NHS
Buckinghamshire
Clinical Commissioning Group

NHS BUCKINGHAMSHIRE CCG GOVERNING BODY (BUSINESS AS USUAL)
9 January 2020
Jubilee Room, the Gateway, Gatehouse Rd, Aylesbury, HP19 8FF

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10.	**Future CCG architecture / engagement document** • **Engagement Report** • **Shared Accountable Officer - formality of the recruitment and appointment process and final decision to proceed**	
	The CCG Governing Body was asked to: **Recommendations** **(1) NOTE** the supporting paper and receive the report of the engagement exercise as a formal conclusion to the engagement period. **(2) AGREE** to commence the process for appointing a shared Accountable Officer for each of the three CCGs. Should the Governing Body agree recommendations (1) and (2), it was also asked to consider the following: **(3) AGREE** the design principles (a-p) as a basis from which a proposal for a single management team can be produced. **(4) AGREE** the proposed mandatory roles and functions of any future management team structure to be incorporated. SB noted that one doesn't necessarily have to lead to the other. The Governing Body can still commit to the process even if it does not formally agree the design principles. Governing Body also asked to **NOTE** there were not any positive responses to the decision proposals from CCG staff, GPs and MPs. RM stated for clarity that, given this paper is in the public domain, the supporting papers have circulated to CCG staff and members of the CCG Executive Committee for the purposes of absolute transparency. <u>Conflicts of interest</u> No members would be asked to leave for discussions and voting on decisions; the exception was transition arrangements at which point RM would be asked to leave. RB stated individuals would be invited to reflect on whether they felt they had a direct conflict and could therefore abstain. RB indicated that we had been provided guidance by the ICS Executive Lead as to how conflicts of interest were envisaged to be managed, however we retain our own autonomy to reach judgement whilst taking this guidance into account. LP further noted we have two precedents in how we have taken these decisions previously.in relation to recruitment of an accountable officer for Buckinghamshire and Oxfordshire and when Chiltern and Aylesbury Vale CCGs merged. <u>Overview</u>	

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	SB emphasised an eight week engagement period covering a broadly technical change has prompted more feedback than expected. SB confirmed that though Buckinghamshire formed the smallest % of attributed geographies, once the unknown responses were included it was roughly proportionate to CCG population %. The engagement did not ask for supportive or opposing views and so it is otherwise difficult to determine this. Engagement "concerns" raised RW queried what "concerns" related to. SB replied some identified concerns, though in some cases this did not relate to explicit opposition – rather it may indicate support subject to certain conditions being met. It was otherwise a broad category with different ends, which may also include not being supportive but expecting of direction with considerations to be taken into account. SB then described Appendix One: Table of mitigating actions in response to themes identified from engagement report, emphasising feedback on Loss of local influence, control and oversight of the CCGs and their leadership. Whereas design principles take into account engagement feedback and are based on national guidance – it is important that this is incorporated. Proposed design principles have been strengthened and are more prescriptive, but this was in aim to link directly to the outcomes of the engagement exercise. Nurse Director LP noted within section 65 reference to "Nurse Director" – statutory requirements refer to "Registered Nurse" which must be amended. Direction of travel and legal entities RB asked for a little further context on direction of travel. SB replied there is desire for fewer units of planning nationally where there is also variation in composition and cost. LP added the preferred model is commissioning lead and ICS lead as the same, which this improves. RM added that this combination ensures a single statutory role, which would not be the case otherwise as the ICS is not a legal entity. SB added that this is a very significant point. Potential for merger TD queried whether a subsequent merger process and process for single accountable officer should happen in reverse. LP replied there were numerous CCGs with single Accountable officers. This is a recognised model. KW also noted the negative feedback within the engagement and how this is promoted to the membership prior to vote. LP noted this is not otherwise currently linked to merger – we must clearly describe quickly and fully how place will work. RB commented we expect a 70% vote within 6 months – this is short. RB emphasised that merger of CCGs is also subject to membership vote. Authority for appointment of shared accountable officer RB queried NHS England power as regarding appointment. SB commented they have final approval, but this is a combined role with ICS which not NHS England's decision. SB also cautioned decision on merger is also reserved to the membership and so not within Governing Body power. Role accountability RM commented the draft JD includes accountability to three chairs and ICS independent chair. RB queried if this is because the JD incorporates both CCG AO and CEO of ICS. LP confirmed this was the intent which explains RM's comment. RM added this could mean a group of CCGs would be acting dually as a statutory CCG/s and partners working as an ICS. RB felt there are advantages	

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to this combination.

LP commented that clarity of leadership has proved difficult when these roles are separate, and given financial challenges ahead we will require absolute clarity in leadership through as few people as possible. There is a commitment to coupling these roles, which SB confirmed this is NHS England regional teams view.

