

Report to: Part I Board

Meeting Date: 26 September 2019

Agenda No:	10		
Report Title:	Proposals for Single Accountable Officer and Single Executive structure		
Executive Sponsor:	Dr Anna Davey, Chair		
Written by:	Tom Wilson, Interim Project Director		
Purpose of Report:	<p>This paper sets out the case for a single Accountable Officer and Executive Team for the mid and South Essex CCGs. The report describes:</p> <ol style="list-style-type: none"> 1. The rationale behind the move to a Single Accountable Officer and Executive Team 2. The Single Accountable Officer and Executive Team roles 3. The process required to appoint a Single Accountable Officer. 		
How does this issue link to the CCG's Strategic Objectives?			Please Tick ✓
Strategic Objective 1	Improve quality, safety and outcomes and help the people of Mid Essex to Live Well	✓	
Strategic Objective 2	Meet the financial challenge through responsible use of resources	✓	
Strategic Objective 3	Achieve transformation, innovation and integration of services, working collaboratively with our STP and other partners	✓	
Strategic Objective 4	Ensure that there is full member practice engagement to inform commissioning	✓	
Strategic Objective 5	Involve and empower patients to use services responsibly and to be better able to self-manage their own conditions	✓	
Strategic Objective 6	Ensure the CCG has the necessary governance, capacity and capability to deliver its duties and responsibilities and maintain its reputation and that of the NHS	✓	
Approval Route: (List Groups/Committees that have reviewed this document).	Group/Committee	Date	
	The proposals within this report have been discussed by CCG Board representatives at a number of workshops and at private development meetings.	Various	
Have any financial implications been signed off by the Chief Finance Officer? (Please Tick ✓)		Yes	No
			N/A ✓
Have the following Assessments been carried out? (Please Tick ✓)		Yes	No
NB: Members may request a copy of the relevant Assessment from the Head of Corporate Governance, if required.			N/A
Equality Impact Assessment			✓
Quality Impact Assessment			✓
Privacy Impact Assessment			✓
Procurements Only: Has the Procurement Checklist been completed? (Please Tick ✓)		Yes	No
			N/A
Declarations of Interest:	Conflicts of Interest will apply to this item and guidance has been issued on how these should be managed at the Board meeting.		

Patient & Public Engagement:	Stakeholders have not been consulted directly in the development of this paper. If the proposal for a single Accountable Officer and Executive Team is approved, there will significant stakeholder engagement during the recruitment process
Significant Risks identified:	A full risk register is being developed for this work and any risks that are relevant will be escalated through the normal CCG risk management processes
Recommendations and decision/actions required by the Committee/Board:	<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. Approve the appointment of a single Accountable Officer across all 5 CCGs with the intention that the successful candidate would lead the strategic commissioning voice on the STP and help develop the future ICS; 2. Approve the move to establish a single Executive Team across all 5 CCGs, as set out in this paper noting that the final single Executive Team structure is approved by the Governing Body; 3. Endorse the proposal that Placed Based Managing Directors are part of the new Joint Executive Team as well as the statutory post of CFO, but otherwise leave the final Executive Team structure for the single Accountable Officer to recommend to the Governing Body for approval; 4. Approve Mid Essex CCG being the host CCG for the Single AO and Executive Team.

PROPOSALS FOR SINGLE ACCOUNTABLE OFFICER AND SINGLE EXECUTIVE STRUCTURE

Submitted by: Anna Davey, Chair

Status: For decision

Introduction

Since the publication of the NHS Long Term Plan (LTP) in December 2018 Chairs and Accountable Officers (AOs) of the 5 Mid & South Essex CCGs have been holding discussions as to how the CCGs can meet their obligations set out in the LTP to change commissioning arrangements as the current STP moves to a fully mature Integrated Care System (ICS).

These discussions have been supported and facilitated by NHS England (NHSE) and by external consultancy support. CCG Boards have received updates at their private development meetings in June and July and Governance Lay members have been invited to the last two of the five externally supported workshops.

