

Briefing to December 2011 CCG Committee – CCG organisational development

Purpose of briefing

This paper provides an overview of key activities in respect of ensuring Wandsworth CCG becomes a fully authorized statutory body by April 2013.

Emerging context

The NHS Operating Framework for 2012/13 indicates CCG's will have a running cost of £25 per head of the resident population, i.e. the staffing of all the CCG's functions, including those that may be delivered by an external support organisation.

The CCG aims to be in 'full shadow' state (mirroring the structure and systems that will be in place for full authorisation) by April 2012. In order to ensure this there are a series of key activities we are developing, which are outlined below.

Developing the Functions

To ensure the CCG is in full shadow state by April 2012, a series of activities have been developed to map out the function of the CCG, i.e. those key commissioning duties and responsibilities we will have to deliver. Functions will be delivered accordingly, and were approved at a Seminar on 30th Nov:

- Internal to the WCCG
- Via a jointly managed Commissioning Support agency with Wandsworth Borough Council to exploit joint commissioning opportunities
- Via a Commissioning Support Organisation (CSO) where it makes commissioning and economic sense to deliver on a pan-CCG basis, for example, acute contracting.

Service Specifications have been developed identifying the key outcomes of each function. The intention is that the joint agency with WBC will be established by April 2012 with conversations currently focussed on possible governance arrangements.

WCCG will seek to establish Service Level Agreements for the functions the CSO will execute. There are no current plans for the CSO to deliver functions that are currently being delivered by the emerging CCG.

Establishing the Form

The CCG aims to have all staffing resource in place for the internal CCG and the joint agency with WBC by April 2012. This will include the composition of the CCG Committee, i.e. Board level.

The CCG will have established its indicative running costs (i.e. people and posts) by the end of December to allow time for the necessary Human Resource approach early in 2012.

Organisational Development Provider

Capsticks Alliance is our chosen OD provider (via an NHS London procurement process) who will be working with us until April 2012 to develop key aspects of the CCG. For example, they will be working with the Committee to establish its future governance structure. They will also be providing coaching sessions to our clinical leaders.

Towards Authorisation

The CCG has been rated 'green' from a self risk-assessment on the key building blocks for authorisation. The assessment sought assurance on four key domains: engaging practices; alignment with Local Authority boundary; size of CCG; defined geographical area.

The CCG is collating evidence to demonstrate compliance and progress against key authorisation domains from NHS London. It is anticipated that this process will happen over summer 2012. The CCG will develop its own Constitution and overarching development Plan in the next six weeks.

Engagement of clinicians

Practices have signed-up to an innovative scheme developed in Wandsworth that identifies a Commissioning Lead from each Practice to engage in commissioning. Initially, this involves Practices identifying three health outcome areas requiring improvement (e.g. cervical screening uptake), and working with their Locality Teams to develop plans to improve.

The CCG will continue to work with practices via the three Local Commissioning Groups to identify ongoing training and support needs for commissioning.

The CCG is also in the process of recruiting clinical leads for each focus area of the Commissioning Strategy Plan, e.g. Older People. Clinical Reference Groups, chaired by a GP and including multi-agency representatives will be established to oversee an agreed Action Plan with identified milestones and outcomes.

Wandsworth Clinical Commissioning Group

Development plan

Background

As part of the leadership development programme for London Clinical Commissioning Groups (CCGs), the leadership development consultants working with the London Pathfinders have been tasked with drawing up a development plan that:

- Reflects the priorities of the CCG concerned, and draws on the initial statement of works
- Addresses issues raised in the diagnostic carried out with that CCG
- Uses interventions and techniques, at least in part, from the NHS London Pathfinder Toolkit
- Is agreed with the CCG concerned

As part of our diagnostic with Wandsworth CCG we started discussion around:

- Wandsworth's ideas for interventions to be included in the development programme
- Our thoughts about what Wandsworth needed, as well as wanted
- The types of development approach that would best fit with the Wandsworth team, given all various opportunities and constraints
- The subject issues that would best dovetail both building skills and confidence on the one hand and progressing various Wandsworth programmes on the other

At the workshop when we reviewed the diagnostic with Wandsworth time was spent going through options. As a result of this dialogue we have arrived at this development plan.

Overall approach

As described in our initial proposal, our approach to supporting Wandsworth has been to work through an identified relationship director (RD) who is overall responsible for the programme of work. Because of the Wandsworth locality structure, we have in addition assigned a locality lead (LL) to each of the three Wandsworth localities.

The RD and LLs have at their disposal a range of subject matter experts (SMEs). Some of the interventions we have planned will be delivered by bringing them in to interventions being run by the RD or LLs, but other interventions are being organised by SMEs themselves as directly accountable to the RD.

Wandsworth have told us that they want developments to be targeted at four distinct audiences:

- The CCG board and leadership team
- The three locality teams
- A cadre of individual GPs, at least one from each practice, from across the CCG
- Key individuals with pivotal roles in the CCG

At the same time as being a development programme, this is an authorisation programme. We have been keen that we support Wandsworth to properly get credit for all work it is doing that will support the authorisation application.

