



North Central London
Clinical Commissioning Group

Directorate Staff Briefing

24 February 2021

In today's staff briefing:

- NHSE/I Integrating Care Principles paper & DHSC White Paper
- NCL provider collaborations & strategic review programmes
- CCG Post-realignment workstream
- HR updates
- Office working update
- NEL CSU update

The core deck for the fortnightly staff briefings is uploaded to [the intranet staff briefings page](#) (usually 4 pm the day before).



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DHSC White Paper and NHSE/I Integrating Care Principles paper

Recap

NHS Long Term Plan (2019) confirmed all parts of England would be served by an ICS

April 2020: NHS North Central London CCG became a statutory organisation – putting us in a good position ready for progressing into ICS arrangements

November 2020: NHS England and Improvement (NHSEI) published *Integrating Care* - proposing two legislative options to further develop ICSs – option two was preferred by NHSEI

The CCG and the NCL partnership submitted responses in January 2021 - and shared with staff

Decisions on legislation will now be for Government and Parliament to make

The Department of Health and Social Care published *Integration and innovation: working together to improve health and social care for all* (11 February) based on NHSEI's recommendations

Responses informed the NHSEI document '*Legislating for ICSs: five recommendations to government and parliament*' published on 11 February

DHSC White Paper and NHSE/I Integrating Care Principles paper

- NHSE/I publication, [Legislating for Integrated Care Systems](#), makes five recommendations, alongside principles to guide how the Government progresses this work.
- Proposed that the NHS ICS statutory body will take on the commissioning functions that currently reside with CCGs alongside some of the responsibilities that currently reside with NHSE.
- The DHCS White Paper, [Integration and Innovation: working together to improve health and social care for all](#), aims to streamline and update the legal framework for health and care, enabling health and care services to be brought closer together, improve care and tackle health inequalities.

DHSC White Paper

These proposals **represent a specific set of proposals** where change to primary legislation is required.

The proposals can be **grouped** under the following themes:

1. working together and supporting integration;
2. stripping out needless bureaucracy;
3. enhancing public confidence and accountability;
4. additional proposals to support social care, public health, and quality and safety.

The government's plan is that legislative proposals for health and care reform outlined in the paper will begin to be **implemented in 2022**

A Bill will be laid in Parliament when parliamentary time allows to carry the proposals into law.



Commitment to staff

[Letter](#) from NHSE/ Chief Operating Officer to all CCG Accountable Officers, emphasises the NHS commitment to staff:

“...need to ensure that we support our staff during organisational change by minimising uncertainty and limiting employment changes as much as possible.

We are therefore seeking to provide as much stability of employment as possible so that ICSs can use the skills, experience and expertise of our NHS people.

To make the transition process as smooth as possible for your teams we will introduce an ‘employment commitment’ for colleagues within the wider health and care system (below board level) affected directly by these legislative proposals..”

NCL CCG will champion the national commitments on minimising uncertainty and limiting employment changes within our local transition planning.

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|---|--|
| How will a statutory ICS be different from a CCG? | <ul style="list-style-type: none">• ICSs will be a different type of decision-making body from CCGs – by bringing in the perspectives and skills of a wider range of partners. We want to empower them to take the best of CCGs, but to be better equipped to respond to the whole needs of the population they serve.• Although we propose the ICS takes on many of the CCG functions, its remit will be much broader and have a much greater system role. NHS trusts, FTs or local authorities will be full and active partners in the leadership of the ICS and could also delegate some of their functions into the collaborative arrangements in the system. |
| Will there be a national HR framework to support the transition? | <ul style="list-style-type: none">• There will be a set of HR principles developed nationally to support this transition and these will be available in April 2021. The aim of these principles is to provide a framework for a consistent approach, including the employment commitment, but to enable local implementation, recognising the differences in systems across the country. |
| Will there be national guidance for appointments to the roles in the new NHS ICS body? | <ul style="list-style-type: none">• There will be national guidance to support appointments to the new roles in NHS ICS body as specified in the legislation. |

How will creation of statutory ICSs affect those who work in CCGs and ICSs?

