



**DRAFT TERMS OF REFERENCE**

ICS Board 13 June 2019  
Item 16, Enc. M2

<p><b>NAME OF GROUP:</b></p>	<p><b>ICS Board –<del>Shadow December 2018–July 2019</del></b></p>
<p><b><u>PURPOSE INTRODUCTION</u></b></p>	<p>The role of the Integrated Care System Board (ICSB) is to deliver on the expectations of citizens, patients and members of the public for their health and care services, as described in the Memorandum of Understanding with NHSE/I dated September 2018.</p> <p>The role of the Integrated Care System Board (<del>ICSB</del>) is to provide leadership for, and delivery of, the overarching strategy and outcomes framework for the Nottinghamshire Integrated Care System.</p> <p>The ICS_<u>Board</u> will also provide oversight and facilitation of the transformation and design of the future state of health and care in Nottinghamshire, in particular overseeing the establishment of the Integrated Care Providers (ICPs) and the Primary Care Networks (PCNs)</p> <p>The ICS_<u>Board</u> is a strong partnership of the system, with representation from the system from providers and commissioners as well as representatives of the local authorities who will continue to have responsibility for the statutory responsibility for the Joint Strategic Needs Assessments.</p> <p>The ICS_<u>Board</u> will seek to act in the best interest of citizens, patients and the system as a whole rather than representing individual interests of one constituent organisation.</p>
<p><b><u>BOARD RESPONSIBILITIES</u></b></p>	<p><u>The ICS Board will:</u></p> <ul style="list-style-type: none"> <li>• <u>Produce and champion a coherent vision and strategy for health and care in Nottingham and Nottinghamshire</u></li> <li>• <u>Develop and describe the high level strategic objectives for the system that are related to health and wellbeing</u></li> <li>• <u>Produce an outcomes framework for the whole geography to deliver increasing healthy life expectancy, address local variation and seeking to reduce health inequalities</u></li> <li>• <u>Work with the Integrated Care Providers (ICPs) to determine the service offer to be expected of each.</u></li> <li>• <u>Undertake stakeholder engagement which will include engaging with staff, patients and citizens</u></li> </ul>



	<ul style="list-style-type: none"> <li>• <u>Develop a coherent approach to measuring outcomes and strategic objectives within the framework</u></li> <li>• <u>Ensure the delivery of high quality outcomes, putting patient safety and quality first.</u></li> <li>• <u>Oversight of the system financial resources including system financial control total.</u></li> <li>• <u>Have responsibility for the collective delivery of the ICS MOU.</u></li> </ul>
<p><b>STATUS</b></p>	<p>The ICSB has ultimate responsibility and accountability for achievement of the objectives contained within the ICS MOU and setting the strategic direction for the system.</p> <p>The Integrated Care Provider Boards will be accountable to the ICSB for the delivery of relevant elements of the ICS MOU and its contribution to the achievement of the overarching strategy and outcomes framework.</p> <p>The ICSB is authorised to create sub-groups in order to take forward specific programmes of work as considered necessary by the ICSB membership.</p> <p>Meetings will take place in public from April 2019. Any reserved matters will be explicitly stated ahead of the meeting.</p> <p>Until such time as a change in legislation may affect the statutory powers of this group, the ICS Board exists as a partnership whose ‘decisions’ are required to be ratified by statutory organisations. Statutory partners are expected to respect the decisions reached by the ICS Board in line with the commitments to the ICS as set out in the MOU.</p>
<p><b>LIMITS OF AUTHORITY AND RELATIONSHIP WITH STATUTORY ORGANISATIONS AND PARTNERSHIPS REPORTING AND ACCOUNTABILITY</b></p>	<p>Statutory organisations will retain their statutory duties. A list of organisational prohibited and reserved matters can be found in Annex 2. <u>See Annex 1 for the governance structure.</u></p> <p>The ICP Boards will report directly to the ICS <u>Board</u> on the delivery of relevant elements of the ICS MOU and delivery of the ICS outcomes framework.</p> <p>Existing arrangements for health scrutiny will be utilised.</p> <p>The ICS <u>Board</u> will receive reports from the Health and Wellbeing Boards and make recommendations to them on</p>



