

CCG REPORT COVER SHEET

Meeting Title:	Governing Body in Public	Date: 11 May 2021	
Report Title:	Strategy & Planning Committee Overview Report	Agenda Item: 3.1	
Chief Officer:	Jan Thomas, Chief Officer		
Chair:	Julian Huppert, Lay Member and Chair of SPC		
Report Author:	Gemma Keats, Corporate Governance Administrator		
Document Status:	Final		
Report Summary:	This Report provides an overview of the latest meetings of the Strategy and Planning Committee held between March 2021 – April 2021.		
Report Purpose:	For Assurance	x	For Decision
			For Approval
			For Recommendation
Recommendation:	The Governing Body is asked to note the contents of the report. The Governing Body is asked to note the approved Committee minutes of the meetings held on 9 February 2021 and 9 March 2021.		
Link to Corporate Objectives: 2020/22	Ensure everyone has the opportunity to improve their health and well-being		X
	Level-up health and care provision to ensure our communities in areas of high deprivation and need get the resources needed to minimise inequalities		X
	Focus time and resources on areas where people receive most of their health and care services, the community		X
	Facilitate organisations to join forces at 'place' and offer 'patient first' well-co-ordinated efficient services to those who need them.		X
	Deliver our statutory financial commitments as best as possible		X
CAF (Strategic Risk) Reference	Description of Risk		Current Risk Score
CAF08	There is a risk that the transition from the CCG to the Integrated Care System will lead to loss of focus on business as usual and the delivery of the CCG's statutory functions.		12 (A)
Impact Assessments	Equality	N/a	
	Health Inequalities		
	Health Impact		
	Data Privacy		
	Sustainability		
	Quality		
Resource implications:	N/A		
Chief Officer/ SRO Sign Off:	Jan Thomas, Chief Officer		
Chief Finance Officer Sign Off: (if required)	N/A		
Legal implications including equality and diversity assessment:	N/A		
Conflicts of Interest	In line with the CCG's Conflicts of Interest Policy		
Report history:	Prepared for Governing Body on 11 May 2021.		
Next steps:	Overview of Committee work for information / assurance.		

MEETING: GOVERNING BODY IN PUBLIC

AGENDA ITEM: 3.1 SECTION: STRATEGY

DATE: 11 MAY 2021

TITLE: STRATEGY & PLANNING COMMITTEE OVERVIEW REPORT

**FROM: JAN THOMAS, CHIEF OFFICER &
DR JULIAN HUPPERT, CCG LAY MEMBER & CHAIR OF
COMMITTEE**

1 ISSUE

- 1.1 This paper presents a brief overview of the Strategy and Planning Committee (SPC) which met on 9 March 2021 and 20 April 2021.
- 1.2 The minutes of the meetings held on 9 February 2021 and 9 March 2021 are attached at Appendices B & C.

2 KEY POINTS

Topics for Review and Discussion

2.1 March 2021 Meeting:

The Committee received the latest draft of the Transition Board Terms of Reference (TOR) which would develop and evolve as the transition progressed. The Committee discussed the membership of the Transition Board and agreed the Secondary Care Doctor should be included to ensure more external members on the Board. There was a need to allow for enough scrutiny and challenge. It was noted that there would be a degree of shadow formation to ensure resilience and ensure everything was received safely. There would also be a number of Task and Finish groups to support the transition. The Committee made suggestions on the membership of the Transition Board.

In terms of next steps, the system's application was due to go to the National Team and during discussions around the application, it was noted that there were areas to be strengthened, such as workforce, provider collaboration and finance. A development plan had been requested to cover the next year and this needed to be in place by 31 March 2021. The Committee noted that the ICS Partnership Board itself would have wider membership and System Leaders had had an initial debate about how this might work. Further guidance was awaited on the ICS NHS Board side of things.

