



North Central London
Clinical Commissioning Group

Staff Briefing Thursday 24 September 2020



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NCL CCG Operating Model Engagement

Emerging themes from feedback

Overview of engagement

- NCL EMT has solicited feedback about the emerging operating model for NCL CCG from staff through leadership-led discussions, via email and through an online survey.
- The engagement period ended on Friday 4 September with responses received from more than 15 team/function-level discussions, four joint commissioning teams, more than 10 individuals (including survey responses), and five cross-directorate/function sessions.
- The following presentation includes key themes derived from the preliminary analysis* of partial feedback received.

Feedback received from Functions/Directorates	Feedback from NCL Staff Members	Feedback in EMT sessions	Online survey
<ul style="list-style-type: none"> • CCG Comms and Engagement • All CCGs: Medicines Management • NCL: Strategy Directorate • Barnet: Quality team • Barnet: Primary Care Transformation • Camden: Business Support • Camden: Mental Health and LD Commissioning • Camden: Primary, community and planned care • Camden: Children's Integrated Commissioning • Camden: Integration 	<ul style="list-style-type: none"> • Enfield: Transformation • Haringey: Joint Commissioning • Haringey: Primary Care • Islington: Primary Care • Islington: Joint Commissioning • Haringey & Islington: Integrated and Planned Care • Haringey & Islington: QIPP • Haringey & Islington: Business Support • NCL: Health and Care Closer to Home 	<ul style="list-style-type: none"> • Haringey and Islington Cross-Functional Session (1 September) • CCG Commissioners Fortnightly Session • EMT-led NCL Engagement Session (2 September) • Camden: Borough Directorate Discussion • MDT Workshop 	<ul style="list-style-type: none"> • Responses from online survey (5)

* The feedback is still being collated, and reviewed.

Summary of emerging themes

Overall, NCL CCG staff reiterated the following key themes as part of the feedback. They:

- **Welcomed a chance to engage with the new operating model at an early stage** as evidenced by both their comments and the volume of feedback received.
- Believed that **commissioners will continue to play an important role** in a new Integrated Care System as **facilitators**, with their **deep-rooted relationships, local know-how** and **system thinking that focuses on patient outcomes**.
- Suggested that this would require **developing new skills** including those of system leadership, partnership working, data-handling and quality improvement.
- Recognised that the CCG **team had worked efficiently as part of a system in some aspects of their Covid response**, but also cautioned against building a new operating model or culture that was too Covid or recovery focussed.

Summary of emerging themes

Overall, NCL CCG staff reiterated the following key themes as part of the feedback. They:

- Believed that the CCG would benefit from **embedding a uniform culture and vision across the five boroughs**, enabling a sense of belonging to the system.
- Called out the **tension between the role of the CCG with its statutory responsibilities for commissioning services and the role of the ICS**, for which collaboration is the fundamental principle.
- Believed that the CCG could play a **key role in embedding a population health approach and reducing health inequities** across the five boroughs.
- Suggested that strong relationships with partners including **opportunities to co-design and co-produce services** would be integral to success.
- Suggested multiple principles to determine which functions are best delivered once across NCL / locally in boroughs, but stressed the importance of an approach **that allows strategic thinking at an NCL-level coupled with operational implementation that recognises local relationships and complexities**.

Some feedback has been specific to particular functions/directorates and their role in the new CCG. This will be shared with relevant directors at the end of the collation phase.

Theme 1: The Changing Role of CCG and Commissioning

- Across teams there was a belief that the CCG could play a key role as a **facilitator in the Integrated Care System** given its strong **relationships with partners** and ability to take a **whole-system approach**.
- It was suggested that the **CCG should build on its historic understanding of, and relationships with, local populations**.
- The CCG also has an important role to play with its **advocacy of primary care within the system**, and its strong trusting relationships with PCNs and GP Federations
- Similarly, the CCG has an important role in **building medicine optimisation** as an enabler for Integrated Care
- The CCG will have a key role to play in **achieving the planned focus on population health**; working collaboratively with partners.
- The CCG could take a **more proactive role in prevention**, building on its relationships with local authorities and helping them where resources were scarce.
- The CCG can play a key role in **standardisation** of services within NCL; and in **identification of best practices** using data across the sector **minimising variation in services between boroughs**.
- The CCG could facilitate the building of **enabling structures for quality improvement**, both within the organisation and in the wider system.
- The CCG could play a key role in **ensuring interoperability across the system with digital transformation and innovation**

