



North Central London
Clinical Commissioning Group

Directorate Staff Briefing

19 May 2021

Keep Active Week



North Central London
Clinical Commissioning Group

- Congratulations to everyone who took the opportunity to be active and log their activities throughout Keep Active Week.
- The most popular activities for our staff members throughout the week were walking, yoga/pilates and running.
- The most popular day of the week for activity was Monday, with the least popular Tuesday and Thursday.
- The 'most active' directorate was Strategic Commissioning, closely followed by Corporate Services
- The most active staff members were Rachael Clark, Julie Sujeewon, Katrina Davies and Clare Kapoor.
- While we continue to work from home, it is really important that you do take opportunities to keep active. Where you can, be sure to take time out during the day to stretch and be sure to carve out some time each day for a lunch break away from your screen to rest your eyes.
- Don't forget to utilise the links and resources on our [health and wellbeing pages](#) on the staff intranet. If you know of anything else, please do share it with the Comms and Engagement team.

Keep Active Week

We are always on the lookout for ways to get staff involved.

If you have any ideas, share these with the Comms & Engagement team or your Engaging Our People Forum representative.



Thanks a million!

- Two weeks ago we achieved the remarkable milestone of delivering our 1,000,000th Covid-19 vaccination in NCL.
- A total of more than 700,000 first vaccine doses, and 350,000 second doses have now been given to patients across Barnet, Camden, Enfield, Haringey and Islington – providing people with vital protection, and helping bring our communities that bit closer to a return to normality.
- This is an incredible milestone, and one it was difficult to imagine a few short months ago when we gave our first jab just before Christmas.
- This is all the result of the hard work and collaboration of health and care staff and partners across our five boroughs. It has been an epic feat and one we can all be proud to be a part of.
- Thank you to each and every one of you for helping us lead and deliver this work.



- As mentioned at the recent 'In Conversation' event, the Executive Management Team are looking forward to welcoming staff at new 'Ask EMT' drop-in sessions.
- The first Ask EMT session will be held next week on Wednesday 26 May at 10am.
- All staff are invited to use this timeslot (45 minutes) to 'drop in' to speak with EMT.
- This can be about anything. But it is important for colleagues to be mindful that we continue to operate in a changing environment. Any questions that can't be answered during the session will be captured and answers shared when possible.
- In advance of this session, we will be publishing answers to questions that were asked as part of the In Conversation event (both before and during) on the [FAQ page of the staff intranet](#).
- There will be no formal announcements during this session, so if you don't have any questions to ask, there is no need to attend.
- If you would like to attend, [please use this MS Teams link](#) (this will also be shared via the intranet and staff newsletter).

Return to office working

- As mentioned at the recent 'NCL CCG: In Conversation' event, we are seeking views of staff in relation to our return to office-based working and also longer term ways of working.
- It is important to again reiterate that there is not an expectation for any immediate return and that we are starting to prepare to allow some staff to start spending time back in the office in line with government guidance.
- We understand that each staff member is affected differently by the 'new normal' and therefore want to give everyone the chance to feed into this piece of work.
- In the short term, this will create flexibility in the way we work.
- However, we are also looking to learn from our experience over the 14 months of home working and implement blended/agile working between home and office bases.
- This will help staff achieve a good work-life balance and ensure we have appropriate office space to support our changing needs.

Return to work survey

- We have received both informal and formal feedback from a number of colleagues over the past year about the positives and negatives of home working.
- It is really important that everyone has a chance to share their thoughts about home working and also future ways of working.
- Please take time to complete the short Return to Work survey, as the information provided will be used to inform decisions in the coming weeks and months.
- You can access the survey [via this link](#).
- CSU staff based in CCG offices are also invited to complete this survey.
- It will be open until next Wednesday, 26 May.
- Individual responses will be held confidentially and not shared with your line manager as they are only to help us inform our planning and will not be used for other purposes.
- If you have any questions relating to this survey or the return to work in general, please contact Karl Thompson in the first instance (Karl.Thompson@nhs.net).
- Please also utilise your 1:1 meetings with your manager and team meetings to discuss this.

