1. Purpose

As discussed at our last Governing Body meeting, our eight NW London CCGs are actively exploring a move to full delegation from 1 April 2017 of Primary Care medical services commissioning. This would mean each CCG assuming full responsibility for commissioning Primary Care medical services in response to the needs and circumstance of our registered populations.

Following a period of engagement throughout the autumn, with further events planned for January 2017, members will be invited to vote in the first half of February 2017, as to whether or not to move to Level 3 (full delegation) of primary care medical services commissioning from 1 April 2017.

If CCG members vote in favour of delegation, CCGs will then adopt a common borough based (and where appropriate, shared) model of decision making and operational delivery, that will allow for greater responsiveness to local commissioning needs.

Additionally, it is proposed that a common approach will be adopted across NW London footprint where it:

- Supports delivery of the NW London Sustainability and Transformation Plan (STP), and in particular the Local Services strategy developed for our sector of London;
- Allows the CCGs to drive efficiency, best value, and consistency in our locally-driven commissioning approach and processes, and in the outcomes derived across NW London; and
- Secures the most efficient and effective governance processes for Primary Care commissioning.

In undertaking full delegation of commissioning functions, the NWL CCGs recognise that certain functions will continue to be reserved to NHS England, as described at Appendix 2. This includes the management of the performers' list. The ultimate statutory accountability for the delegated functions remains with NHS England.

The NWL CCGs each submitted an application to NHS England on 5 December, with agreed caveats. The vote will take place in February 2017, with a formal announcement on the outcomes for each CCG due on 28 February 2017.

The Governing Body is requested to:

- **Note** our applications progress, and due diligence updates for governance, resourcing and finance;
- **Note** the programme management process that we have employed in NW London, including the set-up of a (non-decision making) Delegation Executive Board; the Terms of Reference for which is appended to this document in Appendix 4;
- **Endorse** the Terms of Reference for the Delegation Executive Board (Appendix 4);
- **Discuss** the proposed governance arrangements in relation to the future composition of Primary Care commissioning committees at Level 3, noting that from 1 April 2017, these would replace the co-commissioning committees currently in place, which are operating at Level 2 (joint arrangements with NHS England);
- **Discuss** the proposed approach to the effective management of conflicts of interest and the recommendations of the NW London CCGs’ conflicts of interest reference group;
- **Note** the voting procedure required in order to give effect to the decision to move to Level 3 (subject to voting outcomes) by naming the required committee in each CCG’s constitution, as a “committee of the governing body”;
Subject to each CCGs’ voting outcomes, note the intention for the final terms of reference for the primary care commissioning committees to be ratified at the CCG’s Governing Body meeting in March 2017; and

Note that each NW London CCG’s decision will have effect from 1 April 2017 and that in the event of one or more CCGs’ members voting against delegated arrangements, existing joint commissioning arrangements ("co-commissioning") will continue.

2. Project management approach

In order to provide robust project management for the planning, implementation and delivery of delegated Primary Care commissioning, should our members vote in favour of delegation, the Local Services Transformation Team have set up a project for delegated commissioning.

The project is overseen by a non-decision making Delegation Board, comprised of representation from governance, Local Services, finance, MDs, COOs, Chairs and Accountable Officers. The Board meets weekly to track progress. The project has established workstreams that report into the Delegation Board for: application process (including communications and engagement), governance, workforce due diligence, finance due diligence and legal matters. The purpose and plans for the workstreams are described within this document.

The meeting structure for the project is indicated below, and the terms of reference for the Delegation Board are appended in Appendix 4.
3. Objectives, benefits and risks of delegated primary care commissioning

The purpose of this section is to outline the approach of the eight CCGs in NW London for the delegation of Primary Care medical services from 1 April 2017. CCGs have worked individually and collectively with their residents, member practices, Governing Bodies and local partners to determine the arrangements they wish to establish in each borough.

3.1 Objectives

- Strengthen local Primary Care through ability to channel dedicated resources to local needs.
- Bring the expertise of local CCG member practices to addressing the parts of the health service they know best – General Practice.
- Respond more fully to the views and opinions of local patients – whose use of Primary Care makes up 90% of NHS contacts.
- Target the prospective increase in General Practice resources, within the ‘GP Forward View’ Plans, informed by local knowledge of our local communities and their needs.
- Enable GPs and other clinical commissioners to take a whole-systems view of local patients’ journey along a care pathway, and give them the resources to effect real change.
- Play a full role in delivering local Sustainability & Transformation objectives by managing the spectrum of primary, community and hospital budgets.
- Work alongside Local Authority, NHS England and third sector stakeholders to achieve patients’ expectations of fully integrated care, between organisations and across boundaries.

