

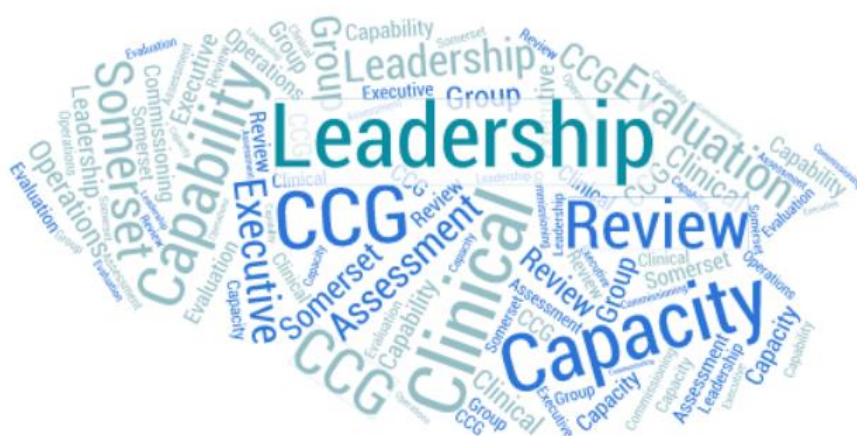
# Somerset CCG

## Leadership Capacity and Capability Review

### Executive Summary

Attain

May 2017



# 1. Executive Summary

## Context

NHS Somerset CCG and the wider Somerset health and care system has faced an increasingly challenging period with a rapidly deteriorating financial position and a failure to meet key NHS Constitution standards. The CCG commissioned Attain to undertake a Senior Leadership Capacity and Capability review as part of a broader effort to address these challenges and to take account of key developments, namely:

The development of the Somerset Sustainability and Transformation Plan (STP)

- The ambition to move to an Accountable Care System (including a Joint Strategic Commissioning function) by April 2019.

The review was required to analyse current leadership Capacity and Capability to deliver:

- Agreed organisational objectives
- Clear leadership of directorates, including clear lines of accountability for delivery
- Individual and collective contributions to the good functioning of the CCG and active participation in the STP

Above all the objective of the review was to analyse senior leadership capacity and capability to deliver the five key elements of the CCG Outcomes Framework:

- Well-led
- Performance
- Financial management
- Planning
- Delegated functions

## Approach

The scope of the review has been limited to the senior leadership, both Executive and Clinical. The capacity and capability of the wider CCG organisation was excluded from the scope of the review.

We have employed a range of primary and secondary research approaches – including a wide range of structured interviews. We have drawn on these sources to determine key themes, our conclusions, and recommendations.

Participants in the review have adopted an open and engaged approach. This has been an important contribution to the robustness of the review's findings and recommendations.

## Key themes

The conclusions drawn against each of the Outcomes Framework elements are:

### Well-led:

#### **Strengths:**

- A strong vision of outcomes based commissioning.
- Engagement with GP practices
- Working collaboratively with system partners

#### **Weaknesses/Priorities for improvement:**

- Limited visible leadership behaviours displayed by the CCG Executive and Clinical leaders.
- Stakeholders view decision making as weak with difficult decisions often being deferred. In part this may be due to the CCG not being explicit enough regarding the process undertaken in complex decision making and the CCG may need to strengthen its assertiveness in communicating with stakeholders.
- Clarity of responsibilities between the CCG and the STP Programme – particularly for financial savings and performance improvement initiatives. There is a requirement on the CCG to be more proactive in the system as any non-achievement of financial targets will significantly impact the CCG.

### Performance:

#### **Strengths**

- Management of the quality agenda

#### **Weaknesses/Priorities for improvement:**

- Provider management – needs to be more proactive and driven by priorities. As part of the improvement there needs to be a shift from more traditional types of provider management (improvement notices, penalty application etc.) to proactive management within the system risk share arrangement.
- Ways of working – both clinical and executive leaders need to minimise total time spent on meeting attendance and maximise doing time and supervision of work within directorates. There is insufficient clinical engagement on addressing CCG delivery priorities and solutions to the organisation's challenges and time needs to be spent strengthening the link between individual Executive Directors and Clinicians to support delivery.
- Meeting effectiveness - need greater clarity of meeting purpose, the decisions to be made and ensuring that decisions taken are acted upon.