The core of these discussions has been twofold:

- How to ensure there is a single strategic commissioning voice across the STP
- How to ensure that services delivered as a result of strategic commissioning are taken as close to local populations as possible and reflect the diversity of need across Mid & South Essex covering a population of 1.2 million people.

In July 2019 Ann Radmore, the Regional Director for NHS England, wrote to all CCG AOs in the East of England clarifying expectations about delivery of the Long Term Plan requirement. A copy of Ann's letter is attached as Appendix 1 for information. As can be seen there is a requirement for all CCGs to move to a single AO and single Executive Team¹ across their STP area.

This paper describes:

1. The rationale behind the move to a Single Accountable Officer and Executive Team;
2. The Single Accountable Officer and Executive Team roles;
3. The process required to appoint a Single Accountable Officer.

¹ A note on terminology. Throughout this paper we have used the terminology of "single" AO and Executive Team as opposed to "joint". This is to avoid confusion with the current Joint Committee arrangements and joint Accountable Officer post of Castle Point & Rochford and Southend CCGs.

Benefits of a Single Accountable Officer and Executive Team

There are a number of reasons why moving to a single Accountable Officer and Executive Team across all 5 current CCGs makes sense, in addition to ensuring compliance with the nationally agreed NHS Long Term Plan.

A single Executive Team will strengthen commissioning capacity and leadership by combining existing CCG skills and resources to focus on strategic commissioning decisions which increasingly will be taken in collaboration with STP and ICS processes.

Simultaneously there should be a reduction in workload duplication and with the introduction of place based Managing Directors outlined below there should be a much greater focus on the delivery of place based work in local communities, laying the foundations for better working across all organisations in each place.

Streamlining and strengthening of commissioning and leadership arrangements to deliver better population outcomes.

Collectively these changes will enable a more coherent approach to service planning and delivery across the whole population through a greater consistency of decision making; a better ability to manage risks, issues and large pieces of work in a more robust and collaborative way; and creating strong, unified leadership more capable of holding providers to account.

Finally, these proposals will help make a contribution towards the 20% reduction in running costs required by 2019/20 NHS planning guidance and keeping corporate overheads as low as possible.

Single Executive Team Proposed Structure

In considering how a single Executive team could be structured, it is important to acknowledge that there are three statutory roles that must be included on every CCG Governing Body. These roles are:

- an Accountable Officer
- a Chief Financial Officer
- a registered nurse, who may be a member of the Executive Team in the role of Chief Nurse/Director of Nursing

Other than these roles, Governing Bodies and Accountable Officers are free to decide on the organisation structure that best meets the needs of their CCG. The efficient operational running of the CCG is an Accountable Officer responsibility and therefore the Accountable Officer has an important role in developing and advising what any the Executive Team structure should look like but the final decision rests with the Governing Body.

Following a number of workshops with Chairs, Accountable Officers and Governance Lay members from May to September this year an outline proposal for a single Executive Team was suggested for initial Governing Body consideration. Clearly the

final detailed proposed structure will be brought back to CCG Governing Bodies for final approval.



The Accountable Officer role is described more fully later in this report.

Key to the success of the new commissioning arrangements will be the role of the place based Managing Directors. These posts will have the following responsibilities:

- Play a core role in the single CCG leadership team;
- Be responsible for the delivery of place based care providing the foundation for out of hospital care locally by:
 - Supporting PCNs to enable them to get to level 3 maturity – see Appendix 3 for the NHSE model for PCN maturity.
 - Championing system working, in partnership with people and communities, to deliver integrated care in the place
 - Maturing links with local authorities; voluntary sector and other local stakeholders who can enable “change to take place”;
- Understand local population needs and the challenges faced by the local care system (this is in the maturity matrix referred to above);
- Deliver defined outcomes for the local population, including improving standards of delivery and health outcomes (as above);
- Work with PCNs to integrate and transform local hospital, community, mental health, council and primary care teams / services around the population served by the place.