The Committee received a presentation on Supporting Processes for Transition. The presentation and discussion covered Programme Management, Key Milestones, the Risk Register for the ICS and an overview of how the change

process would be managed to oversee the CCG transition to become a strategic commissioner. The Governing Body would be kept to date on progress.

2.2 April 2021 Meeting:

The Committee received a presentation, providing an overview of the work of the Strategy & Planning Committee. It summarised the Committee's activities pre-pandemic and during the pandemic. The presentation outlined the next steps and the Committee discussed the need to get back to this horizon scanning work and to think about 'tomorrow'. The Committee discussed the potential for considering this as a system wide group, noting that this could cause duplication. The Committee members discussed how they valued the external speakers, the richness of discussion and the way this provoked thinking outside of the box. The future of the Committee was discussed and whether there was an equivalent in the ICS as a commissioner and how the external speaker element could be shared more widely than just the Committee.

As previously reported, the Committee receives a regular report from the System Wide Ethical Committee which is also reported to the Governing Body in Private. The Committee received the latest reports from the Ethical Committee for meetings held between December 2020 – April 2021.

The Committee received an update on the ICS Transition Board Terms of Reference and progress to date in terms of the process to become an ICS. A copy of the Terms of Reference is attached at Appendix A.

3 RECOMMENDATION

- 3.1 The Governing Body is asked to note the update from the latest meetings of the Strategy & Planning Committee.
- 3.2 The Governing Body is asked to note the approved Committee minutes of the meetings held on 9 February 2021 (Appendix B) and 9 March 2021 (Appendix C).

Author **Gemma Keats**
 Corporate Governance Administrator
 4 May 2021

Appendix A – Transition Board Terms of Reference
Appendix B – Minutes of Strategy & Planning Committee 9 February 2021
Appendix C – Minutes of Strategy & Planning Committee 9 March 2021

Appendix A**INTEGRATED CARE SYSTEM TRANSITION BOARD
TERMS OF REFERENCE****1. Overview**

The Transition Board has been established to oversee the transition of Cambridgeshire and Peterborough Clinical Commission Group (CCG) functions to an Integrated Care System (ICS) or Integrated Care Partnership (ICP) in line with the Government's White Paper: [Integration and Innovation: working together to improve health and social care for all](#).

2. Membership

Deputy Lay Chair & Lay Member (Chair)
GP Governing Body Member (Deputy Chair)
One Lay Member
One GP Governing Body Member
Accountable Officer
Chief Finance Officer
Director of Strategy & Planning
Chief Nurse
Director of Governance
Managing Directors for Place (awaiting appointment)

The Clinical Chair will be an ex-officio member of the Transition Board. Other Lay Members and GP Members can also attend on an ex-officio basis as required.

3. In Attendance

Nominated Deputies to cover absence or as required by the Transition Board.
Project Managers supporting the Transition process.
Relevant Senior Managers as required by the Transition Board.

4. Quorum

A Quorum will be 5 members which must include either the Chair or Deputy Chair, Accountable Officer or Chief Finance Officer, one Clinical Member, one Lay Member and one other COT member.

5. Frequency of meetings

The Transition Board will meet monthly.

Additional meetings can be called by the Chair of the Transition Board. In the event of a virtual Transition Board meeting being required, the principles of decision-making and reporting will apply.

6. Authority

The Transition Board is authorised by the CCG Governing Body to address any activity within its Terms of Reference. It is authorised to seek any information it requires and all employees are directed to co-operate with any request made by the Transition Board. The Transition Board is authorised by the CCG to obtain outside legal or independent advice, and to secure the attendance of individuals external to the organisation with relevant experience and expertise if it considers this necessary.