We will take the commissioning cycle as a running thread, and when all workshop titles, locality plans, etc are agreed we will pull these together as a programme explained in terms of the commissioning cycle in order that GPs accessing these interventions will be able to understand both

how the intervention concerned helps work towards authorisation and has value in terms of the commissioning cycle.

Finally, our stated approach is development by doing, and so we are using the resolution of current management and development issues as the means to grow skills and confidence, rather than approach this work from an abstract point of view.

Types of intervention

Working with the Wandsworth team and drawing on the NHS London Pathfinder Toolkit, we recommend the following interventions as the development programme:

Large events

We recommend that three pan-CCG events are organised. These will be open to all those the CCG feels should attend, and can potentially include some external stakeholders.

Vision and strategy event – February 2012. The CCG has asked us to facilitate a whole day strategy event as a means of drawing in colleagues from all practices to affirm the CCG's vision and values, but to do so in a practical way that is readily understood. We will use the turning the curve technique as part of group work at this event to help achieve buy-in and participation in developing a shared agreement about the vision of this CCG, and what strategic goals are to be set

Progressing the authorisation criteria – January and April 2012. We used the criteria from the NHS London Pathfinder Toolkit as the spine for our diagnostic and so we have been starting to build up a picture of those criteria the CCG feels it is addressing, those that need to be worked on and identifying what evidence is to assure the CCG it has made tangible progress. An issue that arose in the diagnostic was the buy-in and level of knowledge from all concerned about the strings as well as the puppets for authorisation, and so to both help build up knowledge of the authorisation task, to better gain assurance and evidence and to get the whole pan-CCG team all working to the same goals we are suggesting two large event. One as early as possible in the process and one towards the end of our time with the CCG where participants can be taken through the London criteria, provide their views about whether these are reached or not and help build the evidence record using the world café technique. These will probably be half-day events, and will also include updates on strategy and other progress issues.

Small events

We recommend that a modest programme of smaller events also needs to be arranged. We are suggesting five events each designed to address a particular issue that needs working through across the whole CCG. In addition, we are recommending that each locality develops two small events, one for themselves (they to decide on focus) and one for the CCG as a whole which addresses an issue they 'lead' on across the CCG (for example, the development of a clinical issue such as falls). This means in all eleven small events will be developed during the course of this programme.

For the five whole CCG events various ideas have been canvassed, and we recommend the following for the programme:

1. *Commissioning support* – the board and others need to focus on commissioning support so that they thoroughly understand the issues and options they currently have. Whilst longer-term decisions around commissioning support are a while away, actions and decisions now may restrict choices for the CCG later on and so it is important that the board and other invited participants are about to spend time understanding the issue and moving towards a common mind on the direction of

travel. We recommend a combination of a masterclass and a facilitated 'lock-in' type workshop will be helpful

2. *Clarification event* – an issue that arose in the diagnostic is one of role clarification within the different levels in the CCG. We are recommending a small event to hammer out what is expected at each of the three levels within the CCG (CCG, locality, practice) and the level of interference each level legitimately has with the others.
3. *Leading CCG-wide clinical programmes* – a further area where clarification and agreement is needed, together with a degree of skills building, is around what it means for a locality or practice or individual to take on a lead role for developing a particular clinical area. Particular localities have been identified, for example, to 'lead up' on areas such as older people's services or COPD. What this means in terms of expected deliverables, behaviours and activities needs working on and so a workshop going through options and arriving at a working model is recommended
4. *Decision taking and making* – the development by doing approach encourages us to work with the CCG on existing priorities and use this as a means of supporting broader development. The CCG is considering introducing a re-ablement service and has asked us to include a workshop on this issue. This is an opportunity to help address the decision making and taking process within the CCG and so we would recommend a workshop working through the decision pathway for the new re-ablement service. We would include in this helping the CCG understand broader issues, such as their actual and desired risk appetite.
5. *One other – focus to be agreed* – we would plan for one further workshop or similar session around March but allow the focus of this to come from the vision and strategy event
6. *Added value* – we have been asked and are happy to provide a facilitated workshop for the management team. We will provide this workshop session as added value and not use one of the project days for this

Individual support

We have spent a great deal of time working through with the CCG options for helping support individuals develop their leadership potential, and have arrived at the following recommended interventions:

1. There are a small number of GP leaders who will benefit from ongoing coaching support, and it is important that they are helped to identify the focus for this coaching support. We will provide a session each to four such GP leaders from which they will be able to commission their own ongoing coaching support
2. The CCG Chair has a pivotal role in ensuring the path to authorisation runs as smooth as is possible. Support will therefore be required to enable the Committee to function to its potential whilst it is still developing. For example, with SMEs and technical coaches.
3. We have built in a degree of individual support time for the chairs of each locality. This differs in each case. West Wandsworth have asked that SMEs are available to support them with feedback around particular issues at locality board meetings. In Wandle there will be some coaching support around the two chairs, and in Battersea will provide support as needed and as the leadership issue clarifies. In each case two days has been provided in our plan.