The other statutory role is the Chief Finance Officer. It should be noted that the nature of this job is different from the CFO job in any of the five current CCGs. The new role will need to have a much greater focus on overall STP system control totals and financial goals rather than just organisational control totals whilst at the same time ensuring that place based systems have suitable financial management and resources. The proposed Director of Safety, Quality and Improvement is akin to a Chief Nurse/Director of Nursing role but as with the CFO this has a much wider remit than just a single CCG Director of Nursing. The precise details of these job roles will need further work once the Single AO is appointed including particularly how these roles interact with responsibilities at the STP/ICS level.

It is recognised that a number of other Executive roles will also need further consideration and these include:

- Medical Director

The single AO will have access to considerable clinical resources given the many GPs who are currently retained for sessional work and clinical advice with the individual CCGs. However, the role of a specific Medical Director provides consistency in leadership, the ability to liaise with other Medical Directors both at system and regional level and to provide advice to the Executive or Governing Body on a day to day basis

- Director of Population Health Strategy and Planning

This post encompasses the strategic commissioning function for the population – looking at population health planning through to commissioning of key acute and mental health services.

- Director of Primary Care

It is expected that all CCGs will have fully delegated responsibility for primary care commissioning from April 2021; currently this only applies to Castle Point & Rochford and Southend CCGs. The single executive will need to ensure that the collective voice of primary care is suitably reflected at Governing Body level and to liaise with regional/national colleagues. The overseeing of the implementation of the STP Primary Care strategy and the PCN maturity matrix and workforce plans to ensure that they will collectively deliver the needs for the total population will be a key role.

- Director of People and Workforce

This post would have specific responsibility for the development of the newly diverse workforce that has been articulated in the maturity matrix for PCNs and in the Primary Care Strategy. The need for the post reflects the significant change to the local workforce, the need to secure Health Education England funding and have an equal voice at the ICS table to the providers. The post will also cover the organisational development and support needed to develop the CCG into an effective strategic commissioning organisation and support the place based teams

As a general matter of principle Chairs have agreed that the precise make-up of the single Executive Team should be developed by the new Single AO and agreed in accordance with the relevant requirements of each CCG's constitution. At this stage therefore the focus is on appointing a single Accountable Officer which is covered in the rest of this paper.

Single Accountable Officer Appointment

It is recommended that the 5 Mid & South Essex CCGs now appoint a single Accountable Officer with the intention that the successful candidate would, subject to CCG Governing Body approval, progress any merger application process and lead the single commissioning voice in the STP/ICS.

CCG Remuneration Committees met on 16th September and agreed to recommend to CCG Governing Bodies a Job Description and Person Specification summarised at Appendix 2. They have also recommended an appointment process and

remuneration package that will be considered by CCG Governing Bodies meeting in private.

The outline timeline for this process is as follows, which allows sufficient time for CCG Governing Bodies to consider and approve the way forward and for national competition for the single AO role which is a requirement of NHS England approving the final candidate.

November – advertisement for new Single AO

December – recruitment process and appointment of new Single AO

January – Single AO commences employment* and agrees final Single Executive Team

February – recruitment process for Single Executive Team

April – commence single Executive Team operation

** Potentially the Single AO may need to give notice and not start full time until later in 2020; however it will be made clear to all candidates that they will need to be fully engaged in designing the structure and recruiting the Single Executive Team to these timeframes.*

Current Accountable Officers have agreed to recommend to the CCG Governing Bodies that Mid Essex CCG should be the host employer of the newly appointed single Accountable Officer and Executive Team, as it already hosts the Joint Commissioning team for the five CCGs.

Recommendations

The Governing Body is asked to:

1. Approve the appointment of a single Accountable Officer across all 5 CCGs with the intention that the successful candidate would lead the strategic commissioning voice on the STP and help develop the future ICS;
2. Approve the move to establish a single Executive Team across all 5 CCGs, as set out in this paper noting that the final single Executive Team structure is approved by the Governing Body;
3. Endorse the proposal that Placed Based Managing Directors are part of the new Joint Executive Team as well as the statutory post of CFO, but otherwise leave the final Executive Team structure for the single Accountable Officer to recommend to the Governing Body for approval;
4. Approve Mid Essex CCG being the host CCG for the Single AO and Executive Team.