7. Roles and Responsibilities of the Transition Board

- 7.1 To ensure a smooth transition of Cambridgeshire and Peterborough CCG functions to the Cambridgeshire and Peterborough ICS or ICP in line with the Government White Paper: [Integration and Innovation: working together to improve health and social care for all](#).
- 7.2 To provide advice and guidance to the Governing Body on the development the ICS and any implications this might have to the CCG's statutory role and responsibilities during the transition period;
- 7.3 To monitor the CCG ICS Transition Plan, ensuring that all milestones are delivered in a cost effective and timely manner.
- 7.4 To oversee the subsequent transition of CCG workforce into the ICS and ICPs, ensuring that there is a transparent and equitable process for all in the allocation of roles and responsibilities at system, place and locality.
- 7.5 To provide oversight and assurance to the Governing Body on key strategic risks set out on the CCG's Assurance Framework and Risk Register in relation to the ICS Transition Risk Register.
- 7.6 To ensure that robust information governance arrangements are maintained throughout the transition period, and that there is a smooth transition of data to the new ICS body.
- 7.7 To oversee any associated costs during the transition period.
- 7.8 To maintain effective collaborative working with member practices, key partners and stakeholders during the transition period.
- 7.9 To ensure measurable outcomes are demonstrated within the Transition Plan.

8. Key Documents

CCG ICS Transition Plan
CCG ICS Transition Risk Register

9. Sub Groups / Enabling Groups and Committees

The Transition Board will establish sub-Groups / Task and Finish Groups as required. These will report directly to the Transition Board.

10. Reporting

The Transition Board will generally report and make recommendations to the Governing Body through an Overview Report at each meeting in public.

11. Management and Administration

The Transition Board will be managed by a multi-disciplinary team made up of the Accountable Officer, Director of Strategy and Planning and the Director of Governance.

The Transition Board will be supported by the Corporate Governance Team, whose duties will include:

- Agreement of the Chair and attendees, and collation of papers
- Taking minutes
- Recording actions and issues to be carried forward
- Production of the Transition Board Overview Report to the Governing Body

12. Conflicts of Interests

The Transition Board will comply with the CCG Conflicts of Interest Policy.

13. Review

These Terms of Reference will be reviewed at regular intervals during the transition year.

Author: *Sharon Fox*
Director of Governance
1 March 2021

Approved by SPC:
Ratified by CCG Governing Body:
Next Review September 2021

Appendix B

MINUTES OF THE STRATEGY & PLANNING COMMITTEE HELD ON TUESDAY 9 FEBRUARY 2021 AT 2.00 PM BY MICROSOFT TEAMS

Present: Dr Julian Huppert, CCG Lay Member (Chair)
Carol Anderson, Chief Nurse
Jessica Bawden, Director of Primary Care
Dr Mark Brookes, GP Member
Dr Jane Collyer, GP Member
Dr Fiona Head, Acting Medical Director
Laura Hill, CCG Lay Member
Dr Gary Howsam, CCG Chair
Louis Kamfer, Chief Finance Officer
Stephen Mitchell, CCG Lay Member
Dr Sripat Pai, GP Member
Dr Katherine Rowe, Secondary Care Doctor
Jan Thomas, Accountable Officer
Jane Webster, Director of Commissioning

In Attendance: Sharon Fox, Director of Governance (CCG Secretary)
Gemma Keats, Corporate Governance Administrator, CCG
Matthew Smith, Senior Responsible Officer, Urgent & Emergency Care
Kit Connick, Director of Governance, CPFT

Agenda Item 1 – General Issues

1 Welcome and Introductions

Dr Julian Huppert, Chair welcomed everyone to the meeting.

2 Apologies for Absence

Apologies for absence were received from Dr Liz Robin and Dr Adnan Tariq.

3 Declarations of Interest

There were no declarations of interest related to the agenda.

4 Notification of Any Other Business

There was no notification of Any Other Business to be discussed.

5 Minutes of the Last Meeting

The minutes of the last meeting held on 19 January 2021 were **agreed** as an accurate record, subject to a correction to Dr Kath Rowe's name.

6 Matters Arising

There were no Matters Arising.