	<p>matters concerning delivering ICS MOU priorities and delivery of the ICS outcomes framework.</p>																																
<p><b>MEMBERSHIP</b></p>	<p>Board members are selected so as to be representative of the constituent organisations, but attend to promote the greater collective endeavour.</p> <p>ICS <u>Board</u> members are expected to make good two-way connections between the ICS <u>Board</u> and their constituent organisations, <u>modelling a partnership approach to working</u> as well as listening to the voices of citizens, patients and the general public.</p> <p><b>Chair:</b> ICS <u>Independent</u> Chair</p> <p><b>Vice Chair:</b> CCG <u>Chair</u> <u>Lay Member Representative</u></p> <p><b>Members:</b></p> <table border="1" data-bbox="496 907 1393 2018"> <thead> <tr> <th data-bbox="496 907 866 1019"><b><u>Voting</u> Membership (one vote per organisation / ICP)</b></th> <th data-bbox="866 907 1126 1019"><b>Member</b></th> <th data-bbox="1126 907 1393 1019"><b>Nominated Deputy</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="496 1019 866 1131">Chief Executive Nottinghamshire Healthcare NHS FT</td> <td data-bbox="866 1019 1126 1131">Chief Executive</td> <td data-bbox="1126 1019 1393 1131">To be confirmed</td> </tr> <tr> <td data-bbox="496 1131 866 1243">Chair or nominee Nottinghamshire Healthcare NHS FT</td> <td data-bbox="866 1131 1126 1243">Chair</td> <td data-bbox="1126 1131 1393 1243">Non-Executive Director</td> </tr> <tr> <td data-bbox="496 1243 866 1355">Chief Executive Sherwood Forest NHS FT</td> <td data-bbox="866 1243 1126 1355">Chief Executive</td> <td data-bbox="1126 1243 1393 1355">Director of Strategic Planning and Commercial Development</td> </tr> <tr> <td data-bbox="496 1355 866 1467">Chair or nominee Sherwood Forest NHS FT</td> <td data-bbox="866 1355 1126 1467">Chair</td> <td data-bbox="1126 1355 1393 1467">To be confirmed</td> </tr> <tr> <td data-bbox="496 1467 866 1579">Chief executive Nottingham University Hospitals NHS Trust</td> <td data-bbox="866 1467 1126 1579">Chief Executive</td> <td data-bbox="1126 1467 1393 1579">Executive Medical Director</td> </tr> <tr> <td data-bbox="496 1579 866 1691">Chair or nominee Nottingham University Hospitals NHS Trust</td> <td data-bbox="866 1579 1126 1691">Chair</td> <td data-bbox="1126 1579 1393 1691">Non-Executive Director</td> </tr> <tr> <td data-bbox="496 1691 866 1803">Chief/Accountable Officer, CCGs</td> <td data-bbox="866 1691 1126 1803">Accountable Officer</td> <td data-bbox="1126 1691 1393 1803">To be confirmed</td> </tr> <tr> <td data-bbox="496 1803 866 1915">CCG Chair</td> <td data-bbox="866 1803 1126 1915">CCG Lay Member</td> <td