Enfield office update

- As previously advised, the landlord of Holbrook House, our office in Enfield, has given notice for us to vacate as they have planning permission to redevelop the site.
- Therefore, we are starting to ensure we are fully prepared and currently are looking to have effectively moved out by the end of November 2021.
- We have sent an email to all staff we believe are contractually based from the Enfield office, to ensure they are kept up to date with plans and importantly have asked for volunteers to become move champions.
- If you have not received the email and are based in Enfield, please do contact Shamila s.galaiya1@nhs.net who will ensure you receive the regular updates.

How we work

- Our formation a year ago was an exciting milestone in our journey towards an integrated health and care system.
- Through responding to the pandemic, we have seen the benefits of being able to operate as one North Central London organisation, retaining a strong focus on place.
- Last summer we shared a slide deck that looked at our Operating Model and invited staff to feedback.
- Thank you once again to everyone who did feedback. One thing that became clear was that this needed to be more than just a summary of our Operating Model, and that colleagues wanted to understand not only overarching principles, but also how they fit in.
- We have taken time to further develop this pack and the updated 'Operating Model' pack is now available on the staff intranet and simply called: [How We Work](#).
- <https://intranet.northcentrallondonccg.nhs.uk/working/how-we-are-run.htm>

How we work

- This pack provides an overview of how our organisation will function in 2021/22 to deliver our priorities.
- We would encourage all staff to take some time out over the next few weeks to read through and reflect on this. Please also feel free to discuss in team meetings – whether that be the pack as a whole or more specific sections.
- It builds on pre-merger thinking, our recent staff realignment process, our staff survey results – and some of the finance and governance structures emerging under the NCL ICS transition.
- We are building on what worked well as five separate CCGs, and aligning where this allows us to be more agile, more effective and more efficient.
- We've come a long way in recent years, and in particular throughout our response to the Covid-19 pandemic, in our efforts to work more closely with partners. But there is still a way to go.
- This is of course another year of change for the NHS. As such, we will continue to evolve throughout this year.
- We will continue to involve and listen to staff, to ensure everyone is clear on their role and how each one of us can play an important role in achieving our objectives.

How we work

In summary, the How We Work document covers...

1. **Our CCG**
 - Vision and Values
 - Our role and approach
 - Priorities
 - Governing Body & EMT
 - Directorates & Teams
2. **Forming an Integrated Care System (ICS) in North Central London**
 - Introduction
 - Role of system, place and neighbourhood
 - Financial context
3. **Implementing Integrated Care Partnerships (ICPs) in North Central London**
 - Our Borough Partnerships
4. **Our Way of Working in 2021/22**
 - Committees
 - Decision making
 - Stakeholder Management & Engagement
 - Processes
 - Matrix working
 - Supporting our people
5. **Appendix**

<https://intranet.northcentrallondonccg.nhs.uk/working/how-we-are-run.htm>

Our priorities and values

This week, we have published an important document containing NCL CCG priorities for 2021/22, and also a set of organisational values.

This is now available on the staff intranet: <https://intranet.northcentrallondonccg.nhs.uk/working/ncl-ccg-priorities-and-values.htm>

Priorities

The ten key priorities outlined in this document reflect key areas of work that the CCG needs to ensure additional focus on, capacity for, and delivery of, in 2021/22. It is not an exhaustive list of all CCG important activity including and is complemented by a range of 'business as usual' activity.

The headline CCG priorities for 2021/22 fall into four main categories: Covid-19, corporate support, strategic commissioning and future transition.

The priorities are key to both our work as a CCG and as part of an integrated care system (ICS) in North Central London.

Our priorities and values

Covid-19

- A. Support the ongoing response to Covid-19 pandemic and vaccination programme.
- B. Support system recovery and strengthen both Urgent Care and Integrated Urgent Care.

Corporate support

- C. Provide robust support to, and development of, our workforce – including through change.
- D. Tackle discrimination and embrace equality and diversity through our workforce.
- E. Maintain strong financial vigilance.