- Under these proposals we need to ensure that we support our staff during organisational change by **minimising uncertainty and limiting employment changes** as much as possible.
- We want to take a different approach to this transition; one that is **characterised by care for our people and no distraction from the ‘day job’** - the critical challenges of recovery for the NHS and tackling population health.
- We are therefore seeking to provide **as much stability of employment as possible** while NHS ICS bodies fulfil their purpose, functions and roles, and ensure they use the skills, experience and expertise of all our NHS people in doing so.
- Colleagues in CCGs will become employed by the NHS ICS body as the legislation comes into effect and the ICS becomes the statutory body. There **is still a requirement for strong place based work within an NHS ICS Body** which is why we think this option can provide both the necessary change but with minimal organisational change.
- NHS people within the wider health and care system (below board level) affected directly by these legislative changes, including CCGs, NHSEI and NHS providers, will receive **an employment commitment to continuity of terms and conditions** (even if not required by law) to enable all affected colleagues to be treated in a similar way despite a variety of contractual relationships. This commitment is designed to provide stability and remove uncertainty during this transition.
- We will promote **best practice in engaging, consulting and supporting the workforce during a carefully planned transition, minimising disruption to staff.**

How has our commitment to support staff changed since the recent engagement?

- The reference to the employment commitment only lasting until 2022 has been removed in recognition of the different forms each transition journey is likely to take locally.
- Clarity that the commitment relates to colleagues below board level only but also applies to people in CCGs, NHSEI and NHS providers across the health and care system if they are affected by these legislation changes.

- EMT is giving both of these important new publications careful consideration, including how best we can provide CCG staff with clarity and minimise uncertainty
- We will coordinate an initial conversation event in March, and ensure there are ongoing opportunities for discussion as national and NCL plans progress.

For discussion today:

- Questions on any of the information shared to date?
- Views on bringing staff together for conversations as plan progress?



Update on provider collaboration & strategic review activity in NCL

- A single NCL Provider Alliance has been agreed - eleven Trusts and Foundation Trusts (acute care, specialist provision, community services and mental health)
- Dominic Dodd (Chair of both the Royal Free and Royal National Orthopaedic Hospital) appointed as Chair and Baroness Julia Neuberger (Chair of UCLH and Whittington Health) and Mark Lam (Chair of the Barnet, Enfield and Haringey Mental Health Trust) as its two Vice Chairs.
- The Alliance will initially focus on an integrated response to:
 - the 'recovery' of services affected by the pandemic;
 - the health and wellbeing of staff; and
 - continuing research into Covid treatments.
- This will build on the strong system wide working seen during the last twelve months, ensuring it becomes embedded.

Service Reviews & Planning

- **Mental Health Service Review** – CIFT and BEH will be leading a review to identify the next steps in their partnership working, to create both synergies and efficiencies that will improve the they deliver. The Review which will make its recommendations by the summer.
- **Community Services Review** – development of a comprehensive local care offer through ICPs and PCNs, intended to provide consistency to service delivery and to tackle health inequalities, while recognising local population needs may differ. The next phase of work will run from March - early July.
- **Musculo-skeletal conditions** - Royal National Orthopaedic Hospital and the RFL have agreed a formal partnership with a particular focus on practical collaboration at Chase Farm Hospital and Stanmore, to improve services for patients with musculo-skeletal conditions.

- North Middlesex University Hospital (NMUH) and the Royal Free London have announced establishment of formal partnership arrangements.
- RHF Chief Executive, Caroline Clarke, is becoming the Accountable Officer for NMUH. NMUH will now recruit a chief executive who will report both to Caroline and the NMUH Board.
- This is an important step in building the resilience of the NMUH which plays a crucial role in delivering services for residents in Enfield and north Haringey, both of which have areas of significant deprivation.



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Post-realignment working group

Working group & focus

A working group has been set up – with EMT and directorate representatives – to focus on a range of post-realignment enablers, under three groupings:

- Practical and operational
- Operating model
- Organisational development and support

A work plan has been agreed, to be delivered at pace, and key elements of the plan are outlined on slides 19 – 23.