Agenda Item 2 - Items for Discussion

7 ICS Application – Next Steps

Jan Thomas gave an update on the ICS Application process, noting that Kit Connick had been appointed as Director of Strategy & Planning following a successful interview process. Kit Connick would officially commence the role in early March 2021 but was already providing some support. Jan Thomas advised that the role would include some projects, putting in place the population plan, overseeing the ICS transition process as well as the direct line management of the communications team. Jan Thomas advised that the covering letter and draft ICS document, endorsed by system partners had been sent to NHS England and Improvement. This would be shared after the meeting and uploaded to the Diligent Boards Resource Library. Jan Thomas commented that this was a really impressive letter of application and there was an MDT Review later in the week where people from the Regional Team would go through it to see if there was anything to draw out and this was building to the Authorising Committee on 24 February 2021.

Jan Thomas shared her screen, outlining a new priorities framework to work on with Kit Connick over the next few months. This included a vision and shared values, what to improve on, financial element and the big questions that needed to be answered. This was a working document and there would be a more formal plan worked up.

The Committee discussed the list. Dr Fiona Head asked if there was somewhere to put all the things that might come from the region that would require strategies, for example, where would dentistry sit. Jan Thomas agreed to add this type of thing and said not everything would need a strategy. Jessica Bawden commented on the primary care future commercial model and how this sits with the rest of the NHS not competing. Jan Thomas said there was a bit about sustainability and alignment and the different models there were. Thought was needed on this and whether plans for primary care were ambitious enough. Stephen Mitcham asked if the Plan included the right people in the right place. Jan Thomas said this talked about the transition for the CCG but there was a bigger question for workforce, and this linked to the People Plan. She added that the CCG would run out of workforce before estates or money so this needed to come hand in hand with the work in communities and getting the right strategies to interlink.

Dr Kath Rowe commented on benchmarking quality in terms of the quality of the services provided. Jan Thomas agreed to change assurance and performance to quality, assurance and performance. Laura Hill commented on the discussion about place and how to really focus on the Long Term Plan. Dr Gary Howsam commented on partnerships and tertiary centres on site. He asked if something could be added around the biomedical campus, universities and science networks as a strength on thinking in a different way. Jane Webster said the patient should be included somewhere. Jan Thomas suggested there could be another part on principles and the CCG needed to eb work with partners on this.

The Chair referred to diagnostics and that there needed to be something more active about public health and prevention. Jessica Bawden added that there should also be digital information enablers. Carol Anderson asked how to bring in the service risk and harm and what was being done to mitigate this across the

board. Jan Thomas said there needed to be a better way of managing by risk. Dr Mark Brookes commented on community MDTs, primary care and prevention and whether this should be included in primary care or public health.

The Committee noted the update and agreed to send the Committee attendee list to Kit Connick. **Action: Gemma Keats.**

8 Transition Board Terms of Reference

Jan Thomas shared her screen to share a document on the NHS in England from Paul Burstow on purpose, responsibility and accountabilities and agreed to send the document to the Committee. The Chair advised that Paul Burstow was a former Health and Care Minister and there were lots of interesting questions about the upcoming White Paper. Jan Thomas said the White Paper should be launched later in the week.

Kit Connick advised that in conversations over the last week, she was tasked with meeting with Directors of Corporate Affairs across the system and there was a risk of additional bureaucracy which needed to be thought through to ensure governance was cross referenced rather than adding in further layers.

Matthew Smith commented on the leaked legislation, that included collaboratives which was another set of governance. Jan Thomas advised that the two collaboratives in Cambridgeshire and Peterborough had started meeting to work through issues. Kit Connick advised the Committee that she had met with Jane Webster, Marek Zamborsky and Nicola Brookes-Jones to discuss the approach and terms of reference and work up the principles going forward to get the collaboratives set up in the next six months in shadow form. There would be large governance and a Venn diagram to overlay this work. This would be done working with people rather than dictated.

