

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING
GROUP BOARD MEETING**

14 August 2018

Title of the report:	Recruitment of Single Accountable Officer
Section:	Setting the Strategic Direction
Report Authors:	Richard Morris, Director of Operations and Corporate Affairs, LCCCG
Report by:	Professor Azhar Farooqi, Chair, LCCCG Professor Mayur Lakhani, Chair, WL CCG Dr Richard Palin, Chair, ELR CCG
Presented by:	Professor Mayur Lakhani, Chair, WLCCG

Report supports the following West Leicestershire CCG's goal(s):			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely	✓		

Equality Act 2010 – positive general duties:
<ol style="list-style-type: none"> 1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. 2. The CCG will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed.

Additional Paper details:	
Please state relevant Constitution provision	'5.1.2 a) - when exercising its functions to commission health services, consistently with the discharge by the Secretary of State and NHS England of their duty to promote a comprehensive health service and with the objectives and requirements placed on NHS England through <i>the mandate</i> published by the Secretary of State before the start of each financial year by...'



Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	To request formal approval from the Governing Bodies of the LLR CCGs to support a proposal to appoint a single accountable officer and joint senior management team representing Leicester City CCG, West Leicestershire CCG and East Leicestershire and Rutland CCG.
Discussed by	CCG Boards in confidential sessions February, March and April 2018. CCG Board in public session in June 2018.
Alignment with other strategies	Better Care Together, STP
Environmental Implications	-
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	Engagement with staff, member practices and statutory partners took place during late April and May. Consultation with affected individuals will commence if the proposal is supported by all three Governing Bodies.

EXECUTIVE SUMMARY:

The LLR CCGs have previously considered proposals regarding joint senior roles. Final plans were considered by the governing bodies of the three CCGs in June. Although approved by Leicester City and West Leicestershire CCGs the proposals were not supported by East Leicestershire and Rutland CCG.

Principally, this was due to concerns that the benefits of a single accountable officer and management team – particularly to individual organisations and their patients – could not be appropriately quantified. Questions were also raised about how specific governance arrangements would work across the three CCGs, and how the accountable officer and management team would interact with each of these in a way that was appropriate and recognised the individual autonomy of each organisation.

Subsequent to the decision in June, further dialogue has taken place between the three CCGs and their boards in which a commitment to strengthening collaboration across and between the organisations has been reaffirmed. The chairs of the CCGs have also had several meetings with NHS England colleagues during this time to share progress, discuss issues and concerns, and understand the regulator's position.

It is proposed that a further detailed piece of work is undertaken over the course of the next 8-12 weeks. This will seek to explore the issues raised in paragraph 6 of the paper attached, provide evidence as to the benefits where they exist (drawing upon the experience of other CCGs), and set out how the governance arrangements might work in practice while ensuring that localism is retained.

RECOMMENDATION:

West Leicestershire Clinical Commissioning Group is requested to:

APPROVE the scope of the additional work set out in this paper, noting the expected timing of the outcome and recommendations coming back to boards in November 2018.

APPROVE the inclusion of current managing directors to the existing Joint Executive Steering Group to further strengthen input through their experience and expertise.

SUPPORT the proposal to bring in dedicated external management resource to provide additional capacity and independence.

AGREE that a review of long-term configuration options for the CCGs will take place in early 2019, concluding by mid-2019.