We will bring updates and seek views via team meetings, Directorate Briefings and other events e.g. lunch and learn sessions.

1. Practical/operational

Defining our delivery priorities for 2021/22

- Exec Dirs working with Directors and teams to identify strategic and operational BAU priorities
- Linked to this, identifying 'pause / stop' list
- Paper will be taken to Governing Body and shared with all staff

Workforce capacity planning

- EMT-led work on ensuring sufficient resourcing in teams to maintain critical business and priorities – including understanding the impact of vacancies, secondments and redeployments.

1. Practical/operational

HR processes:

- Publish new staff structure charts
- System/ Database updates - ESR, Workforce, Finance/ Oracle.

NCL CCG processes and ways of working

- A work plan is being developed which will look to bring together the business services elements of the legacy CCGs
- We are currently considering how best to harmonise aspects such as the email inboxes, switchboard, post, assets and site management.
- Updated processes for enquiries, complaints, MP & Cllr enquiries
- EPPR and business continuity processes

1. Practical/Operational: *New CCG complaints process*

- Following a review of legacy CCG complaints policies, a new single '**NCL CCG Complaints Policy**' has been created – this policy is to be used by all staff working across NCL CCG and replaces any previous complaints policies.
- The new Complaints Policy and process to be **launched w/c 01 March** – there will be a single, NCL wide, complaints email address for staff to send any complaints to for the team to log and track to completion, which is nclccg.complaints@nhs.net.

1. Practical/Operational: *Public Affairs Processes*

Covid-specific:

- All MP / Councillor enquiries related to Covid and Covid vaccine should continue to be sent directly to the Comms team: nclccg.communications@nhs.net
- From March onwards - a weekly written MP/Councillor briefing on the vaccine programme and a monthly all MP event on the vaccine programme. These core materials can be tailored for local briefings, but adapted version should be approved by the vaccine programme before use.

General:

- NCL CCG political stakeholder engagement forward plan – being developed to capture all NCL / borough level events, meetings and briefings with political stakeholders (Council leaders, MPs, Councillors, J/HOSCs etc.).

1. Practical/Operational: *Public Enquiries Processes*

Covid-specific:

- **With immediate affect** - enquiries received on the Covid Vaccine programme should be sent directly to the following inbox: ncl.covidvaccine@nhs.net
- The inbox is aligned to ICC and enquiries will be logged and responded to from here
- This is a change from the previous request to send these to the NCL communications inbox.

General:

- The Post-Realignment Working Group is exploring a streamlined NCL process for enquiries. For now, current processes should continue for all non-vaccine related enquires.

2. CCG operating model

Building on the Operating Model work over Summer 2020, to refresh and finalise in March 2021.

The Operating Model will set out, and build a shared sense of understanding around, the following areas:

- Our roles as a strategic commissioner
- How we function as a single CCG, our values and ways of working
- Priorities for 21/22 (including core & statutory functions)
- Description of Directorates and key functions of each team
- How interfaces between teams will work, how we will deliver ambitions through matrix teams (with examples and case studies)
- Key information on governance and decision making processes
- Stakeholder management & engagement
- Organisational development

3. Organisational support and development

Immediate post-realignment 'on-boarding'

- Ensuring transitioned staff are fully supported via Directorate on-boarding
- Building relationships between line managers and staff and 'dotted lines'
- Responding to staff feedback, staff feedback reflected in staff briefings
- Communications - internal/ external stakeholder where needed

OD work planning

- Building up CCG OD capacity
- Build a picture of OD priorities for 21/22 (e.g. staff learning and training needs)
- Re-establishing activity such as CCG lunch and learns



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HR/OD updates

Annual leave carry over arrangements

- The CCG have amended the annual leave carry-over provisions and staff were able to carry over a maximum of 10 days annual leave from 2019/20 to 2020/21.
- These carry-over arrangements will remain in place for the period 2020/21 to 2021/22.
- This leave must be taken within the first 6 months of the 2021/2022 leave year.
- Staff are encouraged to take annual leave during February and March following agreement with their line manager.
- It is recognised that there may be some exceptional circumstances in which staff may be required to carry-over more than 10 days annual leave from 2020/21 to 2021/22 as a result of COVID-19 work priorities.
- Approval to carry-over more than 10 days annual leave must be obtained from the relevant Director, Executive Director and HR.