RMS understood this proposed combination, but this is one person and LPs visibility as current AO has suffered and impacted member relationships. LP replied this new proposed role is very different as it is a larger geography with ICS accountability– in her current role she has been very well supported by her management team and wished this to be acknowledged across both CCGs. This new role cannot duplicate for a third time, reflected in principles around local accountability with a role linking back to the AO – a Managing Director at place level.

CO noted the decision to go ahead with one AO would be somewhat against opposition described within the engagement report, particularly members, with real importance to bring them with us. What are the benefits to members as individuals and to the people served? What have we learned from other areas? We need to recognise positives, and perhaps change language to read "deputy AO" rather than "Managing Director" to achieve more direct link to AO and ICS as well. LP replied that there is minimal effect on any service user, as this is a decision about how the CCG is managed, and that we should be emphasising the running cost saving that would go towards patient care.

RB replied we would need to have this conversation given their fear of loss and that member communication will be really important.

LP noted that we had always agreed it would be difficult to achieve support for a single AO and management team with members and stakeholders unless we clearly describe how our local ICP in Buckinghamshire will work and that we must endeavour to do this within the next few weeks. She noted communication with membership on the result of today's decision includes spending time over the next few weeks and months describing how place will work and its accountability to members and local authority colleagues.

CO requested that this assurance is a potential condition attached to the vote and recognition of resource allocation. RB noted that a process had already been reported in the bulletin 05/12/19 (described in these minutes under authority for decision as above) – RC described this to members present.

<u>RP provided general comments:</u>

- A decision today on the accountable officer process effectively is a commitment to merger – these processes cannot be unlinked and so this is inevitable.
- We must ensure we get the best out of this process as inevitably it affects patients.
- We must also have the best management group we can get rather than ensuring equalling numbers from CCGs in its makeup.
- Buckinghamshire will remain so as a county, and so needs to be run as such at a lower (place) level; this in his view is not a natural progression as with previous federation/merger of Chiltern and Aylesbury Vale CCGs.
- We have asked for opinions, and if we move forward without listening then our stakeholders will not forgive us.

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RM noted we had engaged on a level of uncertainty yet design principles are very detailed. If we formalise it a future organisation could be held to account on delivery if things have moved (especially **section 65** covering statutory and mandatory roles).

DECISION: AGREE to commence the process for appointing a shared Accountable Officer for each of the three CCGs
RC/RP reminded members as to the conclusions reached in respect of conflicts of interest – all voting members were felt entitled to cast a vote, unless individually they felt directly and materially conflicted and therefore chose to abstain.
A majority vote was cast as follows: Yes – 10, No – 1, Abstain – 1 (Lou Patten).
DECISION CARRIED.
This is not conditional.
SEPARATE DECISION CARRIED: but there will be an intense period with stakeholders and members in response to the engagement document.

DECISION: AGREE the design principles (a-p) as a basis from which a proposal for a single management team can be produced.
DECISION: AGREE the proposed mandatory roles and functions of any future management team structure to be incorporated.

SB specified that it would be difficult to change the wording given the attached papers (identical) were in the public domain and circulated to other governing bodies, and therefore it were better if the Governing Body did not agree the principles as currently written.

RM replied this would be dependent upon what the next steps are – this is draft by definition and will they come back again for subsequent decision on final principles, or agreeing to them or not today only. LP replied recognition we cannot change what is drafted. SB commented he couldn't envisage not coming back for approval.

LP suggested that we recognise the engagement exercise was to respond to concerns about requirement for local accountability, and therefore we uphold the principle to retain accountability at place, but retain some flexibility to re-work detailed parts of the design principles to achieve the best outcomes with involvement through the CCG architecture group.

SB commented that the CCG architecture group will continue the design process and that any future and final design will return to Governing Body for subsequent decision.

RP noted Governing Body concern about the level of detail within the current draft principles. RM commented that these principles relate to initial design, taking into account that over time expectations may change if CCG responsibilities were to change (e.g. primary care delegated co-commissioning). We may otherwise be held to account for something we have not formally agreed to.

The design principles and proposed mandatory roles were not formally agreed **and so there was no formal vote**. However the Governing Body:

- **ENDORSED** direction of travel and the thinking behind them at draft stage in relation to local accountability and leadership at place level.
- Look forward to working through the CCG architecture group to finalise

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	the design principles over the next few months. • Further discussion of detailed wording was deemed as delegated to the CCG architecture oversight group (5 February 2020). • **NOTED** this is also expected to be inclusive of Primary Care Networks as are currently developing. • **NOTED** differences between deficit positions and control totals which isn't reflected with the papers as provided, which it would need to be in subsequent versions. The draft JD was noted as for information. Members also noted that SB would attend the other Governing Bodies and will share some of this discussion. RB asked CY to comment on communication with primary care. CY replied it was expected to make the engagement report available, this will be published on the BOB website, and Fiona Wise is writing to stakeholders who provided detailed responses to thank them for their time involved. **SB and CY left the meeting.**	

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