3.2 Benefits

- An opportunity for CCGs to assume full responsibility for commissioning General Practice services, giving us more say and control.
- Quicker access to funding streams due to elimination of existing layer of application/approval processes.
- Increased autonomy at local level to shape future Primary Care services.
- A stronger voice for General Practice at the higher level to influence decision-making, service redesign and contracts. Less delays and time lags ensure that local decision-making can be addressed more quickly.
- Builds on the good work that we are currently delivering against in Primary Care and fits with our overarching Local Services strategy, enabling us to fully implement our plans around the Five Year Forward View and GP Forward View.
- Enables direct relationships with contractors/practices; the CCG will also have the ability to design local schemes to replace QOF and DESs, based on local knowledge.
- Local decision-making: Gives us a greater opportunity to use innovative commissioning to deliver local improvements, whilst optimising the use of resources to target them more effectively.
Confers the ability to set commissioning intentions that cover key Primary Care issues, such as workforce resilience, and to work on these at NW London level, enabling CCGs to be more responsive to members’ needs.

Our local population will benefit by the consequential improvement to Primary Care access, outcomes, patient experience, and supports our work to reduce inequalities.

Central funding streams may be held back if we do not take on delegation (a consequence of not applying).

The patient voice will be heard more clearly in the design of services.

There is an opportunity for CCGs to engage meaningfully with the local public about the totality of expectations for General Practice.

3.3 Risks

The CCG will need to quickly adapt to manage new expectations and resolve any issues arising.

There may be an assumption that the CCG is seeking more power, which may lead to a negative reputation with our stakeholders.

PMS contracts that are not finalised may lead to a lack of clarity around funding.

There is a potential lack of local CCG capacity; there may be limited resources to deliver work as the CCG will need to engage on primary care commissioning issues which will be resource intensive.

There may increase perceived conflicts of interest in relation to the commissioning of services from member practices and federated practices. There may be potentially more bureaucratic processes to assure transparency.

Performance management of colleagues may become an issue as this may place tension between the CCG and its Members.

There is a risk of failure to deliver effective commissioning plans, which may undermine our primary care transformation plan as part of the Local Services Strategy.

There may be an increased expectation from NHS England in contract management, complaints handling and adapting to their timeline.

CCGs are accountable for the decisions they make and require transparency of process as well as the engagement and support of members’ practices, the public, and other stakeholders.

Dealing with public appeals and concerns may take CCG resource away from commissioning.

4. NW London time-line overview

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now until February 2017</td>
<td>Continued full engagement and information sharing with membership and other key stakeholders</td>
</tr>
<tr>
<td>1 December 2016</td>
<td>NWL Joint Primary Care Co-Commissioning Meeting in Common</td>
</tr>
<tr>
<td>5 December 2016</td>
<td>NHS England Checklist Application submitted (with membership vote pending)</td>
</tr>
<tr>
<td>9 December 2016</td>
<td>NHS England (London) moderation panel</td>
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</table>
North West London Collaboration of Clinical Commissioning Groups

- **20 December 2016** Full application submission to NHS England (National)
- **11 January 2017** NW London Delegated Commissioning Workshop
- **17 January 2017** NW London Delegated Commissioning Workshop
- **30 Jan/1 February 2017** Ballot of members opens
- **15 February 2017** Ballot of member closes for all NW London CCGs
- **28 February 2017** CCG results of ballot declared

5. **Application Status and agreed caveats submitted with our application to NHS England**

NW London CCGs submitted applications to NHS England on 05 December 2016 to take on delegated Primary Care commissioning from 1 April 2017, with agreed caveats. The applications state:

“NW London CCGs apply for delegated commissioning arrangements with the explicit understanding and agreement with NHS England that it will not progress without membership support, in accordance with each CCGs’ constitution. We are holding a membership vote that will commence on 01 February 2017 and the results will be made public on 28 February 2017. If the membership does not vote in favour of moving to delegated Primary Care commissioning, the CCG will rescind this application.