Letter from Ann Radmore to CCG Accountable Officers



Sent via e-mail

NHS England and NHS Improvement
East of England

2 – 4 Victoria House
Capital Park
Fulbourn
Cambridge
CB21 5XB

12 July 2019

The Long Term Plan (LTP) sets the ambition for every Integrated Care System (ICS) to have streamlined commissioning arrangements to enable a single set of commissioning decisions at system level, and that this will typically involve a single CCG for each ICS. This message was reinforced by Lord Prior when he recently came to talk to the Chairs group across the East of England.

I therefore wanted to write to you to confirm the national expectation of having a single CCG per ICS by April 2021. I also thought it would be helpful to provide you with some information about the CCG merger application deadline, and to summarise the application requirements and the merger assurance and authorisation process thereafter.

The national deadline for CCG merger applications is 30 September, for the merger to take effect from the following 1 April. This timeframe is nationally determined due to the legal, financial and technical steps involved and the assurance required. A summary of the merger application and assurance and authorisation process is appended to this letter.

As part of forward planning, and to agree how we can best support systems, I am therefore writing to request that you set out a clear and agreed timeline by the end of September. This should include your plan for:

- Recruiting a single Accountable Officer across all of the CCGs in your STP/ICS footprint, where this is not already in place
- Establishing a single management team across all of the CCGs in your STP/ICS footprint, where this is not already in place
- Establishing joint commissioning committees and committees in common, as appropriate, including Governing Body meetings in common
- Formal merger of the CCGs in your system, including timing of Governing Body consideration of options/vote; stakeholder engagement activity; membership vote, and when you intend to make a formal merger application.

It would be helpful if you could also indicate what conversations and engagement has already taken place to date; areas of progress; issues and challenges, and any support or development needs.

Your executive Director lead or Simon are very happy to discuss this with you to assist this thinking and do contact me directly if it would be helpful. Please can you provide outline plans by no later than 30 September 2019 to:

[REDACTED]

For any queries or support please contact [REDACTED] who can provide some of the detailed advice you may need.

Yours sincerely



Ann Radmore
Regional Director (East of England)

Cc: Simon Wood, Director of Strategy and Transformation

Excerpt from proposed job description

N.B. NHS England must approve the final job description after CCG Governing Bodies have agreed it. The excerpt presented here was taken from the full job description and person specification submitted to Remuneration Committees for consideration on 16th September but does not reflect any comments or amendments made by the Remuneration Committees.

Job Description Details

Job Title:	Accountable Officer
Reporting to:	Chairs of the five CCGs
Accountable to:	5 x Governing Bodies
Hours:	Full time
Salary:	TBC but within national guidance
Location:	TBC but within the boundaries of the five CCGs

Background

The five CCGs in the mid and south Essex Sustainability and Transformation Partnership (STP) are working together to maximise health and care outcomes for their 1.2 million local people.

Each CCG remains a statutory organisation in its own right and has its own Governing Body. The five Governing Bodies of the mid and south Essex CCGs have agreed to the appointment of a single Accountable Officer and a single Executive Team.

Each CCG will have a Chief Operating Officer/Managing Director or equivalent (as part of the single Executive Team), responsible for the local leadership of commissioning activities at CCG level.

To deliver our ambitions, the CCGs are committed to working flexibly and collaboratively, consolidating leadership and accountability roles and establishing a joint commissioning architecture across the CCGs. This will address the scale of the commissioning challenges set out within the Sustainability and Transformation Plan for the STP as well as the local strategic objectives of each CCG for their local populations.

To deliver our ambitions, the CCGs are committed to working locally in each place, as well as working together where greater scale is needed, to ensure that the services commissioned for each CCG's population are tailored to the particular circumstances and needs of the different areas.

The NHS Long Term Plan (LTP) sets the ambition for every Integrated Care System (ICS) to have streamlined commissioning arrangements to enable a single set of commissioning decisions at system level, and that this will typically involve a single CCG for each ICS.

