

Governance Route for the Urgent Primary Care Pre-Consultation Business Case

Governing Body meeting

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7 September 2017

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Is your report for Approval / Consideration / Noting	
<p>For Approval The CCG needs to consider and agree a way forward on the pre-consultation business case for Urgent Primary Care. The purpose of this paper is to set out a proposed process which will meet CCG Governance requirements.</p>	
Are there any Resource Implications (including Financial, Staffing etc)?	
None.	
Audit Requirement	
<p><u>CCG Objectives</u></p> <p><i>Which of the CCG's objectives does this paper support?</i> Strategic Objective - To ensure there is a sustainable, affordable healthcare system in Sheffield.</p>	
<p><u>Equality impact assessment</u></p> <p><i>Have you carried out an Equality Impact Assessment and is it attached?</i> No.</p> <p><i>If not, why not?</i> There are no specific issues associated with this report.</p> <p>An Equality Impact Assessment has been undertaken on each option included in the options appraisal process and is included within the pre-consultation business case.</p>	
<p><u>PPE Activity</u></p> <p><i>How does your paper support involving patients, carers and the public?</i> Not Applicable for this report</p> <p>In terms of the business case, pre-consultation engagement with specific vulnerable groups has been undertaken in addition to engagement undertaken as part of the development of the Urgent Care Strategy in 2015/16. This has been fed into the design of the options.</p>	

Recommendations

The Governing Body is asked to:

- Approve delegation of consideration, and if appropriate, approval of the pre-consultation business case to the Primary Care Co-commissioning Committee, extending PCCC's powers to do so.
- Assuming that PCCC approve the pre consultation business case, approve that all other decisions relating to the Urgent Primary Care public consultation and any Final Business Case for implementation of the chosen option are delegated to PCCC.

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1. Background

In January 2017 Governing Body tasked the Urgent Care Portfolio with developing further options to redesign Urgent Primary Care within Sheffield. The Urgent Primary Care Working Group was set up to undertake this work. It has comprised 3 GPs, locality manager representatives as well as members of the Urgent Care, Mental Health, Children and Young People, Active Support and Recovery and Engagement and Communications teams. In addition an Urgent Primary Care Programme Board (which includes Sheffield Providers and NHS England) was established to provide oversight and assurance from a process perspective.

The Working Group has undertaken a process to reach the point of identifying 3 options to take out to formal public consultation. The accompanying business case has been submitted to NHS England for a Strategic Sense Check 2 review on 17th August 2017 and at the time of writing this report, positive feedback has been received indicating that the CCG can proceed to formally consider and if appropriate the business case in September before commencing a 3 month public consultation.

2. Governance Route for Pre-consultation Business Case Approval

The review and redesign of Urgent Primary Care within Sheffield is a significant strategic development. Delivery of the Urgent and Emergency Care transformation plan, of which the review/redesign is a key strand, is one of the CCG's key priorities for 2017/18. Governing Body would, therefore, normally expect under the terms of the CCG's Constitution (in particular its Scheme of Reservation and Delegation) to reserve such an important strategic decision to itself.

Once the options appraisal process was complete and the recommended options to be taken out to consultation identified, it was clear that this would almost certainly create a significant conflict of interest for most Governing Body GP members (ie certainly all those who are partners in their practices) as any of the options if approved after consultation, are likely to result in additional investment in primary care, much of which may directly or indirectly benefit General Practices.

Paragraph 3.6 of the CCG's Standing Orders sets out the rules on Quoracy and what should happen if a conflict of interest issue means the meeting is no longer quorate.

Quorum of the Governing Body

(1) No meeting of the Governing Body shall be held unless at least one-third of the whole number of voting members is present (Paragraph 6.6.2 of the Constitution sets out the voting members of the Governing Body), which must include at least four GPs from the Locality GP representatives or Elected GP representatives, one Lay Member and either the Accountable Officer or Director of Finance.

(4) If the Chair or other Governing Body Members have been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of a conflict of interest that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business. The position can be resolved by following the arrangements set out in paragraph 8.3 of the Conflicts of Interest Protocol which is available on the CCG's website. (Paragraph is now 2.5.11 of Standard of Business Conduct Policy approved by Governing Body in February 2017.)

As it has been identified in advance that we would not have 4 or more Governing Body GPs able to take part in the decision making process, Governing Body will no longer be quorate and under the terms of the Constitution (specifically the Standing Orders and Conflict of Interests Protocol) needs to agree an appropriate way forward for the decision to be taken.

2.5.11 Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests and which are not covered by the provisions set out in this policy, the Chair shall consult with the Accountable Officer on the action to be taken. These arrangements must be recorded in the minutes. The arrangements may include:

- Requiring another of the CCG's Committees or Sub-Committees, the Governing Body or the Governing Body's Committees or Sub-Committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,*
- Inviting on a temporary basis one or more of the following to make up the quorum so that the meeting can progress the item of business.*
 - a member of the CCG;*
 - an individual appointed by a Member practice to act on its behalf in the dealings between it and the CCG;*
 - a member of a relevant Health and Wellbeing Board;*
 - a member of a relevant local Healthwatch;*
 - a member of a Governing Body of another Clinical Commissioning Group.*

Following discussion with the Accountable Officer the proposal is that we follow the option of delegation to another Committee of the CCG. The most appropriate committee has been identified as the Primary Care Co-commissioning Committee (PCCC). This is because no GP has voting rights on the PCCC, the committee meets in public and the subject matter is related. It is therefore, proposed that Governing Body delegates authority to PCCC to consider and make decisions on the pre-consultation business case for Urgent Primary Care at its next meeting scheduled for 25 September 2017. This will still allow, assuming PCCC approves the business case, for the public consultation to proceed and complete just prior to Christmas.

3. Recommendations

The Governing Body is asked to:

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- Assuming that PCCC approve the pre consultation business case, approve that all other decisions relating to the Urgent Primary Care public consultation and any Final Business Case for implementation of the chosen option are delegated to PCCC.

Paper prepared by Kate Gleave, Deputy Director, Strategy and Integration and
Julia Newton, Director of Finance

On behalf of Julia Newton, Director of Finance

27 August 2017