Next steps towards greater collaboration between the LLR CCGs

Introduction

1. Over the course of the last nine months detailed discussions have taken place between the three CCGs in Leicester, Leicestershire and Rutland (LLR) in regards to potential options for future collaboration and potential leadership models.
2. In April 2018, following consideration of the options, the three CCGs agreed *in principle* that a single accountable officer working across the three statutory organisations, and supported by a shared management team, was the most logical next step.
3. This was on the basis that the model was consistent with a national move towards increased collaboration and/or integration between commissioners at a Sustainability and Transformation Partnership (STP) level, while also allowing for the retention of localism through a strong focus on health needs by existing place-based CCGs.
4. Proposals were engaged upon with staff, member practices and statutory partners during April and May. This engagement yielded broad support for the proposals, although some concerns were also raised regarding the need to ensure that the interests of local patients and member practices were not lost as a result of 'at scale' working.
5. Final plans were considered by the governing bodies of the three CCGs in June. Although approved by Leicester City and West Leicestershire CCGs the proposals were not supported by East Leicestershire and Rutland CCG.
6. Principally, this was due to concerns that the benefits of a single accountable officer and management team – particularly to individual organisations and their patients – could not be appropriately quantified. Questions were also raised about how specific governance arrangements would work across the three CCGs, and how the accountable officer and management team would interact with each of these in a way that was appropriate and recognised the individual autonomy of each organisation.
7. Subsequent to the decision in June, further dialogue has taken place between the three CCGs and their boards in which a commitment to strengthening collaboration across and between the organisations has been reaffirmed. The chairs of the CCGs have also had several meetings with NHS England colleagues during this time to share progress, discuss issues and concerns, and understand the regulator's position.

Proposal

8. As a result, it is now proposed that a further detailed piece of work is undertaken over the course of the next 8-12 weeks. This will seek to explore the issues raised in paragraph 6 of this paper, provide evidence as to the benefits where they exist (drawing upon the experience of other CCGs), and set out how the governance arrangements might work in practice while ensuring that localism is retained.
9. It is recommended that this work is led by the existing Joint Executive Steering Group. This group currently comprises the clinical chair and vice chair of each CCG, along with one independent lay member. However, it is proposed that this group be widened to include the current managing director of each organisation to further strengthen input through their experience and expertise.

10. It is further recommended that dedicated external resource is brought in on a time-limited basis (initially covering 12 weeks) to support the group and take forward much of the work. It is envisaged that this will provide additional capacity as well as independence and impartiality.
11. This is likely to be a former NHS commissioning chief executive, or similar, preferably with experience of having led similar work elsewhere. Costs for this placement will be distributed among the CCGs on a fair shares basis, with approval by the chairs and accountable officers.
12. The specific scope of this work will include:
 - a. Gathering information about the experience of other areas where this model has been adopted. This will include looking for the benefits, if available, of any such arrangement to the system, individual organisations and the patients they represent.
 - b. Further analysis of potential management arrangements and how a single accountable officer and management team would interact with, and fulfil their obligations to, individual statutory bodies. This will also include examination of the possibility of retained organisational-specific senior directors, focused on local place and membership, reporting to a single accountable officer.
 - c. Development of a firm proposal setting out how the governance arrangements of individual organisations and the wider system might be required to evolve over time. This would include examination of existing organisational and collaborative arrangements, and consideration of any further opportunities (or otherwise) to streamline processes through the alignment of meetings and/or committees.
 - d. Examination of further opportunities to strengthen collaboration through consideration of the desirability and feasibility of moving towards sharing of some other key governing body posts.
13. The output of the work set out above will be presented to governing bodies, along with final recommendations, in November 2018.
14. Recognising that a move towards a single accountable officer may be a step along the journey towards a future merger, consideration will be given to the pros and cons of a legal merger between either two or three of the CCGs. This work is expected to be undertaken in early 2019 and conclude by mid-2019, subject to approval by individual CCG governing bodies.

Recommendation

15. It is recommended that the Governing Bodies:

APPROVE the scope of the additional work set out in this paper, noting the expected timing of the outcome and recommendations coming back to boards in November 2018.

APPROVE the inclusion of current managing directors to the existing Joint Executive Steering Group to further strengthen input through their experience and expertise.

SUPPORT the proposal to bring in dedicated external management resource to provide additional capacity and independence.

AGREE that a review of long-term configuration options for the CCGs will take place in early 2019, concluding by mid-2019.