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Date	Thursday, 06 December 2018
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Title of paper	NW London Collaboration Development Programme Update
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Confidential	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/> Items are only confidential if it is in the public interest for them to be so

The Committee is asked to:

Note the update to the Collaboration Development Programme.

Summary of purpose and scope of report

The Collaboration Development programme aims to deliver single leadership across the eight CCGs, with supporting governance products to enable greater collaboration, by March 2019. We are now half way through the programme. Three projects were identified to help deliver the changes and developments needed to develop collaborative commissioning across NW London. This is on the back of agreements and requirements as set out by the eight CCG Governing Bodies at their meetings in September 2017 and January 2018.

The enclosed paper provides members of the Joint Committee with the latest update on progress of the programme. The Committee is asked to note the progress identified.

Our planned outcomes for the Collaboration Development programme:

1. NW London single corporate leadership in place *by December of 18/19*
2. Single corporate governance, utilised effectively *by March of 18/19*
3. Enabled, engaged staff – *throughout change, in a consistent manner*
4. Efficient processes – *aligned to priorities, as driven by the leadership*
5. Improved staff and knowledge retention - *on-going*
6. Robust, agile organisation ready for the requirements of integrated care *2021*
7. Effective running cost management – *2019/20*

This regular report details our progress towards achieving our planned outcomes.

What are the benefits of this project?

The Collaboration Development programme was developed from a collective need to work better together; a series of engagement events in 2017 led to the case for change to be agreed at Governing Bodies, along with agreement for joint decision making and exploring the process of associated constitutional changes with membership. Since that time, we have progressed with the programme and initiated delivery of our programme aims:

1. Embed new ways of collaborative working
2. Reduction in variation/ increase standardisation, where feasible
3. Single processes to support business flow, avoiding duplication
4. Organisation developed as a building block for a potential Integrated Care Organisation
5. Develop NW London Collaboration as a functioning entity, with single leadership in place

The key objectives required to deliver these aims, as agreed with Governing Bodies in September 2017, are:

- **Launch a Joint Committee**, intended to have delegated decision making authority over an agreed range of responsibilities
- **Make changes to sub-committee arrangements** within and across CCGs
- **Develop a new Financial Framework** that supports and enables greater collaboration
- **Appoint a single Accountable Officer and single Chief Financial Officer** across the 8 CCGs
- **Develop new senior leadership structures** to support new ways of working
- **Develop new processes & operating models** that support and enable greater collaboration
- Invest in organisational development to **support leaders and teams** to respond to the changes taking place

Patient benefits

Working together to reduce variation, and deliver more consistent quality standards and a better patient experience, will mean patients across NW London can expect the same standard of care regardless of where they live.

By reducing variation in patient outcomes and levelling up to achieve more consistent standards we have the potential to reduce the overall demand on our services. For example, if we identify more patients with atrial fibrillation in the community we can work pro-actively to reduce the incidence of strokes and thereby reduce the number of patients being admitted to hospital in the first place.

For complex patients with multiple conditions, and activity in multiple care settings, a more joined-up offering can enable more coherent management of the patient pathway regardless of where services are provided. If we commission services collaboratively across the eight CCGs with a single voice and an overall vision we can provide greater clarity for acute trusts and achieve greater influence and leverage, enhancing our ability to manage the

relationships with large providers.

Patient, staff and stakeholder engagement

The programme has been informed by a series of workshops and interviews with governing body members and senior managers in the CCGs and other partners and stakeholders, including provider chief executives and local authority leaders throughout 2017. 44 individuals were interviewed and their responses analysed. In addition, an on-line survey was sent out to 207 CCG governing body members and senior managers, with 119 responses received.

The feedback from this engagement was used to develop the programme aims, case for change and initial options for greater collaborative working.

As we have develop the programme, we have further engaged with key stakeholders on a workstream basis:

Communications and Governance Design: Through the Governance Design group, we have co-designed the governance products. These have been iterated through further engagement with a wider group of lay representatives, our integrated lay partners group, and governing body members. We held a Joint Governing Body Seminar recently in August 2018 to further engage with our members.

Organisational design and development: for each of the new leadership roles developed, a series of workshops were held to design the roles, immediate organisational structures and ways of working, by utilising the proficiency of our subject matter experts – our staff

Jargon buster

Integrated Care: joined-up care centred around the person.

Governance Design Group: a forum of stakeholders who design and iterate key collaboration governance products.

Financial Framework: a financial structure in which our eight CCGs can manage money more effectively.

Collaboration Development: the NW London programme to bring together staff and leadership of the eight CCGs, creating a more joined-up workforce with less fragmentation.

OD – Organisational development: the planned effort for the organisation, managed by leadership and supported by employees, to increase organisation effectiveness through planned change in processes and systems.

Ratification: the formal approval at a committee or meeting.

POD: People and Organisational Design – a project within the Collaboration Development Programme.

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SMT: Senior Management team.
GB: Governing Body.
BAU: business as usual.

Quality & Safety
Collectively the eight NW London CCGs have developed a shared vision for health and care whereby we aim to work together as a joined-up health and care system to reduce unwarranted variation for our patients and to work together with our main providers to further increase the amount of care delivered closer to home. We also recognise that our financial challenges are significant and that only by working together can we begin to address them.
Equality analysis
No impact to equalities identified within this report.

Finance and resources
As well as improving outcomes and reducing variation, we also recognise that our financial challenges are significant and that only by working together can we begin to address them.

