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Title of paper	NW London Collaboration Development Programme Update
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Clinical Lead	N/A			
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

<p>Summary of purpose and scope of report</p> <p>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.</p> <p>The enclosed paper provides members of the Shadow Joint Committee with the latest update on progress of the programme. The Committee is asked to note the progress identified.</p> <p>Our planned outcomes for the Collaboration Development programme:</p> <ol style="list-style-type: none"> 1. NW London single corporate leadership in place <i>by December of 18/19</i> 2. Single corporate governance, utilised effectively <i>by March of 18/19</i> 3. Enabled, engaged staff – <i>throughout change, in a consistent manner</i> 4. Efficient processes – <i>aligned to priorities, as driven by the leadership</i> 5. Improved staff and knowledge retention - <i>on-going</i> 6. Robust, agile organisation ready for the requirements of integrated care <i>2021</i> 7. Effective running cost management – <i>2019/20</i> <p>This regular report details our progress towards achieving our planned outcomes.</p>
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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

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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

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Programme
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 7a: 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 Shadow Joint Committee

Attached documents

NW London Collaboration Development programme update report

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Governance, reporting and engagement

Name	Date	Outcome and where in the report can you find out more
Collaboration Development Programme Board	09 August 2018	Progress on programme delivery and next steps approved.
Conflict of interest		
N/A		

COLLABORATION DEVELOPMENT PROGRAMME UPDATE



North West London
Collaboration of
Clinical Commissioning Groups

Reporting period	August 2018		RAG status	A
Headline summary	<p>Senior commissioning roles, agreed with the leadership in August, is progressing through internal recruitment. Further OD requirements are to be directed by new leadership, once in post. Joint GB seminar delivered on 2 August 2018; Governance are collating feedback which will be circulated to attendees imminently. Governance products are nearing completion and ready for final engagement before September Governing Bodies. Programme is now preparing plans for stage two - with a focus on corporate services and related priorities to deliver between now and the end of the programme in March 2019.</p>			

Activities completed during this period (July/Aug)	Activities planned for the next period (Sept)
<ul style="list-style-type: none"> Governance products for the Joint Committee and related sub-committees have been drafted and co-designed with key stakeholders. These were reviewed at a Joint Governing Body Seminar held on 2 August 2018. Feedback from all stakeholders is being collated and analysed, with any final changes made to products before submission to September Governing Bodies for ratification. Communications for collaborative working and narrative for the Joint Committee has been published, FAQs are now available on our website and a new coversheet for papers was developed. People and Organisational Design has held engagement workshops for acute, primary care and mental health commissioning. Recruitment has commenced for Director of Commissioning and associate director roles. Five workshops were held for Quality and Nursing, and ways of working proposal is under development for Senior Management review in September. Recruitment and OD is underway for other key areas. The Collaboration Development Programme Board in August agreed key priorities to support collaborative working to be delivered between now and March 2019. 	<ul style="list-style-type: none"> Collating feedback for GB members from Joint GB seminar on 02 August. Ensuring issues raised at seminar are addressed and develop subsequent iteration of governance products. Deliver coversheet training for staff. Preparing to wrap up phase one of the programme – organisational design of leadership team and core governance product development with related communications. Focus on corporate services pilot plan and implementation, including key inter-dependent deliverables and success criteria agreement by Directors. Scope and agree plans for next six months of programme, including mandatory training, active directory, branding and staff guidance. Recruitment process for senior commissioning roles to commence. Proposal for Quality and Nursing directorate to be reviewed by leadership in September.

Key risks	RAG	Mitigation
Functions may become 'orphaned' during the development of new roles (eg governance in BHH) leading to lack of grip and delivery oversight	15	A register has been established by the POD workstream to identify and track key functions that have or may become 'orphaned' during the change process. Where necessary, interim management arrangements are being put in place to ensure no loss of delivery/oversight. Plans for the remaining roles will ensure permanent homes are found for all displaced functions.
Legal challenge to establishment of Joint Committee forces a hiatus for implementation of a decision-making Committee	12	Publish assurances re local accountability, develop broader communications strategy that provides a simple and clear narrative on 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 SMT.
We may not be able to recruit, or retain, staff for key posts in NW London leading to hiatus in delivery or leadership during transition (and turbulent time), with potential negative impact to BAU and significant delay to the programme	12	Full recruitment drive with campaign planned, using other forums to NHS jobs. Planning internal comms strategy to support retention of our skilled workforce. POD stream planning analysis of turnover data and accompanying action plan to support recruitment and retention going forwards to mitigate future risk.