This application is dependent on the CCG undertaking robust due diligence surrounding workforce, finance, governance and legal implications associated with Primary Care commissioning. The CCG will require local granularity in terms of practice-level information to complete this process. The CCG will be indemnified against legacy issues. If the outputs of these reviews indicate the CCG is not in a position to commission Primary Care services on the basis of financial implications, including resourcing issues, the application will be reviewed, and potentially rescinded. It is expected that a Memorandum of Understanding will be agreed between NHS England and the CCG before delegated commissioning commences that includes:

1 CCGs have different voting periods
• Clauses to indemnify the CCG against legacy related issues; and
• Confirmation that NHS England remains both accountable and responsible for counter-fraud (or an explanation if the CCGs are to be held responsible for local delivery, as to how this will be resourced and managed between the CCGs’ Audit Committee and NHS England’s own Audit Committee).”

A wide range of engagement has taken place across NW London, beginning on 28 September 2016 and continuing through to mid-February. CCGs are committed to ensuring that all discussions around delegated commissioning are open, balanced and informed. A range of documentation has been created centrally and tailored at a local CCG level to ensure that all members have access to any information they require before making a decision in February.

Please see Appendix 1 for a detailed overview of engagement to date and for the delegation programme masterplan.

5.1 Application status

NHS England (London) moderation panel met on 9 December 2016 and reviewed our initial pro forma applications and supporting information. Additional information included our recent conflicts of interest policy work, our Information Governance level 2 assurance statements for each CCG, and our paper on delegation taken from our recent meeting in common of the eight primary care co-commissioning committees, which convened on 1 December 2016 (a meeting held in public).

In order to progress our applications to the national moderation panel due to meet on 20 December, additional information was sought by NHSE London in relation to our proposed detailed arrangements for implementing delegated primary care commissioning at Level 3 in the NWL CCGs.

Mindful of the extended period granted for CCG members’ engagement, these proposed arrangements, which includes draft terms of reference (shown at Appendix 2) are fully recognised by NHS England as being subject to on-going consultation and are therefore subject to change as we listen to members’ views and seek to take on board feedback from our wider stakeholders. We expect further feedback in January 2017.

5.2 Governance

The NW London CCGs Primary Care commissioning arrangements with NHS England currently operate at Level 2 (co-commissioning) and have operated in this manner since 1 April 2015. This approach has been locally led, with committees meeting monthly for sessions held in private and then in public, usually on the same day. These meetings have been responsible for carrying out, together with NHS England representatives, the transactional matters relating to primary care commissioning.

Additionally, our eight committees have regularly met ‘in-common’, which has moved to a quarterly basis. Each time this has happened, the meeting Chair (which has alternated between the BHH and CWHHE CCGs) has facilitated joint discussion (but has not held any authority in addition to that of the local Chairs). These meetings have focused on joint strategic issues, such as our GP Forward View and new models of care. This meeting format has been designed to facilitate consensus building on matters affecting our NW London STP footprint as a whole. However, the future arrangements for our meeting in-common are likely to be updated in line with other work under development across the CWHHE and BHH CCGs towards joint committee working. It has been observed, for example, that that the combined ‘meeting in-common’ (around 40-50 members) has at times felt too unwieldy in size to be effective; for example, difficulties have been faced on three occasions in achieving quoracy for all eight local committees.
We will continue to work collaboratively and draft arrangements for this are indicated in Appendix 2 within the proposed governance structure. The NW London CCGs have been collaborating on strategic matters via the collaboration board, which has typically met monthly since the CCGs were first authorised, and which continues to mature. Secondly, we have established new Delivery Area Boards that are responsible for delivering the objectives set out in our NW London STP. These are beginning to report to the CCGs’ shared forums to foster clinically-led direction-setting, as well as to our newly established (non-decision making) Joint Health and Care Transformation Group that brings senior commissioners together with Local Authority representatives and providers from across NW London.

Our future governance arrangements under full delegation (pending voting outcomes) will be replaced with a new structure building on NHSE’s model terms of reference for Primary Care commissioning committees and taking into account best practice and precedent elsewhere.

Significantly, the following two areas of governance represent a departure from our current way of operating; therefore, the Governing Body is invited today to discuss these and to provide feedback:

a) GP members and voting rights

Statutory guidance issued by NHSE on 29 June 2016 “strongly recommends” that GP members of primary care commissioning committees do not have voting rights, in order to protect GPs and the CCGs from both real or perceived conflicts of interest.