Jan Thomas commented that the system had a good ICS document and talked about the big developments in the system. She formally thanked Carnall Farrar for their support with the ICS application.

Dr Gary Howsam said people were often worried about governance when it came to transformation work and commented on sovereignty. He said the system had to work with what it had got. The role of the strategic commissioner was key in future, and there needed to be balance in terms of the issues the system had around inequalities and demographics. People were overwhelmed at present and Carnall Farrar had done a good job to hold our hands through the steps needed in the application process. Dr Gary Howsam said pragmatism and process reigned over governance throughout the pandemic and its how the system would spin off when coming out of the pandemic.

The Chair said he would separate the governance and the sovereignty elements. He said it was important to ensure the right tensions and balance were there. Dr Gary Howsam said people were using governance and changing governance to keep their sovereignty going.

Laura Hill referred back to first document shared during the meeting and commented that it was so important to have the shared values if everyone was agreed on what the system was trying to achieve. Jane Webster commented on the vision and what the system was trying to achieve and said she did not think

there was ever a disagreement about fewer people dying of cancer but the challenge was the cultural changes that were needed and how to work together. She said it was important not to just 'sticky tape' over the bits that needed improvement.

Kit Connick said this was helpful feedback. She commented on the alignment of what a vision was, giving up perceived power/control. There was the shared thinking and how this translated to what the system needed to stop doing. This was part of the system working that needed to be committed over a long period of time.

Laura Hill gave feedback from the NHSE Audit and Finance Forum and that there would be guidance to come down. The meeting talked about the lessons learnt and best practice from Dorset and West Yorkshire. Kit Connick said there had been some regional level conversations and there was something about learning from others, but it was also important to carve the way for our system. Dr Gary Howsam said he wanted the system to come up with what was right for us rather than other areas. He said something smart was needed to get out of the financial issues. It was important to own our own plan.

The Chair asked how to move the conversation forward. Jan Thomas said this Committee would act as the Transition Board for the ICS and the Terms of Reference would come to the next meeting for consideration as well as a progress update on the Development Plan in the form of a roadmap.

The Chair said papers were needed for the next meeting. he asked who else should be invited to the Transition Board without the meeting becoming too big. Kit Connick said she would advocate adding Alison Clarke to embed the Region with us. The north and south roles should also be part of the group to ensure integration of the people and decisions. Kit Connick said once the membership was thought through, the Board could then look at the sub groups that might be needed.

The Chair commented that further discussion would be needed around how the Strategy and Planning Committee will work around the Transition Board.

The Committee **noted** the update.

9 Any Other Business

There was no other business to be discussed.

10 Date of the Next Meeting

The date of the next meeting was confirmed as Tuesday 9 March 2021 via Microsoft Teams.

Author
Gemma Keats
Corporate Governance Administrator
9 February 2021

Appendix C

MINUTES OF THE STRATEGY & PLANNING COMMITTEE HELD ON TUESDAY 9 MARCH 2021 AT 2.00 PM BY MICROSOFT TEAMS

Present: Dr Julian Huppert, CCG Lay Member (Chair)
Carol Anderson, Chief Nurse
Jessica Bawden, Director of Primary Care
Dr Mark Brookes, GP Member
Dr Jane Collyer, GP Member
Kit Connick, Director of Strategy & Planning
Dr Fiona Head, Acting Medical Director
Laura Hill, CCG Lay Member
Dr Gary Howsam, CCG Chair
Louis Kamfer, Chief Finance Officer
Stephen Mitchell, CCG Lay Member
Dr Sripat Pai, GP Member
Dr Katherine Rowe, Secondary Care Doctor
Jan Thomas, Accountable Officer
Jane Webster, Director of Commissioning

In Attendance: Sharon Fox, Director of Governance (CCG Secretary)
Gemma Keats, Corporate Governance Administrator, CCG
Charlotte More, Project Manager

Agenda Item 1 – General Issues

1 Welcome and Introductions

Dr Julian Huppert, Chair welcomed everyone to the meeting.