With CCGs becoming more strategic and tactical commissioning delegated to Integrated Care Providers, the CCGs will have strategic responsibility for the whole population of the ICS area and should become core to the leadership of the ICS. The CCGs' Joint Accountable Officer (JAO) would be the STP commissioning lead and will play a pivotal role in driving forwards the development of the ICS.

Job Purpose

- To work collaboratively and across organisational boundaries at the highest level across the mid and south Essex STP, ensuring that the approach to integrated commissioning develops in line with the ambitions of the system in the coming years.
- To provide effective leadership and innovation to develop future organisational form in the implementation of the strategic commissioning function.
- To ensure that the five mid and south Essex CCGs are able to work collaboratively to become an effective strategic commissioner for the populations they serve, ensuring that the development and implementation of commissioning strategy is central to partnership working within the mid and south Essex STP.
- To ensure that the five mid and south Essex CCGs exercise their functions effectively, efficiently, economically, with good governance and in accordance with the terms of the CCGs' Constitutions as agreed by Member Practices.
- To ensure the voice of Member Practices is heard and the interests of patients and the community remain at the heart of discussions and decisions.
- To work alongside and influence multiple key stakeholders, including the Local Authorities, Health and Wellbeing Boards and local provider Chief Executives. The post-holder will ensure continual improvement in services whilst delivering value for money.
- The AO will be directly accountable to the CCG Governing Bodies and the Regional Director of NHS England for the performance of the CCGs. Additionally, they will be directly accountable to the Chief Executive of NHS England for organisational performance and be responsible for ensuring that the CCGs meet all the statutory and service obligations.
- To ensure that the regularity and propriety of expenditure is discharged through effective financial and management systems.
- To enhance strategic innovation and clinical leadership in NHS Commissioning.
- To lead the five mid and south Essex CCGs as a single commissioning voice to work in collaboration with system leaders to bring about change. This will involve influencing and shaping the future development of the entire system and commissioning for new models of care.

Principal Duties and Responsibilities

- To set the strategic direction and vision for commissioning in conjunction with the Governing Bodies
- To provide strategic leadership across the mid and south Essex CCGs and lead the CCGs' Joint Executive Team developing them to be an effective and collaborative leadership team, enabling them to work with patients, partners and clinicians to deliver the CCGs' strategic and operational plans and in doing so build the necessary capacity and capability across the managerial and clinical leadership team.

- To enhance and enshrine a culture that ensures the voices of the CCGs' Member Practices continue to be heard and that the voice of patients and clinicians is at the heart of decision-making
- To support the CCGs and local teams in the transition to place based Integrated Care Partnerships.
- To oversee the development of, and take accountability for, a credible financial strategy for the CCGs, that supports delivery of a sustainable and affordable strategic commissioning plan.
- To support the development and implementation of a commissioning strategy which reduces system costs, health inequalities and implements new models of care in conjunction with the clinicians and patients in each local system.
- To ensure there are robust local commissioning plans both at scale across the CCGs and in each system, which will ensure the delivery of the NHS Long Term Plan and to provide a single line of reporting to NHS England and other partners as required.
- To provide strategic leadership and innovation for the development and implementation of both short and long term strategies for mid and south Essex, ensuring plans are effectively delivered that contribute towards closing the funding gap through more efficient commissioning.
- To ensure the effective management of the delegated commissioning functions from NHS England relating to Primary Care; effective systems are in place within each CCG to manage the delegation and ensure objectives are met.
- To support the coordinated introduction of payment reform across the mid and south Essex STP in conjunction with NHS Providers.
- To ensure that the strategic direction and vision for the CCGs agreed by the Governing Bodies is kept under regular review and support them and the local teams to ensure that their agreed plans are effectively delivered.
- To work with the single Chief Finance Officer (CFO) and the other members of the single Executive Team to develop and deliver annual CCG QIPP plans.
- To ensure at all times that the regularity and probity of expenditure is discharged, and that arrangements are put in place which enables good practice through effective financial and management systems.
- To ensure that performance targets are set and achieved in all areas of commissioned services, taking appropriate remedial action, as required.
- To keep under regular review and maintain a strategic overview of each CCG's performance, executing appropriate measures, as necessary.
- To work with the Chairs of the Governing Bodies, to ensure that proper constitutional, governance and development arrangements are put in place to assure the Members (through the Governing Bodies) of the ongoing capability and capacity of the CCGs to meet their duties and responsibilities. This includes overseeing and minimising any potential conflicts of interest.
- To ensure the Governing Bodies in mid and south Essex act in the best interests with regard to the health of the local population at all times.