Strategic commissioning

- F. Undertake key strategic commissioning reviews (Community Services, Mental Health and Children, Young People & Maternity Services).
- G. Embed and deliver the commissioning pipeline.
- H. Tackle health inequalities and strengthen the system approach to population / place-based health and care management.
- I. Embed robust approach to complex individualised commissioning and deliver the continuing healthcare recovery programme.

Future transition

- J. Prepare for the formal transition to an Integrated Care System and further development of Integrated Care Partnerships.

Our priorities and values

Values

- The NHS Constitution (2015) is founded on a common set of principles and values. The NHS values provide common ground for co-operation to achieve shared aspirations for staff that work in the NHS and the communities and people it serves.
- Having a set of shared values is critical in setting out our standards and commitment to staff and other stakeholders as an organisation.
- 84% of NCL staff in the 2020 staff survey felt it was important for the CCG to have a set of shared values.
- Work has been undertaken, including extensive engagement with staff, to develop a set of seven organisation values – with supporting statements aligned to each value.
- The Engaging our People Forum has played a key role in developing the set – taking into account the NHS Constitution values, the legacy CCG values and values of other NHS organisations across NCL.

Our priorities and values

- The new organisational values are fully supported by the CCG's Governing Body and Executive Management Team and are as follows:



Our priorities and values



Embrace Diversity

“We will continue to celebrate the diversity of our people and communities and actively stand together to address discrimination and inequality.”



Collaborative

“We will connect with and listen to stakeholders across our system, whether that be staff, residents or system partners, in order that we can represent everyone’s needs and be reflective of those we serve.”



Support

“We will respect each other and support our colleagues to reach their full potential to be the best in what they do, ensuring that the workplace is supportive to individuals’ needs, remains safe and is an enjoyable place to be.”



Deliver

“We will continuously strive to be the best in all we do by embracing new ideas, technology and ways of working, taking opportunities to test, learn and improve. We will deliver services which are of a demonstrably high quality.”



Efficient

“We will work in ways which are cost-effective, environmentally sustainable, equitable and accessible – making the best use of public money, our workforce and technology.”



Transparent

“We will be open, honest and communicate with transparency.”



Accountable

“We will be accountable to our staff, local populations and system partners. We will ensure that we have appropriate arrangements in place to discharge our functions.”

NCL Integrated Care System update

What we know:

- The **Government White Paper** published in February 2021 set out the vision for ICS development and mandated some specific ways of handling this change, that should be taken into consideration in the transition.
- The **2021/22 NHS Operational Planning Guidance** set out an ambition for ICS transition and becoming an ICS NHS Body by 1 April 2022, with a shadow form by autumn 2021.
- During the **Queen's speech** last week, the Health and Care Bill was specifically mentioned, confirming the government's intention to legislate for the introduction of ICSs during this parliament.
- The purpose of the Bill as set out was to:
 - Lay the foundations for a more integrated, efficient and accountable health and care system – one which allows staff to get on with their jobs and provide the best possible treatment and care for their patients.
 - Give the NHS and partners the tools they need to improve outcomes across the country, enabling healthier, longer and more independent lives.