data-bbox="1126 1803 1393 1915">To be nominated</td> </tr> <tr> <td data-bbox="496 1915 866 2018">Nottinghamshire County Council CEO or nominee</td> <td data-bbox="866 1915 1126 2018"><u>Corporate Director of Adult Social</u></td> <td data-bbox="1126 1915 1393 2018"><u>Corporate Director of Adult Social Care</u></td> </tr> </tbody> </table>			<b><u>Voting</u> Membership (one vote per organisation / ICP)</b>	<b>Member</b>	<b>Nominated Deputy</b>	Chief Executive Nottinghamshire Healthcare NHS FT	Chief Executive	To be confirmed	Chair or nominee Nottinghamshire Healthcare NHS FT	Chair	Non-Executive Director	Chief Executive Sherwood Forest NHS FT	Chief Executive	Director of Strategic Planning and Commercial Development	Chair or nominee Sherwood Forest NHS FT	Chair	To be confirmed	Chief executive Nottingham University Hospitals NHS Trust	Chief Executive	Executive Medical Director	Chair or nominee Nottingham University Hospitals NHS Trust	Chair	Non-Executive Director	Chief/Accountable Officer, CCGs	Accountable Officer	To be confirmed	CCG Chair	CCG Lay Member	To be nominated	Nottinghamshire County Council CEO or nominee	<u>Corporate Director of Adult Social</u>	<u>Corporate Director of Adult Social Care</u>
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		<u>Care Chief Executive</u>	<u>Director of Public Health</u>
Nottinghamshire County Council elected member		Two elected members	To be nominated
<u>Nottingham City Council CEO or nominee</u>		<u>Chief Executive</u>	<u>To be nominated</u>
<u>Nottingham City Council elected member</u>		<u>One elected member</u>	<u>To be nominated</u>
NHSE/I representative		NHS England DCO*	To be confirmed
<u>*awaiting confirmation following NHSE&amp;I reorganisation</u>			
<b><u>In attendance</u></b>			
ICS <u>Independent</u> Chair		ICS Chair	Vice Chair
ICS Managing Director		ICS Managing Director	
EMAS Chief Executive		Chief Executive	To be confirmed
The ICP lead from <del>Greater</del> Nottingham City ICP		ICP Lead	
<u>The ICP lead from South Nottinghamshire ICP</u>		<u>ICP Lead</u>	
The ICP lead from Mid Nottinghamshire ICP		ICP Lead	
Two clinical leads from <del>Greater</del> Nottingham City ICP with one to represent <del>p</del> Primary <del>e</del> Care providers <del>N</del> etworks		To be confirmed <del>if not already part of membership</del>	
<u>Two clinical leads from South Nottinghamshire ICP with one to represent Primary Care Networks</u>		<u>To be confirmed</u>	
Two clinical leads from Mid Nottinghamshire -ICP with one to represent <del>p</del> Primary <del>e</del> Care providers <del>N</del> etworks		To be confirmed <del>if not already part of membership</del>	