New NHSE guidance is due to be published in early 2017 further to the public consultation on management of conflicts of interest across the NHS as a whole and will supersede the June guidance. Currently, GP members of our Primary Care co-commissioning committees (at Level 2) do have voting rights, with the onus being on committee Chairs, executive leads and governance staff to carefully and pro-active manage of conflicts of interest.

The governing body is invited to reflect on the course of action it would like to take in this respect, and is asked whether it agrees with the recommendation of the NW London’s conflicts of interest reference group² for GPs not to have voting rights under delegated arrangements.

b) Membership

The approach to our new governance arrangements will be driven by the following principles:

• Ensuring that the clinical voice is optimised whilst at the same time safeguarding GPs and the CCG from real or perceived conflicts of interest;

• Ensuring that both local and joint working is effective and transparent to the CCGs and to all stakeholders, and that it delivers the objectives set out in our NW London STP; and

• Ensuring that decision-making remains fully compliant with statutory guidance and that it reflects good governance practice and is evidence-based.

Some of our CCG committees have chosen to invite representatives from the London Medical Council (LMC) to the closed session of the current co-commissioning committee meetings; however, this is not currently the case in all boroughs. Conversations are being held with London-wide LMC Chairs and a meeting is planned for the New Year between our NWL CCG Chairs and the LMC Chairs to discuss delegation in further detail and to explore future ways of working together.

As illustrated at Appendix 2, the Primary Care commissioning committee is proposed to have a core membership with voting members drawn from the Governing Body, including lay members, executive

² A small working group which has met four times and which includes governance, lay and clinical membership.
members and clinical members. Scrutiny of decisions will be ensured through inclusion of non-voting members, including Healthwatch and the Local Authority member of the Health and Wellbeing Boards (either elected member or mandated officer). It is recognised that the membership status of any LMC representation is planned to be determined locally.

CCG and Primary Care contracting officers shall have a standing invite to attend meetings of the Primary Care Commissioning Committees as required, to advise on and enact the business of the committees.

Committees will be chaired by a lay member of the Governing Body. The Vice Chair will also be a lay member. Neither the Chair, nor the Vice Chair will be the lay member responsible for Audit.

The membership above represents the common core and minimum membership across the eight committees – any local variation from this agreed core will be recorded in the final Terms of Reference for the boroughs and will be minimal.

Please see Appendix 2 for the proposed committee composition and draft governance structure.

Status of current and future committees

Pending the members’ voting outcomes in February, each NW London CCG will formally disband and replace its Level 2 Primary Care Co-Commissioning Committee with a new Level 3 Primary Care Commissioning Committee. These new committees will be decision-making committees on behalf of the CCG’s Governing Bodies, to which the committees will be held directly to account.

The work of the committees will be a standing item on Governing Body agendas and will include the minutes (at corresponding closed and in public sessions) and an executive summary on commissioning decisions, explaining how these will impact the local population. To supplement this (and in line with statutory guidance), a register of new decisions will be provided to the CCG’s Governing Body and a continuous log of decisions will be made available on the CCG’s website.

As this represents a new function of the CCG, rather than being exercised jointly with NHS England, we are seeking in our approach to governance and to members’ voting to confer explicit authority on the committees, rather than set up committees which only have implied authority.

For this reason, the below draft wording is proposed for the NW London CCGs’ members’ vote:

<table>
<thead>
<tr>
<th>Members are invited to pass a [special]³ resolution agreeing the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I agree to [name] CCG taking on the responsibility for commissioning primary care medical services from 1 April 2017, under fully delegated (level 3) arrangements from NHS England [ YES / NO ]</td>
</tr>
<tr>
<td>As a consequence, I accept that the following actions will be taken:</td>
</tr>
<tr>
<td>1) That [name] CCG will establish a committee of the governing body in order to carry out these functions.</td>
</tr>
<tr>
<td>2) The final terms of reference, once ratified by the Governing Body, will be adopted into the CCG’s constitution, and members will recognise these as having effect from 1 April 2017.</td>
</tr>
</tbody>
</table>

Additionally, it is proposed that the CCGs’ Finance and Performance Committees (or Finance and QIPP committees), and Quality and Safety Committees (or joint collaborative Quality and Performance Committee) will be responsible for undertaking financial scrutiny and clinically-led quality assurance work

³ Please note that a “special” resolution is only required to be passed by Brent CCG and Central London CCG as per the respective constitutions.
to enable the committee to discharge its functions. Where appropriate, these committees will make recommendations to the local Primary Care commissioning committees to inform key decisions, and in line with the CCG’s Standing Financial Instructions.

