

Future arrangements for NHS commissioning

January 2020

Introduction

An engagement exercise was run from 10th October 2019 to 1st December 2019 to seek feedback on the future of NHS commissioning arrangements within the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).

The exercise was not a formal public consultation but rather an opportunity to gather the views of a broad range of stakeholders at the early stages of developing proposals.

Views were invited on proposals related to two ways of working:

- 1) Local working in each of the three areas (Integrated Care Partnerships)
- 2) Wider, at-scale working across the three areas (the Integrated Care System)

These proposals were set out in an engagement document called "*The future arrangements for NHS commissioning in your area*".



Summary of Proposals

1) Appointment of a single Accountable Officer and Shared Management Team

Proposal for a single Accountable Officer role to provide a focal point for leadership and accountability within the Integrated Care System. It is proposed that the post holder would also assume the role of the Executive Lead for the BOB ICS.

2) Design stronger Integrated Care Partnerships using a set of common principles

Our three Integrated Care Partnerships (ICPs) will be the focal point to deliver our shared ambition to transform services

2) Creation of a single commissioning organisation across the BOB geography

In line with the Long Term Plan, there is an expectation that each ICS will 'typically' be covered by a single CCG by April 2021.



Delivery of Engagement

Feedback was invited through:

- an online survey, available on the CCG and BOB ICS websites
- written submissions to either the ICS Office or a respondent's local CCG.

Communication and engagement activities were delivered by the three CCGs, using their local channels, while working to an overarching BOB ICS communication and engagement plan.

Channels used to promote the survey included: public newsletters, staff newsletters, digital display screens and correspondence with key stakeholders.

The proposals were discussed at a wide range of meetings, including Health and Wellbeing Boards, meetings with Healthwatch organisations, and Patient Participation Groups. These activities were determined by each CCG.



Responses

By the end of the engagement period, 224 responses had been received

These ranged from brief answers to multiple pages of feedback on the emerging principles of the proposals.

Of these 224 responses, 209 were “countable” – 15 responses were either blank or contained information which could not be categorised consistently.

Although the engagement survey was designed to gather qualitative data, every response submitted has been reviewed and categorised by place, type of respondent and level of support for the proposals (quantitative analysis).

This showed neither strong support nor outright rejection of the proposal. Many qualified their responses with views which they believed were important to be addressed in the design or implementation of proposals

A copy of the full engagement report is available with this presentation and on the BOB ICS website.



Key Themes

Proposal One: A single Accountable Officer/ICS Lead and Shared Management Team for the three CCGs

- Process for design, decision making and implementation
- Link to local populations and their democratic oversight
- Deliverability of the shared Accountable Officer role at a larger scale
- Operation and effectiveness of a shared management team

Proposal Two: The design principles for the creation of stronger Integrated Care Partnerships

- A voice for local people in the design and decision-making processes
- Ensuring that ICPs are subject to accountability and transparency
- Enabling ICPs to meet their objectives and deliver more integrated, joined up care provision

Proposal Three: The creation of a single commissioning organisation across the BOB geography

- Ensuring that existing Places are not financially disadvantaged by the creation of a single CCG with its own allocation
- Protecting the interface between Local Authorities and their counterpart NHS organisations
- Loss of the ‘local voice’ within a larger commissioning organisation
- The BOB boundary being an ‘un-natural’ grouping of three very different geographies



Responding to Feedback

In response to engagement feedback, the following are examples of changes put forward for consideration by CCG Governing Bodies.

Transparent decision making process and partner involvement

The recruitment process would be transparently designed and agreed with CCG Governing Bodies, Chairs and Lay Members. Regular updates would be provided to CCG Governing Bodies and the BOB ICS System Leaders Group which is comprised of senior executives from each of the BOB ICS member organisations.

Combining of the AO role with the ICS Lead role is undeliverable due to size and complexity of job / geography

This is an emerging national model which is already successfully in operation in other STP / ICS parts of the country. NHS England hold the authority for the selection and appointment of the ICS Lead role.

Financial implications

Recurrent savings are anticipated from any change to management arrangements, contributing to the required reduction in CCG running costs. At this juncture, there is no proposal to merge the CCGs thus ensuring no implications for annual financial allocations.



Responding to Feedback (cont.)

Loss of local influence, control and oversight of the CCGs and their leadership

It is proposed that place-based Managing Directors, each with a seat on a single Management Team would ensure a continuity of local control and oversight. These roles would co-ordinate and lead a significant proportion of the day-to-day operational delivery and planning requirements for the CCGs, ensuring the Accountable Officer role can operate in a strategic manner.

Loss of scrutiny by and accountability to democratically elected politicians

The Accountable Officer and Place Based Managing Directors would continue to attend important meetings with democratic leaders such as Health & Wellbeing Boards, Oversight & Scrutiny Committees and joint working forums with Local Authority elected members and their appointed leaders.

Maintain links with local groups and ensure senior appointments at Place level

It is proposed that place-based Managing Directors, each with a seat on a single Management Team would ensure links with local groups are maintained.



Next Steps Following the Engagement Exercise

All feedback received has been fully considered by CCG and ICS leaders and has informed recommendations to CCG Governing Bodies about a single Accountable Officer/ICS Lead and associated supporting management structure (proposal 1)

CCG Governing Bodies are meeting in January to receive the engagement report and discuss recommendations regarding proposal 1.

Governing Body decisions and next steps will be considered by CCG and ICS leaders in early February.

Work will continue to establish the Specialised Commissioning Planning and CCG Commissioning Boards.

Next steps regarding any proposals about a single commissioning organisation will be considered by Governing Bodies in early 2020.

Any proposals for future CCG configuration would be subject to consultation with CCG members later in 2020.