2 Apologies for Absence

There were no apologies for absence.

3 Declarations of Interest

There were no declarations of interest related to the agenda.

4 Notification of Any Other Business

There was no notification of Any Other Business to be discussed.

5 Minutes of the Last Meeting

The minutes of the last meeting held on 9 February 2021 were agreed as an accurate record.

6 Matters Arising

There were no Matters Arising.

Agenda Item 2 – Transition Board

7 Transition Board Terms of Reference

The Committee received the draft Transition Board Terms of Reference (TOR). Kit Connick advised that the Terms of Reference were high level at this stage so they could be developed further and evolve as the transition progressed. The Chair commented on the consideration needed on terms of decision making for the CCG and for the ICS. There would be some interesting things to get right before and after transition. Through the Terms of Reference, the CCG would authorise the use of independent advice to assist with this work.

Dr Kath Rowe commented on the membership and that her role (Secondary Care Doctor) did not appear to be included in the Membership. The Chair said it would be helpful to include her to ensure more external members on the Board. He advised that Lay Members were all included but probably would not attend every meeting. Stephen Mitcham suggested including a couple of sentences on what the Board was trying to deliver, how patients/workforce would benefit to show it was not just a bureaucratic change. He also suggested ensuring there were some clear measurable indicators agreed. Stephen Mitcham asked how the CCG/Transition Board would know once the transition had taken place and the Board could be stood down.

The Chair asked how to run the transition well and also achieve good things. Kit Connick said the transition needed to run as a discreet piece of work as well as ensuring the new organisation was ready to deliver. There would be a degree of shadow formation to ensure resilience. Kit Connick said there had to be a benefit for our communities and work would be done on what this would look like. This would also be done in terms of communication to staff, ensuring it was articulated in a way that was clear and measurable, with clear outcomes. It was noted that there was a programme running with ICS system leaders to look at the measures to support delivery of the Road Map. Kit Connick said she could not see the Transition Board ending on 1 April 2022 as there was a need to have something to pick up the organisation on the other side. As it was so complex, there was a need for lots of overlap to ensure everything was received safely.

Dr Gary Howsam commented that the membership of the Transition Board was more or less the Governing Body, without the Local Authority and Healthwatch and there was a need to think about the optics of that as it would then report up to Governing Body with similar membership. He said he was not sure this would allow for enough scrutiny / challenge. Dr Gary Howsam suggested the Transition Board reported to the ICS Board and through Governing Body when appropriate. He said it was all about the internal transition to land the CCG in a safe place but assurance was also needed. Jan Thomas commented on the White Paper and at this stage the CCG only knew a couple of things. There was a need for something in place to do the population management and there was the assumption that CCGs would take responsibility for strategic planning. She said it was important to ensure that the tasks accountable for in both organisations were not dropped. There was also a need to think through that the CCG would be stopping some things but would also take on new things such as dentistry and there was a process of due diligence to take place for that to happen. Jan Thomas said there was a need to negotiate for the ICS where this kind of function would sit, creating a notion of subsidiary, not just governance wise but in terms of accountability/responsibility. Jan Thomas commented on the values and

objectives of the ICS, which was something Kit Connick raised from day one. This group would go back to this.

The Chair said this was helpful and asked if the Committee wanted to address the membership issues now or whether it was just a case of adding in the Secondary Care Doctor. Kit Connick said there was something about having some distance from the group to provide the challenge with a degree of independence. Jessica Bawden agreed and said there would also be Task and Finish groups underneath this so there should be a degree of separation. Laura Hill said thinking about the other bodies in existence, whether it was possible to trim down the Lay / GP representation, as well as the COT Team representation, as discussions will have already taken place at COT and other sub Committees. Jan Thomas agreed and said the sub groups was where the wider work comes in and people were involved in parts of the process.