Business transacted at the Primary Care commissioning committees will not be referred to either BHH or CWHHE’s respective ‘conflicts of interest management committees’, since the Primary Care commissioning committees are specifically designed to achieve “non-conflicted decision making” in the way that the business is managed.

Arrangements will be reviewed after one year to ensure they are working effectively.

5.2 Resourcing – workforce due diligence

At the time of submission, the future structure of NHS England primary care contracting teams and how they will operate to support delegated Primary Care commissioning together with CCGs in NW London is subject to NHS England’s on-going organisational development (OD) review. This is being supported by Ernst & Young (EY) and financial due diligence is being supported by RSM.

NW London CCGs are participating in the review and will continue to work with NHS England to ensure the recommendations of the review are incorporated into the mechanisms we put in place to support delegated commissioning of Primary Care and to ensure that we have sufficient capacity to commission and manage Primary Care contracts.

The CCGs are committed to completing and implementing the agreed outcome of the review and acknowledge that a key element of assurance for that process will be securing the right level of capacity and capability within the Primary Care contracting teams established for NW London to support delegation.

A workforce task and finish group has been established to oversee the planning, analysis and implementation of the Primary Care OD review to ensure there are equitable and adequate resources to commission Primary Care services across NW London, if the membership agrees to move to delegated Primary Care commissioning from 01 April 2017. The workstream’s prime responsibility is to provide assurance that the required level of due diligence is undertaken before a commitment to full delegation is made.

The task and finish group will need to work with the London-wide Primary Care OD work to ensure alignment with pan-London strategy and delivery. The task and finish group will deliver:

**Phase 1**
- A review of staff capacity and training and ensure it is fit for purpose to commission Primary Care medical services
- Submit a report of staffing options to the Delegation Executive Board

**Phase 2**
- Implement the chosen option

**Phase 3**
- Embed the staff changes and issue resolution of workforce after 01 April 2017, if members chose to delegate

The group will give assurance to the overarching Delegation Board through:
• Documenting an agreed action plan necessary to facilitate the workforce changes required to commission Primary Care services across the sector.
• Delivering the required gap analysis to include capacity analysis and training for an agreed audience of the Primary Care workforce
• Cascading information to an agreed audience in a timely fashion.
• Develop a fully costed options appraisal for approval by the Delegation Board, to be taken through relevant CCG governance routes for sign-off.

5.3 Finance and legal due diligence

Full delegation of Primary Care commissioning provides CCGs with greater flexibility over the management of the Primary Care budget previously managed by NHS England, however this flexibility comes with increased responsibility and associated risk. On successful application, from 01 April 2017 CCGs will:

• Be given full delegated authority for allocated Primary Care budget by NHS England
• Assume financial risks associated with commissioning and managing Primary Care services within allocated budget
• Assume responsibility for monitoring and incentivising performance of General Practice.

On-going financial responsibility for initiatives underway at time of delegation will remain with NHS England. The NWL CCGs are also seeking to incorporate indemnification by NHSE for Primary Care financial legacy issues as they emerge, and to reflect this as part of the Delegation Agreement (NW London Memorandum of Understanding on Primary Care Commissioning) which will support the governance of delegation arrangements.

CCG Governing Bodies in NW London believe that the anticipated benefits of delegation of Primary Care commissioning are likely to outweigh the associated financial risks and any activity required to undertake the additional commissioning function. An assurance workstream for this purpose is underway, which once complete will be made available to CCGs’ Governing Bodies.

We have agreed the tasks that need to be undertaken to assure our members and stakeholders that we have adequately assessed Primary Care budgets and contracts

We have procured RSM to undertake financial due diligence on our behalf. Their work will include:

• Assessment of budgetary information from NHS England (last 3 years and any forecast work for 17/18) – RSM have already requested detailed information for all NW London practices;
• Detailed practice ‘issues’ information – NHS England hold logs of any outstanding issues, problems, correspondence with practices and have agreed to share this with RSM;
• Information regarding properties and Primary Care estate issues; and
• GP practice survey - if required, building upon the work already carried out in terms of LMC surveys and property surveys.