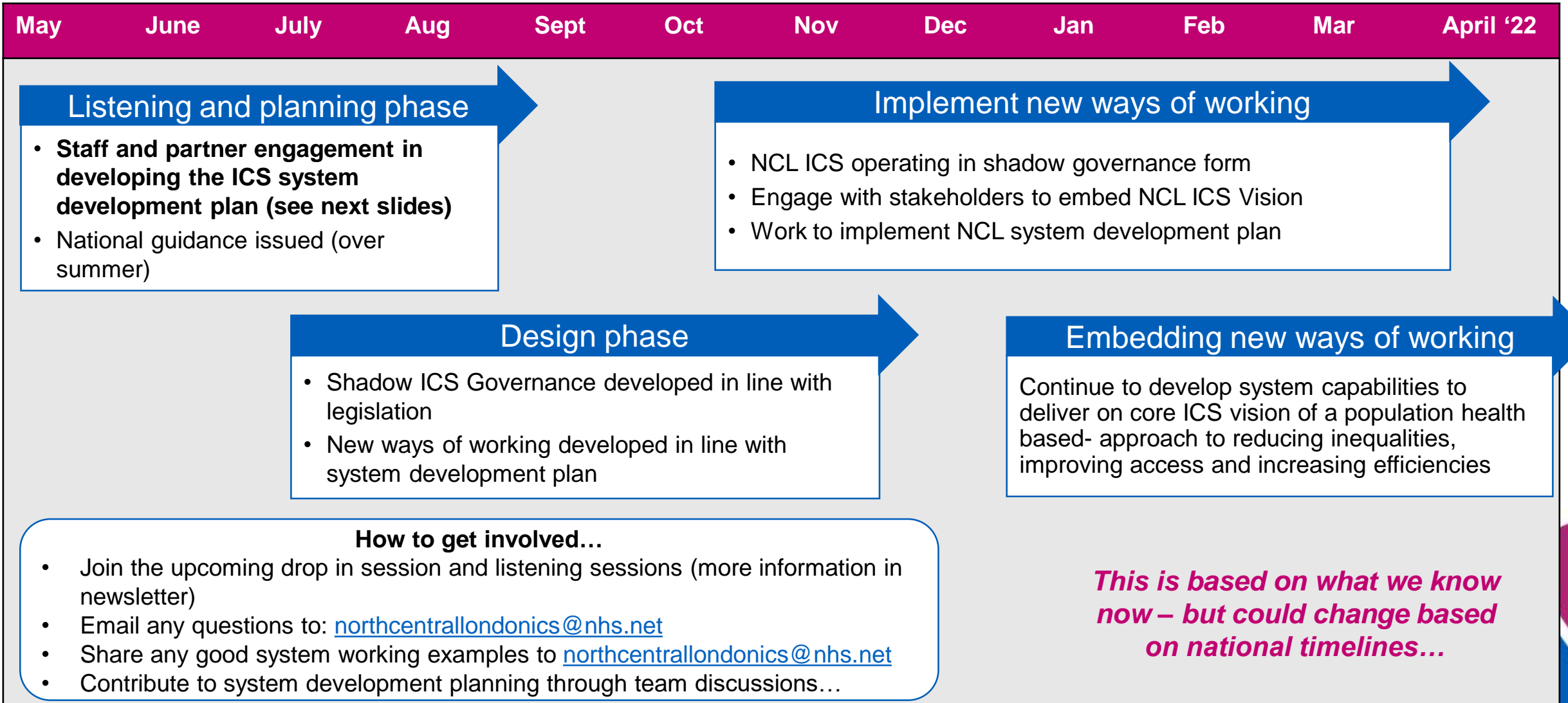
Next steps:

- At this stage we are not yet clear when the Bill will be presented to parliament, and the exact timetable, but in anticipation we are working on the next steps towards transition. These are set out in the next slides.
- The steps defined in the Operational Planning Guidance at this stage are high level; we will keep staff updated as we learn more. We want teams across the CCG and the system to be part of developing our system development plan.
- It is important in the coming months that we embed and formalise our NCL system working, taking the learning we have so far, to design and develop our ICS.

How we are already working like an 'ICS' in NCL

- Despite all of the challenges of the past 18 months, we have still managed to **build stronger partnerships, relationships, and new ways of working as a system** across social, primary and secondary care organisations.
- This year informally made us **think and act more like an integrated care system**, aiming to deliver the best and seamless care for our population through the pandemic. We have already started focusing work on a number of areas.
 - A move to single strategic commissioner for health services.
 - Ensuring resident voice is heard at all levels of work.
 - Establishing five borough-based integrated care partnerships focused on the coordination, integration and development of out of hospital services based on population needs.
 - Supporting the development of Primary Care Networks.
 - Through our response to and recovery from the Covid-19 pandemic we have worked collaboratively through the Clinical Advisory Group and 'GOLD' decision-making executive. We have worked increasingly as a system to tackle challenges and find solutions to meet the needs of local people.
- A recent successful example that shows **how we work across different levels of a system effectively**, is our Covid-19 vaccination programme, where enablers such as HealthIntent are supporting our system response, boroughs deploy their local know-how to plan for delivery based on local needs; while neighbourhood pharmacies and PCNs continue to effectively service their populations through local interventions.