- To ensure the CCGs commission the highest quality services and secure the best possible outcomes for their patients, within the resources available, maintaining a consistent focus on quality, integration and innovation.
- To ensure that good governance remains central at all times.
- To ensure that when exercising their functions, the CCGs act with a view to securing health services that are provided in a way which promotes the NHS Constitution.
- To demonstrate a commitment to upholding The Nolan Principles of Public Life along with an ability to reflect them in this leadership role and the culture of the CCGs;
- To be committed to upholding the proposed Standards for members of NHS Boards and Governing Bodies in England as currently being developed by the Council for Healthcare Regulatory Excellence;
- To ensure that the CCGs value diversity and promotes equality and inclusivity in all aspects of their business.

PCN Maturity Matrix

Maturity matrix							
Foundations for transformation		Step 1	Please tick ✓	Step 2	Please tick ✓	Step 3	Please tick ✓
Right scale	<p>Plan: There is a plan in place articulating a clear end state vision and steps to getting there, including actions required at team, network and system level.</p> <p>Engagement: GPs, local primary care leaders and other stakeholders believe in the vision and the plan to get there.</p> <p>Time: Primary care, in particular general practice, has the headroom to make change.</p> <p>Transformation resource: There are people available with the right skills to make change happen.</p>	Practices identify partners for network-level working and develop shared plan for realisation.	<input type="checkbox"/>	Practices have defined future business model and have early components in place.	<input type="checkbox"/>	Network business model fully operational. Interoperable systems integrated clinical records. Workforce shared across network. Rationalisation of primary care with optimum estate usage.	<input type="checkbox"/>
Integrated working		Integrated teams, which may not yet include social care, are working in parts of the system.	<input type="checkbox"/>	Functioning interoperability between practices, including read/write access to records. Data sharing agreements in place.	<input type="checkbox"/>	Fully functioning integrated team. Systematic population segmentation including risk stratification. Care plans for all high risk patients. Internal referral processes in place. Routine peer review of metrics per hub.	<input type="checkbox"/>
Targeting Care		Basic population segmentation is in place, with understanding of needs of key groups and their resource use.	<input type="checkbox"/>	Integrated teams formalised to include social care, the voluntary sector and easy access to secondary care expertise.	<input type="checkbox"/>	Stratification of appointments with 7 day working. Upper decile public health targets and patient and staff survey metrics.	<input type="checkbox"/>
Managing resources		Standardised end state models of care defined for all population groups, with clear gap analysis to achieve them. Prototypes in place for highest risk groups.	<input type="checkbox"/>	The system can track data in real time, including visibility of patient movement across the system and between segments, and information on variability.	<input type="checkbox"/>	Primary care networks take collective responsibility for available funding. Clinical pathway change leading to care closer to home. Data being used at individual clinical level to make best use of resources.	<input type="checkbox"/>
Empower Primary Care		Steps taken to ensure operational efficiency of primary care delivery.	<input type="checkbox"/>	New models of care in place for most population segments, including both proactive and reactive models, with standardised protocols in use across the system. Evidence of active sign posting to community assets.	<input type="checkbox"/>	Primary care network full decision making member of ACS leadership.	<input type="checkbox"/>
		Primary care has a seat at the table for all system-level decision making.	<input type="checkbox"/>	Networks have sight of resource use for their patients, and can pilot new incentive schemes.	<input type="checkbox"/>		<input type="checkbox"/>