Managing Director of Commissioning Development
<b>Purpose of Paper:</b> <ul style="list-style-type: none"><li>• To inform the Board of the proposed requirements and support for clinical commissioning groups in designing their governance</li><li>• To signal our intent to publish the final version of “<i>Towards establishment: Creating responsive and accountable clinical commissioning groups</i>”, and its two technical appendices “<i>Managing conflicts of interest</i>” and “<i>Supporting material for clinical commissioning groups</i>”.</li></ul>
<b>Actions Required by Board Members:</b> <ul style="list-style-type: none"><li>• The Board is asked to agree and approve publication ‘<i>Towards establishment: Creating responsive and accountable clinical commissioning groups</i>’, and its two associated appendices</li></ul>

# GOVERNANCE OF CLINICAL COMMISSIONING GROUPS

## Summary

1. Clinical commissioning groups (CCGs) will be different organisations from current NHS bodies, underpinned by different legislative requirements. Whilst the Health and Social Care Bill identifies the absolute legislative requirements, prospective CCGs need clarification and simplification of what is in legislation, help in understanding what that means, and how this affects the extent of their local autonomy in the establishment of their organisations and the design of governance structures.
2. To support clinical commissioning groups (CCGs) in their development of robust governance arrangements, we have therefore co-produced guidance entitled *“Towards establishment: Creating responsive and accountable clinical commissioning groups”*.
3. This guidance intends to support GP practices, and all those they work with to work through the arrangements they need to put in place in order to apply to the NHS Commissioning Board to be established as a clinical commissioning group. It should also provide the necessary support and steers to help them set out their structures and cultures to become transparent and accountable organisations and compliant with the relevant legislation. The exact legislative framework is subject to the passage of the Health and Social Care Bill.

## Background

4. Effective governance is key to the design and operation of clinical commissioning groups in order that they act transparently, manage conflicts of interest and have proper checks and balances for the stewardship of public money. As they establish their organisations they must do so in a way which enshrines all the key principles of good governance expected of a public body.
5. In September 2011, the Department of Health published *“Developing clinical commissioning groups: Towards Authorisation”*. In its supporting annexes, we set our intention to produce a governance framework for clinical commissioning groups. Publishing *“Towards establishment: Creating responsive and accountable clinical commissioning groups”* will meet this commitment and signpost clinical commissioning groups to other material that supports good governance.

## Content

6. The content of the document reflects the proposed legislative framework and the commitments given by the Government in response to the Future Forum. It also builds on extensive discussions with emerging CCGs and national stakeholders, and a detailed assessment of best practice.
7. It sets out a number of key areas including:
  - how member practices should develop their constitution for clinical commissioning groups, which will enshrine the ways in which the organisation will operate, its processes and the committee structures, including the role of the governing body;
  - why good governance is essential for clinical commissioning groups;
  - how to develop robust arrangements for accountability, transparency and probity, including managing conflicts of interest;
  - the key leadership roles in clinical commissioning groups and how they can be discharged; and
  - how to ensure effective governance where clinical commissioning groups adopt collaborative commissioning arrangements.
8. Running through the whole document is the emphasis on creating an open, transparent and responsive culture, where relationships are as important as having the right structures in place and where public and patient involvement will become fundamental in everything a CCG will need to do.
9. In addition, appendices set out further detail that covers:
  - managing conflicts of interest; and
  - supporting material for clinical commissioning groups.
10. An early draft was extensively shared with the full range of national stakeholders, including professional and patient bodies, and across the NHS. It has generally been well received because of the strength of co-production and testing done last summer. Feedback included:
  - that the document had broadly the right balance between open and transparent culture, strength of leadership and relationships with structures, processes and constitutional matters;
  - many welcomed clarity about the member practices as the building block for what will be a statutory NHS body designed as a membership organisation;
  - the way patient and public involvement is drawn through the document was welcomed;

- the level of detail on Managing Conflicts of Interest in the technical appendix is seen as helpful.
11. In the light of feedback, we have strengthened or clarified a number of sections as set out below. We have:
- strengthened the need for patient and public involvement in relation to transparency;
  - clarified the expectation that Nolan principles will be reflected in each CCG's constitution;
  - strengthened the expectations of CCGs (as commissioners) in relation to clinical governance;
  - identified the need for the governance arrangements to ensure the effectiveness of the organisation itself as well as the effectiveness of its governance;
  - identified the need for the organisation to ensure its sustainability
  - clarified that further guidance and supporting material is being drafted on collaborative commissioning;
  - added a high level timeline in the final chapter; and
  - included model templates for declarations of interest and registers of interests in technical appendix 1.
12. A number of requests for clarification have been built into a separate FAQs document.
13. We will continue to produce a range of supporting material to help with the development of CCGs. This will include detail on the key leadership roles, and an accompanying assessment and development process. It will also include a range of model documents that CCGs can use such as a model constitution, model schemes of delegation and other material listed in the second supporting appendix of the document.

### **Action Required**

14. The Board is asked to agree and approve for immediate publication *“Towards establishment: Creating responsive and accountable clinical commissioning groups”*, and its two supporting appendices.