“Commissioners should be taking the wider view, thinking about how decisions will impact on different communities. Playing a facilitating role, bringing together providers and helping achieve a common view.”

Theme 2: CCG structures and transition process

- Staff **welcomed an opportunity to discuss the Operating Model** and engagement at an early stage, however they also said they would like **additional clarity on the CCG vision and values**, as well as **the timelines of transition** to feel more engaged with the process.
- Staff welcomed the inclusion and recognition of Joint Commissioning in the Operating Model.
- Staff requested further clarity on what the new operating model meant in practice for individuals and their roles.
- Recurring suggestions around the new structures included:
 - Ensure there is **clear leadership with defined responsibilities for collective decision making**
 - Request for **further transparency and clarity about programmes of work under each directorate**
 - Clarity **about ultimate ownership** where there were overlaps between Directorates.
- Staff also suggested that the new CCG structure should be built in a way to **reach financial sustainability** and with a clear understanding of our overarching costs.
- Staff requested additional clarity on the **role of the CCG in relation to the wider system and emerging ICS**
- It was suggested that the **'success' of the CCG should be defined by patient outcomes** and that the new operating model could be a chance to embed performance measures to facilitate this.
- There was a suggestion that this could be an **opportunity to refresh clinical leadership** beyond GPs to include other clinical workforce, especially out of hospital.
- It was suggested that **ongoing system development be taken into account** when designing the new structures, ensuring they are fit for purpose.

“We do not want to be doing this again in five year’s time. We will have(to) become a sustainable and efficient system delivering better outcomes for our patients, by working jointly with our partners.”

Theme 3: Organisational development and culture of the CCG

1. Staff shared their vision for the ideal culture of the new organisation:

- Recognition of the **local culture and history of each borough team** even as we embed **a uniform organisational culture**.
- Need to develop and embed a **uniform vision and values** across the organisation with a **resident focus** at the heart of it.
- Clear **narrative for the organisation, recognition of its roles and responsibilities**, and embedding the belief that the organisation is respected by the wider system.
- Developing a **culture of agile and quick decision making**.
- A culture that allows staff to **'test' and 'fail'**.
- Need for a shift in behaviours with regards to **increased joint working**.
- **Future skills:** it was felt that existing staff didn't always have the skills required to operate in the new model and additional training was suggested in **system leadership, partnership working, quality improvement, and data-driven decision making**.

2. **Learnings from Covid-19** – while there was a recognition that the team had begun to work as a system in some aspects of their Covid response, staff also cautioned against building a new operating model or culture that was too Covid or recovery focussed.

3. **Matrix working** – while staff welcomed the idea of matrix working, there were suggestions around

- A **need to ensure that matrix working leads to equitable opportunities to upskill and develop** for all, instead of leading to additional inequalities.
- **Training** to support matrix working.
- Embedding Matrix working in JDs.
- Having a shared vision across the system.
- Clear lines of communication and effective leadership to enable it.

“A successful NCL CCG will have clear lines of communication established across boroughs and functions enabling sharing of information and best practices, uniformly high quality of services, and speaking in one voice as a system.”

Theme 4: Determining which functions work best at NCL-level or in boroughs

There were varying views on the principles to determine which functions would work best centrally at NCL level and which would work well locally, along with existing examples of both successes and challenges. However most staff suggested that any approach **should allow for flexibility**, recognise the **differences in the populations of the boroughs** and work to **reducing those inequities**. A few sample responses are below:

Is the function determined by local population need? Does it require local know-how?