Annual leave carry over arrangements – Workforce System

- For the carry over amount approved to appear in next years' leave entitlement managers must enter them into the [Workforce System](#) in the following way:
 - From 1 April 2021 when logging into Workforce managers must select the **'Help'** function
 - Then follow the steps under the **'process my staff carry over'** to record the number of days to be carried over for each member of staff they manage
- Full guidance on how to manage the carry-over of annual leave on the workforce system is in the HR section of the intranet and accessible via this [link](#)
- Please contact the a member of the HR team if you have any questions or would like any further information via the dedicated inbox (nclccg.nclworkforce@nhs.net) and arrangements will be made for you to speak to a member of the team.

Removal of Public Sector Exit Payment Cap

- The implementation of a £95,000 cap on public sector exit payments (which includes redundancy payments) received approval from parliament on the 14 October 2020.
- The cap came into statutory effect from 4 November 2020. The cap and regulations applied to all public sector authorities, including NHS organisations
- On 12 February 2021, the Government announced that “after an extensive review” the cap of public sector exit payments at £95,000 has been withdrawn with immediate effect.
- This means that the cap of £95,000 will no longer apply to the CCG staff. Where required, any exit payments will be paid in accordance with agenda for change and contractual terms and conditions.



Other key updates

Lockdown roadmap – How it impacts our approach to home and office working

- The Government's announcement for a 4 step approach will hopefully have a positive impact on us all over the coming weeks and months. At this time we will continue to support staff working from home with office working only by exception and only where approved of an Executive Director.
- As restrictions are lifted we will expect to see a staggered return to office working although it is likely that offices will need to remain COVID-19 safe at least in the medium term and so numbers attending will be lower than normal
- Based on current projections we anticipate staff starting to move back into offices from mid-Summer.
- Staff will recall that we have previously communicated that the future for all staff will be to achieve a blend of home and office based working. We are finalising our agile working policy and will share this with everyone in due course.

Lockdown roadmap – How it impacts our approach to home and office working

- Our ongoing focus for all staff during the 4 steps and beyond is to ensure their wellbeing, health and safety.
- Because of this we will continue to speak with all staff and we will be refreshing individual risk assessments in order to agree appropriate timing for returning to office working.
- As we moved our Barnet and Camden bases during lockdown, we will also need to acquaint many of you with our two new offices in preparation for your return.
- We will continue to provide updates on our approach.
- If you have any questions or concerns please speak with your line manager or alternatively **Karl Thompson, Assistant Director Business Services**, via the ncl.covid-19enquiries@nhs.net

Restart of CCG Committees

Following temporary pause in Jan / Feb of some CCG Committees (enabling more capacity to support the COVID-19 response) – Committees will now restart, streamlining business, where possible:

- Items for January **Medicines Management** carried forward to March meeting.
- Items for February **Audit** carried forward to March meeting.
- Items for February **Quality & Safety** and **Public & Patient Engagement and Equalities** carried forward to April meeting.
- Quarterly **Governing Body** meetings continue as planned – next meeting takes place on 25 March.
- March **Strategy & Commissioning** and **Finance** Committees also continue as planned.
- First meeting of **Procurement** Committee takes place on 25 February.

NEL CSU changes

- London CCGs are working together with NEL Commissioning Support Unit (CSU) to determine the best way in which a range of services they currently deliver should be provided in future.
- Progress of the business case was discussed at the London System Support Board on 18 February 2021 and it was agreed that the overall timeline for its completion will be extended until the end of March.
- This additional time allows us to look at some areas, such as IT services, in more detail and to make sure that the recommendations we make have been carefully considered.
- The London CCGs will submit the business case to the London System Support Board and then to NHS England and NHS Improvement at the end of March. It is still intended for any transfer of services to take place in October 2021, subject to the business case being approved.