High level phases of the ICS transition



NCL System Development Planning

- As next step towards NCL's transition to an ICS, there is a requirement for an updated System Development Plan by the end of June 2021, in line with guidance from the region and NHSE/I.
- This will set out both the transactional and transformational aspects of the work to become an ICS.
- It will build on existing work and best practice from working as a system through the pandemic.
- The development of the plan is an opportunity for us to co-create with system partners the more transformational aspects of our journey, as we continue to move towards a mature and established ICS.
- As part of the process of developing these plans, we want to spend time working collectively on some of the building blocks of our plans including:
 - describing clearly the benefits of becoming a statutory ICS for our local populations
 - NCL Population Health Strategy
 - work to understand the impact of the new NHS systems oversight framework
 - model for clinical leadership and approach to achieving multi professional leadership
 - principles for collectively agreeing priorities at a place level
 - NCL financial framework.
- We want to work with teams across NCL CCG and the system to ensure this builds on existing work across the system and good practice. We will be working with colleagues to develop these through various forums and through the listening and planning phase.



Developing the NCL System Development Plan



DEVELOP FRAMEWORK

1 – 20 May 2021

- **Set up process for engagement on key areas**
 - Identify best practice and areas of success
 - Agree areas for system wide engagement
 - Develop system-wide engagement plan



ENGAGE TO DEVELOP APPROACH*

17 May – 30 June

- **Engage with System Partners to develop approach towards:**
 - Benefits of becoming a statutory ICS for our local populations
 - NCL Population Health Strategy
 - Impact of the new NHS systems oversight framework
 - Model for clinical and multi professional leadership
 - Principles for collectively agreeing priorities at a place level
 - NCL Financial Framework
- **Continue to update System Development Plan in line with guidance**



ENGAGE TO CO-PRODUCE AND EMBED*

1 July onwards

Continue system-wide engagement on:

- Benefits of becoming a statutory ICS for our local populations
- NCL Population Health Strategy
- Impact of the new NHS systems oversight framework
- Model for clinical and multi professional leadership
- Principles for collectively agreeing priorities at a place level
- NCL Financial Framework

System Development Plan Implementation of key changes to deliver these ahead of April 2022



Key areas of the plan we want to work together to develop

Area	Example questions to explore with partners...
The impacts and benefits of becoming a statutory ICS	<ul style="list-style-type: none"> • What does the change to a statutory ICS mean we could do differently for residents to improve outcomes/reduce health inequalities? • What does this mean to your organisation – what would work differently? • What changes between now and April 2022 to get us closer to our vision?
NCL's Population Health & Inequalities Strategy	<ul style="list-style-type: none"> • How should we adapt to embed a population health approach? • What are the key areas of variance in outcomes across NCL? • Where are the common areas we should work together? • What might we do at a borough level? • What should we do as a system over the next nine months to embed a Population Health Approach?
Principles for collectively agreeing priorities at a place level	<ul style="list-style-type: none"> • How will each place/borough partnership agree priorities? • How do we work to the principle of subsidiarity? • What should the interface between ICS and ICP priorities look like?
Impact of system oversight framework	<ul style="list-style-type: none"> • Do we have transparency of process, shared accountability and joint decision-making? • How do we continue to embed that across the system? • What is our approach to aligning system-wide operational and strategic plans?
ICS Financial Framework	<ul style="list-style-type: none"> • How will be align budgets (creating a 'single pot')? • What is our plan for sharing financial risk and opportunity? • How do we balance system financial sustainability with organisational sustainability?
Clinical and Leadership	<ul style="list-style-type: none"> • How do we establish appropriate clinical and professional leadership? • What is the role of leadership within system, place and provider collaboratives? • What is our approach to achieving multi-professional leadership including primary care and speciality?