*“One of the principles to determine whether something that is NCL wide or borough based should be to **look at whether the deliverables is determined by local population need**. If it is determined specifically by local population need, it needs to be borough based. If it needs to be the same across NCL, it should be delivered once across NCL.”*

“Does it require local intelligence and local relationships to deliver that function or task.”

What is the governing relationship for the function?

*“One way to develop principles could be to **look at the governing relationships for the function** – does it require the same set of relationships across NCL, or does it need borough level/local relationships? Is there one relationship owner across NCL or multiple different relationship owners?”*

What is the size and complexity of the function?

*“It depends on the **size of the problem, the variation of the problem** (If the needs are different and there is high variation, then a locally determined solution would be best), what are the operational setups and practicalities around implementation, and what is the **feedback from local clinicians**.”*

Is the function strategic or implementation-focused?
Is it a system-wide enabler?

*“**Strategic functions** – once across NCL. **Delivery and implementation** – locally.”*

*“**What we do** should be determined by NCL – a common blueprint, with shared standards, principles and shared specifications; **how we do it** should be decided locally.”*

*“Some of the **enablers that cut across the whole system** would be good to develop across NCL e.g. workforce passports; IT interoperability; estates”*

Theme 5: System working and partnerships

- Staff recognised the **increased role of partnership working** as the CCG becomes part of an Integrated Care System.
- There were questions about **the best ways to engage with local authorities** and how they could be bought into the vision of an ICS as a health and care system.
- It was suggested that an effective operating model should include an element of **planning and co-production** with all partners.
- There was also a recognition that some of the relationships with local authorities and other partners had strengthened during our Covid-19 response.
- It was highlighted that effective partnership working **should highlight the statutory responsibilities of all partners**.
- Partnership/integrated working should be supported **by a strengthened awareness of contracting and expectations and objectives** across the system.
- It was suggested that **a shared vision, and agreeing priority health outcomes and target improvements for the population** would enable closer partnership working.
- Staff highlighted that partnership working should be supported **by stronger interpersonal relationships with local authorities** across the system, and may require deeper and more expansive relationships with different parts of the system.
- Staff also suggested that the CCGs ambitions **for matrix working should involve working with other partners (including Healthwatch and the voluntary sector) in varying capacities**.

“Transparency about the must do priorities for each organisation enables more honest dialogue, so that partnerships don’t form around objectives that may not be priorities in individual partner organisations. Conveying this to staff collectively gives permission to build partnerships around those must do priorities”.



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Covid-19 working arrangements

Working arrangements

- Government advice was updated this week – recommending people should work from home where possible.
- The large majority of CCG staff will continue to work from home until the end of December.
- Over this period, we will continue to focus on ensuring you feel supported to work from home effectively, and that working hours and workloads are manageable.
- The position will be kept under review and further advice provided in mid-December.

Working arrangements

- A small proportion of staff indicated that they would like to return to the office sooner, largely on an ad hoc or part-time basis.
- Business managers are working to finalise guidance and information that will be shared with staff in advance of returning to the office.
- Line managers and our HR team will be supporting these staff to return to the office safely over the next month.
- In addition to generic guidance, specific local guidance will be provided relevant to each site. Key information on office working processes and protocols will be housed on the intranet.
- Please ensure you regularly check the intranet for updates, and speak with your line manager about any questions – or to discuss any changes to your working arrangements.



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Flu vaccine for NHS staff

Free flu jab for staff

- This year we are providing the flu jab for all our staff for free.
- As most people are working remotely, and may not live in the NCL area, you will be able to have your vaccination at a location convenient for you and claim the cost back through expenses.
- If you are in an at risk group and are eligible for the free vaccine you will not need to do this. Either your GP will contact you or you can book an appointment with your local pharmacy.
- GPs & pharmacies are having to prioritise at risk groups first, so you may have to wait to book your appointment. It varies, so check with your local pharmacy.
- Look out for the full information and instructions on how to do this in our staff news on 25 September.
- <https://www.gov.uk/government/publications/flu-vaccination-who-should-have-it-this-winter-and-why>