	ICS Officer - finance director lead	ICS Finance Director	
	ICS Officer - -Clinical director	ICS Clinical Director	
	ICS Officer - Nursing/Quality director	<del>To be confirmed</del> CCG and ICS Chief Nurse	
	<del>ICS Officer – Public Health Director</del>	<del>To be confirmed</del>	
	ICS Officer - -Director of Communications and Engagement	ICS Director of Communication and Engagement	
	<del>ICS officer – Workforce and OD</del>	<del>To be confirmed</del>	
	<b>Secretariat</b>		
	ICS Administrator	ICS Assistant Director	

Board members will recognise the importance and contribution for key ICS issues relating to prevention and population health management, digital and information, and workforce and OD. Non-Executive Directors will be invited to sponsor and champion these area specifically.

<b>GOVERNANCE STRUCTURE</b>	<p><u>The ICS Board has ultimate responsibility and accountability for achievement of the objectives contained within the ICS MOU and setting the strategic direction for the system.</u></p> <p><u>The Integrated Care Provider Boards will be accountable to the ICS Board for the delivery of relevant elements of the ICS MOU and its contribution to the achievement of the overarching strategy and outcomes framework.</u></p> <p><u>The ICS Board is authorised to create sub-groups in order to take forward specific programmes of work as considered necessary by the ICS Board membership.</u></p> <p><u>Meetings will take place in public from April 2019. Any reserved matters will be explicitly stated ahead of the meeting.</u></p> <p><u>The ICS Board is a non-statutory body. It operates on a partnership and collaborative basis. Each of the constituent statutory organisations represented on the ICS Board</u></p>
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	<p><u>remains responsible for discharging their statutory duties. However, the ICS Board is able to make decisions on matters that are within its remit and are non-statutory (for instance agreeing system priorities, using place-based planning) and the intention is that it will enable partnership discussion, which can then inform statutory decisions that are taken by one or more of the member organisations. The members of the ICS Board commit to working collaboratively; openly and supporting the development and role of the ICS Board and delivery of the ICS MOU. Subject to the limitations on the ICS Board’s role, each partner organisation is expected to support any decisions made by the ICS Board, in line with the commitments to the ICS as set out in the MOU.</u></p> <p>See Annex 1.</p>
<p><b>BOARD RESPONSIBILITIES</b></p>	<p>The ICS Board will:</p> <ul style="list-style-type: none"> <li>● <del>Produce and champion a coherent vision and strategy for health and care in Nottingham and Nottinghamshire</del></li> <li>● <del>Develop and describe the high level strategic objectives for the system that are related to health and wellbeing</del></li> <li>● <del>Produce an outcomes framework for the whole geography to deliver increasing healthy life expectancy, address local variation and seeking to reduce health inequalities</del></li> <li>● <del>Work with the Integrated Care Providers (ICPs) to determine the service offer to be expected of each.</del></li> <li>● <del>Undertake stakeholder engagement which will include engaging with staff, patients and citizens</del></li> <li>● <del>Develop a coherent approach to measuring outcomes and strategic objectives within the framework</del></li> <li>● <del>Ensure the delivery of high quality outcomes, putting patient safety and quality first.</del></li> <li>● <del>Oversight of the system financial resources including system financial control total.</del></li> <li>● <del>Have responsibility for the achievement of the ICS MOU.</del></li> </ul> <p><del>Prohibited and Reserved Matters are limited to those outlined in Annex 2. The ICS Board may not make a final decision on any of the matters set out in Annex 2, which are reserved for determination by the Commissioners.</del></p> <p><del>Where exercising a reserved matter under Annex 2, and subject to any need for urgency because to act otherwise would result in the Commissioner breaching their statutory obligations, the Commissioner will first consult with and advise the ICS Board in relation to its proposed exercise of a reserved matter.</del></p>



	<p><del>If a decision in respect of a reserved matter (under Annex 2) if notified to the ICS Board, the Board shall implement that decision as if it were a decision of the ICS Board.</del></p>
<p><b>PRINCIPLES</b></p>	<p><del>[In development]</del></p> <ul style="list-style-type: none"> <li>• <u>We shall encourage cooperative behaviour between ourselves and engender a culture of "Best for Service" including no fault, no blame and no disputes where practically possible</u></li> <li>• <u>We shall seek to ensure that sufficient resources are available, including appropriately qualified staff who are authorised to fulfil the responsibilities as allocated</u></li> <li>• <u>We shall assume joint responsibility for the achievement of the Outcomes</u></li> <li>• <u>We commit to the principle of collective responsibility and to share the risks and rewards (in the manner to be determined as part of the agreed "transition arrangements) associated with the performance of the ICS Objectives</u></li> <li>• <u>Our activities shall adhere to statutory requirements and best practice by complying with applicable laws and standards including EU procurement rules, EU and UK competition rules, data protection and freedom of information legislation; and</u></li> <li>• <u>We agree to work together on a transparent basis (for example, open book accounting where possible) subject to compliance with all applicable laws, particularly competition law, and agreed information sharing protocols and ethical walls.</u></li> </ul>
<p><b>REQUIRED ATTENDANCE:</b></p>	<p>Members are expected to attend 75% of meetings held each calendar year.</p> <p>It is expected that members will prioritise these meeting and make themselves available. Where this is not possible a Nominated Deputy of sufficient seniority (as named above) may attend to support delivery in a timely manner and to have delegated authority to make decisions on behalf of their organisation or role on the <u>ICS Board</u> in accordance with the objectives set out in the Terms of Reference.</p> <p>For Local Authority representatives this will be in accordance with the due political process.</p>
<p><b>QUORUM:</b></p>	<p>Quorum will be reached with at least the Chair or Vice Chair, and one Member (as named above) from each Nottinghamshire based statutory organisation present. These organisations being as follows:</p>