The Chair advised that he was meeting with Kit Connick soon and agreed to bring back information on the sub groups to the next meeting. Sharon Fox suggested having no more than two Lay/GP/COT members, noting that Lay Members could always attend meeting as ex-officio.

8 Progress Towards an ICS – next steps

Jan Thomas advised the Committee that there had been unofficial notification that the system's application would be recommended to go forward to the national team, but the National Team would be meeting next week. During discussions around the application, it was noted that there were areas to be strengthened, such as workforce. It was felt that as a system there was not enough investment in the right capacity and capability as well as the workforce issues that had not yet been tackled. There was also a need to look at the provider collaborative element, where the two district general hospitals do not work together. Along this journey there had been more collaboration and mutual aid with Royal Papworth hospital but not between North West Anglia Foundation Trust and Cambridge University Hospitals NHS Foundation Trust. The third issue was around finance and the need for faster progress. In terms of the timetable for next steps, a development plan had been requested to cover the next year and this needed to be in place by 31 March 2021. Kit Connick said this was about a plan for a plan and there was a need to ensure it was weaved into the work already going on.

Jan Thomas said the ICS Partnership Board itself would have wider membership, not taking into consideration the Health and Wellbeing Board (HWB) plan. System Leaders had had an initial debate talking about structures and how it was working. The Local Authority was quite clear that it did not see the HWB merging with the ICS Partnership Board. Further instruction/guidance was awaited on the ICS NHS Board side. It was noted that our area was one of nine sites helping to shape this. It was anticipated that the Chair and Chief Executive would take on the accountability for the NHS budget. But not much else was written down yet.

Dr Gary Howsam commented on the System Partnership Board which was set up for a different purpose and that it did not function in the way a decision making Board needed to, like the CCG Governing Body. There needed to be a paradigm shift going forward in terms of how this works in future. Dr Mark Brookes commented that the given that the CCG was still under Directions and that in the past the Region would have been able to guide and support CCGs to become

ICS's, he asked if the system could expect some support from the Region to guide us into what we should be or whether the system would be given free reign.

The Committee **noted** the update.

9 Supporting Processes for Transition

Kit Connick and Charlie More gave a presentation on Supporting Processes for Transition. The presentation and discussion covered Programme Management, Key Milestones and the Risk Register for the ICS. The first slide gave an overview of how the change process would be managed to oversee the CCG transition to become a strategic commissioner. Kit Connick highlighted the governance and best practice as well as the 'soft s's' shared values, staff and skills. There was a stories and myths element which was about how the CCG and system talked about how things worked and there was a need to look at this through each lens and how the streams cut across. The presentation looked at the current committee structure and then the role of the strategic commissioner. Kit Connick proposed that the project management needed a discreet Project Lead and suggested this was Charlie More with Kit Connick as the Executive sponsor.

Dr Kath Rowe commented on the diagram in the presentation and that she had seen something like this before. Each time she was sent this, the shared values were normally central to the diagram as this was what linked everything together. She asked if everything was in the right place. Kit Connick said she had put stakeholder engagement in the middle as this was often forgotten, but she could update it. Charlie More advised that she had put together a Sync Matrix with the Key Milestones, broken down by CCG function. The Sync Matrix would provide an overview to take us from the CCG to the ICS. Pulled out of this, were tasks and examples were included. It was noted that the tasks would need to be discussed with the Leads and once these were in place, any risks would be populated onto a risk register with the same principles in terms of the scoring on the CCG Assurance Framework and Risk Register. Anything with a score of over 15 would be highlighted and would come to this board or higher to form a view of how it would affect the rest of the workstreams. Any actions would be recorded onto the Sync Matrix as this was all about a safe transition to the ICS. It was noted that this was a framework and could be changed as required.