### Financial management:

#### **Strengths**

- Increased transparency of financial position
- Development of the Somerset Turnaround Plan and the implementation of the risk share agreement for 2017/18 contract round

**Weaknesses/Priorities for improvement:**

- Implementation of the Turnaround Plan - too slow and there is a rapidly escalating risk that the turnaround projects will not be implemented in time to deliver 2017/18 savings.
- Clarity of roles and responsibilities between the CCG and the STP Programme – For example, reducing demand is of fundamental importance to the CCG's financial management performance and progress on this initiative is inadequate (and carries a financial risk of c£7m).

**Planning:**

**Strengths**

- Improved engagement with system partners

**Weaknesses/Priorities for improvement:**

- Delivery focus and implementation of key activities to address challenges within the CCG.

**Delegated functions:**

The CCG has been delivering some delegated functions i.e. IT, and applied for full delegation of Primary Care commissioning. The CCG was not successful due to the financial position at the time of application and securing delegated functions is not a current priority for the organisation.

**Conclusion:**

The CCG should build on the established strengths of the clarity of its outcomes based vision, good primary care Clinical engagement, collaborative relationships, and a partnering approach to the development of plans. It is evident from undertaking this review that stakeholders believe that the CCG's effectiveness is being undermined by weak decision making and programme and project implementation.

There is no doubt that capacity constraints adversely impact the CCG. In other financial circumstances a sound case could be made for investing in more senior, experienced capacity to address the gaps which have been identified. In the current financial circumstances this is not a viable option and it is therefore essential for the CCG to address, as a matter of urgency, its ways of working to free up senior time to focus on the organisation's priorities; namely achieving its financial targets and managing the system's performance against NHS Constitution standards.

Of equal importance to finding pragmatic solutions to meeting capacity constraints is the need for the CCG to increase its capability to address critical weaknesses such as effective decision making and programme and project implementation. This requires a deeper understanding and evaluation of the wider functioning of the CCG, prioritisation of resources and the adoption of new modes of working, including improved CCG governance and meeting effectiveness. It also requires the training and development (or,

if necessary, personnel changes) to enable rapidly increased capability to manage and deliver the CCG's challenging agenda.

This review makes several recommendations (outlined in Appendix 1 of the full report); however, the key recommendations are summarised as follows:

#### Recommendation 1

The CCG implement a bespoke leadership development programme for its senior leaders (Executive and Clinical) with a focus on developing competencies for effective leadership at organisational and system level, and allow leaders to free capacity through delegation and improved performance management.

#### Recommendation 2

The CCG undertake a wider organisational development programme focused on implementing more efficient ways of working, improving the transition from planning to delivery and addressing the recommendations made in this report.

#### Recommendation 3

The CCG review and refocus leadership meetings to ensure efficient and effective use of leadership time and minimise duplication, along with re-considering the constitution of the Clinical Operations Group (COG) with a view to future transition to an Accountable Care System (ACS)

#### Recommendation 4

The CCG proactively addresses any confusion of responsibilities, resourcing, and reporting with the STP Programme.

#### Recommendation 5

The CCG complete a review of current projects and programmes ensuring alignment with delivery of CCG and STP priorities and adopt a more formal project management approach to the development, monitoring, reporting and close down of any projects remaining within the CCG on a consistent basis to that used in the STP.

#### Recommendation 6

The CCG ensures that its leaders have an appropriate focus on quality and performance, the achievement of which will underpin the achievement of financial goals.

#### Recommendation 7

The CCG works with Clinical leaders to articulate CCG expectations of a Clinical leadership role and provide role clarity along with exploring how Clinical leaders can leverage their Clinical insight and expertise in all CCG business to support the delivery of CCG and wider system priorities.

#### Recommendation 8

The CCG review planning processes to make leaders more assertive in decision-making and effective in follow-through and implementation. The CCG consider how to appropriately support and incentivise partners within a system-working/ risk share framework.

There is a recognition of the probable transition of the CCG to a strategic commissioning role (in conjunction with the County Council) with many functions transferring to the Accountable Provider Organisation (APO) and a desire that progress on these new functions and forms, be as rapid as possible, to minimise the period of uncertainty and to take advantage of the associated change programme as a vehicle for implementing the recommendations outlined.

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