We are also undertaking legal due diligence:

• Obtain a legacy list for the CCG from NHS England outlining any contractual issues and legal risks;
• Practice level information is in place outlining contractual status – ensuring signatures, performance indicators, partnership changes etc., are up to date;
• Ensure that the CCG is aware of any breach notices and what actions are in place to ensure resolution;
6. Status of NWL CCGs’ constitutions and our approach to the members’ vote in February 2017

As described above, NW London CCGs are currently operating at Level 2 of primary care commissioning arrangements (co-commissioning). To achieve this, our CCGs’ have already adopted the model wording provided by NHS England, which includes the below clause at the relevant sections on our decision making structures and authority to act. (N.B. The numbering shown is as for Brent CCG’s constitution):

“6.7 Joint commissioning arrangements with NHS England for the exercise of NHS England’s functions

6.7.1 NHS [NAME] CCG may wish to work with NHS England and, where applicable, other CCGs, to exercise specified NHS England functions.

6.7.2 NHS [NAME] CCG may enter into arrangements with NHS England and, where applicable, other CCGs to:

6.7.2.1 Exercise such functions as specified by NHS England under delegated arrangements;

6.7.2.2 Jointly exercise such functions as specified with NHS England.”

This means that the changes already made to our constitutions provides sufficient authority for our CCGs to move from Level 2 to Level 3 of commissioning arrangements with minimal change, subject to members’ decision to do so.

7. Identifying the Primary Care Commissioning Committee as a Committee of the Governing Body

Each CCG will need to make a constitutional change to identify the new Primary Care commissioning committee in the list of committees of the Governing Body (see section 6.8.1 (a) to (d) of Central London CCG’s constitution as an example). The following text is proposed for addition to NW London CCGs’ constitutions:

“Primary Care Commissioning Committee – is a decision-making committee of the Governing Body responsible for the approval of arrangements for discharging the CCG’s responsibilities and duties associated with its primary care commissioning functions, including those delegated by NHS England in accordance with section 13Z of the NHS Act (as listed in the committee terms of reference).”

This replaces any old references to the Primary Care Joint Co-Commissioning Committee with NHS England.

Voting procedures and supporting principle

The principle to which the NW London CCGs are working is to apply the various members’ voting thresholds required as per our respective constitutions in order to name the new (Level 3) committees as a committee of the CCG’s Governing Body. This approach is designed to enable us to fully give effect to the pending decision to move to Level 3 of delegated commissioning arrangements, in the event of CCG members voting in favour. This was in response to concerns that voting to a decision threshold lower than that required for constitutional change (wherever this may be lower) would mean that any such new committees would only have implied authority under CCGs’ existing ability to exercise statutory functions delegated by NHSE, rather than explicit authority directly conferred on it by CCGs’ members.
At our recent ‘meeting in common’ of the eight Primary Care co-commissioning committees on 1 December, we recognised the need to confirm locally applicable thresholds. In two of our eight CCGs (Brent CCG and Central London CCG) the means for amending our constitutions, for example, is by passing a ‘special resolution’; therefore, this is the relevant procedure that will be followed for those CCGs. In summary, each CCG will adopt common wording for the question voted on, and will then follow the local voting procedures stipulated. The members’ voting procedures will be locally led by CCG governance staff, in the usual way, and in line with each CCG’s own constitution and standing orders, and have special regard to:

- advance notice of voting, and the use of proxy and postal voting options (where this is in line with constitutions) in order to maximise members’ participation in this decision;
- the relevant weighting of votes specified in relation to GP practice list sizes, as applicable;
- independent local verification of the outcome of the votes cast;
- adoption of a closed ballot approach (i.e. rather than a show of hands); and

The outcome of CCGs’ votes across NW London will be announced no later than 28 February 2017.

8. Next steps – recommendation of the NW London CCGs’ Delegation Executive Board and of the NW London CCG chairs to be issued ahead of members’ invitation to vote

The Delegation Executive Board is a programme steering group that meets weekly with representation from all NW London CCGs; its terms of reference are attached at Appendix 4. The group is responsible for overseeing the work streams that relate to the due diligence process being undertaken as described above, and to members’ engagement. The group will review the final outputs of the due diligence and assurance work at its meeting on 20 January. This will inform its formal recommendation to the CCGs in advance of members voting from 30 January onwards, which will be confirmed by the NW London CCG chairs to each respective CCG’s membership.

9. Appendices

Appendix 1 – detailed members’ engagement across the NWL CCGs

Appendix 2 – proposed Terms of Reference for the new committee, including:

- Delegation Agreement
- proposed committee composition and governance structure; and

Appendix 3 – approach to conflicts of interest management and meetings protocol

Appendix 4 – Terms of Reference for the Delegation Board