Risk	Mitigating actions
Current programme risks are detailed within the report in the risks and issues section	
Board Assurance Framework, risk 7: Risk that CCGs do not embrace changes and retain local systems, processes and approaches meaning the benefits of greater collaboration cannot be realised and efficiencies/cost reductions cannot be achieved	Active programme in place and full programme governance established. Significant milestones delivered including key senior appointments which are enabling delivery of the next stages. Key risks remain in relation to development of new operating models for greater joined up working and in realising benefits that reduce duplication and remove 'double-running'. Programme is managed by the Collaboration Development Programme Board, which reports to the Joint Committee

Supporting documents
NW London Collaboration Development programme update report – November 2018

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Conflict of interest

The authors have identified no conflicts of interest.

Governance, reporting and engagement

Name	Date	Outcome and where in the report can you find out more
Collaboration Development Programme Board	15 November 2018	Next steps in implementation for Governance Design approved and staff consultation across the directorates.

COLLABORATION DEVELOPMENT PROGRAMME UPDATE



North West London
Collaboration of
Clinical Commissioning Groups

Reporting period	November 2018
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Headline summary	<p>Following CCG memberships voting in favour of the constitutional revisions to enable NW London Joint Committee (and related sub-committees) to come out of shadow form, NHSE review process underway for ratification. The decision making powers of the Joint Committee (as set out in the terms of reference) will allow for the committee to set directions and take decisions as required, for services that cross borough boundaries, and are best commissioned on a multi-borough basis such as secondary care acute and mental health services, decide matters relating to the strategic direction of the CCGs where such decisions are in line with the Sustainability and Transformation Programme (STP), as well as set and agree the joint financial strategy. Recruitment of key leadership areas continues with successful appointment of Director of Commissioning, STP Director, joint Ass Dirs of Primary Care, independent Chair of the Joint Committee. Planned staff consultations continues across the directorates. Programme actively engaging with leadership to assess business needs and to ensure interdependencies are effectively managed.</p>
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RAG status	
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Activities completed during this period (Nov)

- **Governance/Communication:** Subsequent to CCG memberships voting in favour of proposed constitutional revisions and terms of reference of NW London Joint Committee and related sub-committees in Oct, review process underway by NHSE for ratification until early Dec.
- **People and Org Design:** Headway made with leadership recruitment with STP Director, joint Ass Dirs of Primary Care, independent Chair of NW London Joint Committee and new Chief Financial Officer now completed. Interim arrangement made for Director of Commissioning, starting full time in Jan for 6 months. Recruitment continues with Ass Dir of Mental Health and other key areas. Continuing with staff consultation across directorates. Quality and Nursing proposals approved with planned consultation launched on 19 Nov. Performance directorate successfully concluded planned consultation on 20 Nov. Developing plans on organisational redesign of S&T/STP directorate with a three phased approach. Lay member review also launched on 02 Nov with outcome results presented at lay members meeting on 27 Nov. Staff consultation to continue with review of Business Admin staff following leadership recruitment.
- **Programme:** Following leadership agreement to pilot Corporate Services for 9 months, initial workshop held with senior leads on 02 Nov where priority areas for matrix working was agreed; smarter Working, single source of information, digital workflows/employee lifecycle and sharing expertise. Significant work now underway.
- Commissioning/contracting workshop held for better collaborate process. Working with clinical leads and STP Director to take integrated care forward, prepared delegate materials with clinical senate on current NW London-wide strategies in traction for verification.

Activities planned for the next period (Dec)

- Awaiting approval of constitutional changes from NHS England.
- Complete implementation plan for governance products (next steps post-GBs) applying lessons learned from stage 1 process.
- Progress lay members review to map the corporate need.
- Assessment of next steps for communication related to programme.
- Recruitment process for senior commissioning roles to continue with key areas, with comms to staff regarding POD to be developed. Preparation for Business Admin staff review following leadership recruitment.
- Continuing with Quality and Nursing staff consultation. Progressing next steps with S&T/STP organisational redesign plans. And prepare working with joint Ass Dirs of Primary Care to establish immediate priorities for primary care working at scale.
- Continue to focus on corporate services pilot and implementing plans on identified priority areas following agreement with directors and senior management at workshop held on 02 Nov.
- Develop scope and plans for corporate services collaborative projects with key subject matter experts.
- Completion and implementation of Gantt of Gantt for commissioning, contracting and QIPP across NW London following feedback from leadership.
- Continue working with clinical leads and STP Director to take forward outputs for integrated care
- Develop communications for our staff on the leadership structure

Key risks	RAG	Mitigation
<p>Risk that CCGs do not embrace changes and retain local systems, processes and approaches meaning the benefits of greater collaboration cannot be realised and efficiencies/cost reductions cannot be achieved.</p>	6	<p>Active programme in place and full programme governance established. Significant milestones delivered including key senior appointments which are enabling delivery of the next stages. Key risk remain in relation to development of single processes for greater joined up working, retaining talent in the organisation during periods of change and in realising benefits that reduce duplication.</p>
<p>As new Director and Associate Director roles are recruited, they will want to shape their directorates and functions. As a result, more teams may be affected by some degree of change, which may require not only formal consultation with individuals affected but also wider staff communication and engagement.</p>	6	<p>Ensure there is a communication/engagement plan with each transition. Also work with communications to ensure that the internal communications function is strengthened. Mitigation continues in two folds (1) high level work with communications to build the key staff supporting strategies into the internal communications outputs; (2) locally, by building an engagement plan into each consultation document, ensuring interfaces between different parts of the system are managed.</p>
<p>Legal challenge to establishment of Joint Committee forces a hiatus for implementation of a decision-making Committee</p>	6	<p>Publish assurances re local accountability, develop broader Comms strategy that provides the simple and clear narrative re why the Committee is needed and how it benefits residents, and engage proactively with key stakeholders (e.g. HealthWatch, NHS E etc). Strong communication flow to support across and out of the programme, including a continuous loop into senior teams.</p>