We will be working through a mix of team meetings and workshop sessions to develop thinking and get feedback on the above areas. If you would like to be involved please contact northcentrallondonics@nhs.net

Strategic Review of community and mental health services in NCL

- NCL CCG has commenced strategic reviews of community health services and mental health services currently provided to residents living in NCL. The provision of community services and mental health services across NCL is varied and complex.
- Working in partnership with our community and mental health service providers, primary care, local authorities, voluntary and community sectors and service users, carers and residents, the aim of both strategic reviews is to develop a consistent and equitable core service offer that addresses health inequalities and meets the current and future health needs of the local populations we serve.
- In line with the vision of the NHS Long Term Plan, the CCG's ambition is to shift care away from hospitals and closer to people's homes and communities, placing greater emphasis on prevention and delivering community and mental health services which integrate more seamlessly with primary and secondary care, as well as with local authority and voluntary sector services.
- Following a series of co-design workshops with partners from the health and care system over the summer, options for implementing the core service offer and proposed service model will be considered and a transition plan will be developed to deliver the recommendations arising from the review.

Strategic Review of community and mental health services in NCL

- Given the shared purpose and objectives of the reviews and to ensure greater synergy, the community health services review and mental health services review will be undertaken in parallel as far as possible, with one combined programme steering group, but overseen by two separate programme boards.
- Patient and public engagement will be integral to both reviews and will help to shape the core service offer and proposed service delivery model.
- The co-design workshops, joint steering group, and programme board membership will include service user representation.
- We are also establishing a residents reference panel with representation from patients, service users, carers and residents from across the five boroughs.
- We will be inviting service users, carers and residents to share their views via a survey so that we can understand their current experience and perceptions of community and mental health services.
- We will also be engaging with a wide range of stakeholders, and service user and carer groups across NCL in the coming months, to ensure their voices are heard.

Elective Accelerator Systems

- NCL has been chosen by NHS England to be one of 12 ICS 'elective accelerator systems'
- As an 'elective accelerator system' staff across NCL will work together develop new ways to make the best use of our resources to reduce waiting lists and treat patients faster.
- This is a great opportunity for us to focus on reducing patient waiting lists, and means we can access additional funding and support for recovery of elective care, outpatient and diagnostic appointments.
- We have a target of delivering 120% of our 2019/20 activity by the end of July.
- This is an ambitious target and the additional activity needs to be sustainable and meet our principles of supporting staff wellbeing.
- We recognise that this will create extra work for some staff, particularly those working in provider trusts, for a limited period of time. There is no expectation that all staff have to take on more work and we will only ask staff to take on additional work if they are willing and able to do so.

Elective Accelerator Systems

- We will also keep working to the principles that the most clinically urgent patients are seen first, where possible, and that we are treating all patients fairly.
- We are working with clinical and operational leads across NHS providers and are looking for creative ideas for increasing elective activity, including extended service hours, using the independent sector and using staff differently and working across services and hospitals to tackle workloads (mutual aid).
- If you have any suggestions for how we can be more efficient then please speak to your manager.
- We'll keep you updated on how this is progressing.

Reminder: Appraisals

- In what has been a continued period of crisis and rapidly changing priorities, it is an ideal time to recognise efforts, motivate and engage our staff by reflecting and celebrating achievements and successes in 2020/21 through our appraisal process.
- As a reminder, the appraisal cycle and key timescales will be as follows:
 - **May – June 2021:** appraisal meeting – end-of-year review/setting objectives for the year ahead and identifying personal development needs.
 - **July – September 2021:** ongoing review and conversations.
 - **October – November 2021:** Mid-year appraisal review.
 - **December 2021 – March 2022:** ongoing review and conversations.
 - **April – May 2022:** appraisal meeting – end-of-year review/setting objectives for the year ahead and identifying personal development needs.
- This year, our target is for 100% of staff to have an appraisal.