	<p>Nottingham University Hospitals NHS Trust Nottinghamshire CCGs Nottinghamshire County Council <u>Nottingham City Council</u> Nottinghamshire Healthcare NHS FT Sherwood Forest -NHS FT</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions for agreement by statutory bodies may be taken.</p> <p>If any member of the Group has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.</p>
<p><b>DECISION MAKING</b></p>	<p><u>The ICS Board will meet in public.</u></p> <p>The ICS Board will make <u>decisions on system matters (e.g. relating to the ICS MOU, transformation funding allocated to the ICS, strategic priorities and performance monitoring of the ICS).</u> <del>recommendations for agreement by the statutory organisations in line with their statutory duties.</del></p> <p>These <u>governance decision making</u> arrangements provide a fair approach to representation from <u>individual partner</u> organisations. The ICS Board Chair will <u>actively</u> seek to reach decisions by consensus <del>where possible</del>. Should this not be possible then a vote of the Group’s Members will be required.</p> <p>No single member (or the organisation / ICP they represent) will have a right of veto over system-wide decisions. There will be one vote per statutory organisation <u>or ICP</u>, by nominated Members or Deputies present at the meeting, with decisions made by a simple majority.</p> <p><del>These organisations-Members</del> being as follows:</p> <p>Nottingham University Hospitals NHS Trust Nottinghamshire CCGs Nottinghamshire County Council <u>Nottingham City Council</u> Nottinghamshire Healthcare NHS FT Sherwood Forest NHS FT</p>



	<p>NHS England / Improvement  <u>Nottingham City ICP</u>  <u>South Nottinghamshire ICP</u>  <u>Mid Nottinghamshire ICP</u></p> <p><del>'In attendance' members and t</del>hose not present at the meeting shall not vote.</p> <p><u>In the case of the number of votes for and against a motion being equal, the Chair of the meeting shall have a casting vote to prevent a deadlock.</u></p> <p>The ICS <u>Board</u> may be required to take urgent decisions. An urgent decision is one where the requirement for the decision to be made arises between the meetings of the Group and in relation to which a decision must be made prior to the next scheduled meeting.</p> <p>Where an urgent decision is required a supporting paper will be circulated to all members and a decision sought from voting members.</p> <p>The ICS <u>Board</u> members may meet either in person, via telephone conference or communicate by email to take an urgent decision. The quorum, as described above, must be adhered to for urgent decisions.</p> <p>In such circumstances, a minute of the discussion and decision will be taken by the secretary and will be reported to the next meeting of the ICS <u>Board</u> for formal ratification.</p>
<p><b>CONFLICTS OF INTEREST</b></p>	<p><u>The ICS Board will maintain a standing register, as per any other corporate decision-making body.</u> In advance of any meeting of the ICS <u>Board</u>, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals.</p> <p>At the beginning of each meeting of the ICS <u>Board</u>, members and attendees will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting. <u>Members must ensure that they</u></p>



	<p><u>continue to comply with relevant organisational policies / guidance.</u></p> <p>The Chair of the ICS_<u>Board</u> will determine how declared interests should be managed, which is likely to involve one the following actions:</p> <p>a) Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to the ICS_<u>Board</u> decision-making arrangements.</p> <p>b) Allowing the individual to participate in the discussion, but not the decision-making process.</p> <p>c) Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to the ICS_<u>Board</u> decision-making arrangements.</p>
<p><b>FREQUENCY OF MEETINGS</b></p>	<p>The ICS_<u>Board</u> will meet in shadow form on a monthly basis <del>to at least July 2019.</del></p> <p>The Board will consider relevant issues by correspondence between meetings if required and will be flexible in convening extraordinary meetings outside of the monthly cycle.</p>
<p><b><u>SERVICING SECRETARIAT:</u></b></p>	<p>The Group will be serviced by the ICS Team.</p> <ul style="list-style-type: none"> <li>• Draft agendas will be agreed with the Chair.</li> <li>• Agreed items for the agenda, to be sent to the ICS Team, with the relevant paperwork, up to 9 working days before each meeting;</li> <li>• The Chair agreeing the final agenda;</li> <li>• Papers will be circulated 5 working days before each meeting;</li> <li>• Additional items for the agenda will be taken by exception with the knowledge and agreement of the Chair in advance of the meeting commencing;</li> <li>• The draft minutes of each meeting will be circulated within 5 working days of the meeting being held and will be ratified at the following meeting.</li> </ul> <p>Ratified minutes of the meeting will be published.</p>
<p><b>REVIEW DATE:-</b></p>	<p>These Terms of Reference will be reviewed in <del>July 2019</del> <u>March 2020</u> to ensure continued fitness for purpose in the light of potential changes to the expectations of national requirements or local issue.</p> <p>The ICS_<u>Board</u> will re-consider progress and risks in the implementation of the ICSs aims and objectives and approve</p>