Dr Kath Rowe asked if critical success factors would be included. Kit Connick advised that they would be and there needed to be points of no return and consider how the red flag goes up. To provide this Committee with assurance, a summary report would be provided on a regular basis to update on progress. Laura Hill comments on the scoring over 15 and that she had noticed in the detail it said scores over 12. Charlie More advised that this should be scores over 12 and this would be after mitigating factors had been considered. Sharon Fox commented on the objectives to align to and the need to align with the CCG Risk Management Framework. She said anything over a score of 15 on the CAF should be factored in too. There would be one over-arching risk and a number of others would sit under that.

Dr Gary Howsam commented that some of the risks would have an effect on other bits of pathways. He said it would be good to hear when this was going to happen at Governing Body as there would not always be the ability to delay things or shift focus/personnel. Kit Connick said she would be working with

Sharon Fox to look at how to weave this through the other work of the CCG. Everyone needed to be mindful of the domino effect. Laura Hill commented on the transition to a strategic commissioner and that there would be other things that go to ISPs. She asked if this sat outside of this Board. Kit Connick advised that this was all being worked through, working as three interlinked discreet projects.

The Chair said everything that the CCG does would need to be covered. Dr Gary Howsam asked if things would be transferred to the ICS and then if it would be the ICS's role to run things down to the ISPs. The Chair said it would be good to have one process to transition to the ICS and the ISPs. Kit Connick suggested taking this offline with Charlie More and to bring a paper to the next meeting to set all of this out. Jane Webster commented that the strategic commissioning coming over was so much more than dentistry alone and people should be mindful that things might not be aligned to how they would be handed over to us.

Jan Thomas commented on the process and that the difficult part was the governance and decision making. It would be interesting to how this sits as it was a big risk. Jan Thomas commented on ensuring the right strategic moves were made at the right time to reduce the risk. She suggested putting out feelers to look at the pace and whether this was right.

Dr Gary Howsam commented on the need for a maintenance role in the CCG as well. For example, if this got pushed back six months, the CCG still had to be able to function, and without a legacy effect on patients. He said he would like a view of this. Laura Hill added to this and said this was why the objectives of this group were important. There was a need to the strategic top down view as well as the detailed bit. The Chair said the difficult question for this was the activities that the CCG does and whether this was still being built up. Kit Connick assured the Chair this was being done and continued to be populated by COT members. Dr Gary Howsam asked if the CCG was sighted on the potential risks being transferred into us when receiving services such as dentistry.

Jane Webster commented on work that started last year around this and the conversations understand the specialist commissioning and what this entailed. This needed to be better than when primary care was handed over with the structure there behind it. Dr Gary Howsam said there will be big clinical risks especially around dentistry and optometry. The Chair asked if there was anything further needed from this meeting and suggested having an open session each time to update on progress.

Kit Connick commented on the clear mandate and the need to populate the matrix further, taking into account the feedback received around the circle diagram. It was agreed to receive at each meeting a report setting out the key meetings that had taken place and the workplan. The paper would cover what needed to be done to take this to the ICS board.

The Chair commented on reporting to the Governing Body regularly and suggested meeting with Kit Connick and Charlie More separately to keep updated. Dr Mark Brookes said it would be helpful to have scene setting at the beginning of each meeting for those not living this work.

The Committee **noted** the update.

10 Any Other Business

The Committee discussed the need to keep up with the narrative of what was going on, even if the CCG was to cease to exist to ensure a strong transition to the ICS. It was important to continue to receive documentation for the Strategy & Planning committee, such as the Ethics Committee report. The Committee discussed the need to maintain forward thinking and how best to structure the time to make this a useful discussion.

11 Date of the Next Meeting

The date of the next meeting was confirmed as Tuesday 20 April 2021 via Microsoft Teams, which would be divided into one hour for each part of the meeting: Strategy & Planning Committee and Transition Board.

Author

Gemma Keats

Corporate Governance Administrator

9 March 2021