Training and development for staff

- One of the key aims of the appraisal discussion is to discuss and identify learning and development needs that will support staff to achieve their objectives, continuous professional development and career planning.
- Learning needs can be achieved in a number of ways including on the job development; learning from others, job shadowing, mentoring, networks and formal learning opportunities.
- **Learning & Development Needs Analysis** – In July, following the completion of appraisal discussions, the HR/OD team will undertake a Learning & Development Needs Analysis based on the outcome of the personal development plans and discussions with Executive Directors/Directors. The purpose of the analysis is to identify the key and common development needs across the CCG.

Training and development for staff

- **CCG Wide Training Programme** – Following the identification of key learning and development needs across the CCG, the HR/OD team will launch a CCG wide training programme in the summer that will provide workshops and training sessions for staff on the key areas that have been identified. These training workshops and sessions will be funded centrally by Corporate Services.
- **Individual Training Budget** – It is recognised that not all learning and development needs will be met by the CCG wide training programme. In turn, we are pleased to confirm that there will be a budget available of up to £200 for each member of staff should there be any specialist or specific learning and development needs that have been identified via the appraisals process.
- **Further information** on the CCG's plans to support learning and development across the CCG will be shared over the coming weeks.

Appraisals – further information

- **Appraisal Policy:** Further guidance on how to set SMART objectives and how to have effective and meaningful appraisal discussions can be found in the CCG's appraisal policy. The appraisal policy can be found on the intranet [here](#).
- **A Quick Reference Guide to the Appraisals Process and Having Engaging Discussions** can be found [here](#).
- **Health and Wellbeing support:** Guidance on holding health and wellbeing conversations is available [here](#) and information on wellbeing support is available on our [staff health and wellbeing intranet page](#).
- **HR drop-in sessions:** HR drop-in sessions have been scheduled throughout May and June. Staff and managers can book themselves onto a slot using the link [here](#).
- **Effective and Engaging Appraisal Briefings:** Short one hour briefing sessions are currently being scheduled that will provide guidance and information on having effective and appraisal discussions, including preparation, planned, balanced, engaging and participative discussions, jointly developing objectives and providing motivational and developmental feedback. Please look out for more information in this weeks staff newsletter and HR intranet pages.
- **HR Business Partnering team:** If you have any questions or would like any further information please contact a member of the [HR Business Partnering team](#).

Staff Networks: vacancies

We are looking to appoint to two roles within our staff networks.

Disability Staff Network: Vice Chair

The Vice Chair is responsible for supporting the Chair and the Network by coordinating certain activities and deputising for the chair as and when required.

The Vice Chair of the Disability Staff Network will also be responsible for the following:

- To promote the disability network.
- To coordinate activities on behalf of the Network based an agreed work plan.
- To provide information to members about the Network and any forthcoming activities and events.
- To support coordinate training and awareness raising programmes.
- To attend meetings on behalf of the Chair
- To provide progress updates on activities to the Network
- To work with the BAME and LGBTQ+ networks on projects were appropriate

Contact and further information: Victoria Wicks victoria.wicks2@nhs.net

Staff Networks: vacancies

LGBT+ Staff Network: Co-chair

The Co-chairs of the LGBT+ Staff Network have a strategic role in representing the vision and purpose of the network. The Co-chairs will ensure that the Network functions effectively to deliver the objectives.

The Co-chairs of the LGBT+ Staff Network will also be responsible for the following:

- To plan and run meetings in accordance with the terms of reference
- To bring impartiality and objectivity to meetings and decision-making
- To maintain confidentiality and escalate any matters deemed worthy of senior management attention via the Diversity and Inclusion Steering Group chair.
- To communicate effectively the vision and purpose of the Network.
- To advocate and represent the group, as required.
- To be aware of current issues facing LGBT+ staff that might affect the Network.
- To be responsible for producing and presenting reports to show activities and progress of the Network to the Diversity and Inclusion Steering Group, as required.
- Contact and further information: Adam Backhouse adam.backhouse@nhs.net or nclccg.lgbt@nhs.net

Please send your expression of interest with a brief statement why you are interested in either role to Emdad Haque, emdad.haque@nhs.net before 31 May 2021.