	any mitigation measures and other action required to ensure success, in line with the approved ICS MOU.
<b>DATE APPROVED-:</b>	

DRAFT



## ~~Annex 2 – Prohibited and Reserved Matters~~

~~DRAFT – based on the 2018/19 Alliance Agreement, legal advice to be sought~~

~~Partners are required to comply with certain statutory and regulatory duties which prohibit certain matters from discussion. The ICS Board shall not decide to do or omit to do anything which would:~~

- ~~1. Cause any Partner to breach
  - a. Legalisation or applicable case law; or
  - b. Any regulatory requirement including requirements of the Care Quality Commission; or
  - c. Any specific Department of Health or NHS England policies; or
  - d. In the case of the Council, the Council's Constitution and any applicable Council policies or social care guidance; or
  - e. In the case of the Nottinghamshire CCGs, the CCGs Constitution;~~
- ~~2. Cause a Provider to breach any terms of its provider license from NHS Improvement; and/or~~
- ~~3. Require any Commissioner to invest further monies which are additional to or beyond those already committed to by the Commissioner at the time of the relevant decision, act or omission.~~

~~In addition, there are a number of reserved matters for Commissioners. Commissioners have specific statutory responsibilities for ensuring the provision of safe, efficient and integrated health and care services and that their role as commissioners of these services means that they shall be entitled to exercise the following decisions without seeking approval from the ICS Board:~~

- ~~1. any decision to undertake public consultation or to respond to or liaise with a Local Healthwatch organisation, the Nottinghamshire Health and Wellbeing Board, the Nottinghamshire Safeguarding Adults Board and/or other bodies with whom the Commissioners are required to consult~~

~~In the case of Nottinghamshire CCGs, unless and until there are statutory instruments to provide for a change in statutory responsibilities, the following functions will remain the responsibility of the CCGs:~~

- ~~● Population needs assessment~~
- ~~● Commissioning and commissioning decisions~~
- ~~● Allocating CCG level resources~~
- ~~● Mandated expenses~~
- ~~● Publishing the annual commissioning plan~~
- ~~● Strategic planning of services~~
- ~~● Managing and developing the supply chain of services~~
- ~~● Procurement of services~~
- ~~● Demand management~~
- ~~● Engagement and consultation on service change proposals~~
- ~~● Integrating the provision of services~~



- ~~Addressing health inequalities~~
- ~~Planning and implementation of cost improvement schemes~~
- ~~Decision making related to funding routes~~
- ~~Pathway planning, signposting to services and care navigation~~
- ~~Patient choice~~
- ~~Personalisation, person-centred care (including self-care and realising the value) and personal health budgets~~
- ~~Development of outputs, outcomes measures and monitoring~~
- ~~Contract management for services within and outside of the ICS / ICP scope~~
- ~~Quality monitoring / contract management of sub-contracted Services~~
- ~~Oversight and management of system performance~~
- ~~Oversight of risk and reward mechanisms~~
- ~~Management of FOI requests and provision of data for responses~~
- ~~Complaint handling~~

~~This list is not a comprehensive statement of CCG functions and activities.~~