Challenge sessions

The NHS London Pathfinder Toolkit identifies an approach to challenge sessions for CCG boards. This was felt to be useful and we have built in three challenge session for the board, as well as time with each locality board.

With the main CCG board the challenge session will be around a particular topic or issue, and take the form of a small informal panel of about three (SMEs, locality directors, etc) challenging the thinking or performance of the board around a particular area. Each session will include working up an agreed action plan and next steps, as well as recording feedback as part of the evidence for CCG authorisation. These could include "Working with other CCG's " and " Health and Well Being Board " .

With the locality board challenge will be an ongoing part of how the locality directors will work with each board. The locality directors will observe each board meeting and then work through issues with the board team immediately after the board meeting, or take issues forward with the board chairs.

Board development

The CCG Board runs as a sub committee of the PCT with delegated powers effectively taking over corporate decision taking from April 1st 2012 although legal accountability will remain with the PCT exercised through the PCT cluster.

The Board has progressed well by establishing a corporate board supported by an executive team.

To move forward the Board should:

- Ensure the membership of the Board meets DH and NHS L requirements in respect of membership and have part 1 (open) and part 2 (closed) meetings
- The executive team should be established with key roles such as accountable officer and DOF (even if these are not filled) It is important to disentangle the management (executive) from the oversight and scrutiny /governance role of the Board.
- The Board should be explicit in its risk appetite and delegation to, sub committees, officers and external suppliers and partners.
- Current GP members of the various groups and boards must decide if they intend to be clinical NEDs, part or full time officers of the CCG or observers. It is not possible to be an NHS employee and Board NED. It is possible to be a GP contractor and either an officer or NED of the CCG.
- The Board should evolve the current constitution focusing on the way it wished to operate and what it wants to achieve and then have this formally (legally) drafted. If developing an FT type membership model it might reflect on the cost of supporting members (c £5 per member p.a.)

The Board & executive can prepare for their roles (1) by doing the job and (2) giving itself time to reflect and plan

Suggested activities to be conducted through Dec 2011 -March 2012:

1. Develop with officers **a cycle of business** for 2011/12 and 2012/13. This will make explicit the business the CCG is expected to carry out (functions) and build the organisation to expedite (form). It will allow the CCG to (a) challenge if all these functions are necessary and to delegate to sub committees, officers and suppliers and (b) to plan and anticipate the rhythms of workload through the year. This process will also make explicit how the GP Cells can contribute and relationship with the Local authorities budget cycle and HWBBs can best be aligned

2. Determine the **Risk Appetite** of the Board. This will ensure the Board is thinking ahead, officers are clear what is expected within delegated powers and when producing reports and taking actions and will support the development of appropriate control and assurance systems
3. Determine the **non-clinical support services** the CCG requires. The CCG should give itself time to use a best value approach to determine what it needs and the best mix of providing this whether in-house or through partnerships with other NHS or LA bodies or bought in from external providers. It is important that the CCG acts in accordance with commercial law so that it does not inadvertently expose itself and potential suppliers to challenge
4. The CCG should involve itself in designing the **internal audit plans** for 2012/13. This resource already exists and in line with better practice in future is likely to embrace a more clinical audit focus
5. The Board should engage in a **conflict of interest** seminar perhaps involving a NED as a COI guardian exploring potential conflicts related to GP involvement as service providers and advisors, and commercial non clinical contracts. This might include areas such as the OOH service and directed enhanced services (DEs)/ extended GP QOF requirements
6. The Board should establish its **principles of investment and disinvestment** so that a clear path is established to avoid judicial review
7. In addition the Board may wish to reflect on specific topics such as
 - a. Market analysis
 - b. Holding suppliers to account
 - c. Scenario exercises such as 'turning the curve' to envision future improved future outcomes and what would be required to achieve eg child obesity, diabetes, dementia, safeguarding etc
 - d. Risk sharing
 - e. Board etiquette, actions outside of Board meetings & management of time and agendas

Evaluation and transition

We have set aside time for evaluation and transition forward. To be most useful, we have broadened the concept of evaluation to include not just the evaluation for NHS London of this programme but also evaluation activities that will provide feedback the CCG can use as part of their own ongoing development to build on our work and move forward to authorisation. This includes:

- The ongoing evidence gathering, so that you will have a developing picture of the extent to which you have an evidence base to your authorisation application. This ongoing charting of progress with the route map will underpin the entire authorisation process
- A 'three sixty' evaluation of the leadership of the CCG. We have been in dialogue with NHS London around their requirements for this, but our thoughts are that this is most useful mid-way through the development process when colleagues supporting the 360° will have experience of working with the leadership team and can provide a thoughtful feedback to support individual evaluation and development planning
- A team evaluation, again to be undertaken about mid-way through the development programme in order that the assessment is helpful to the team as it is working, rather than as it is forming.

Conclusion

This development plan has been worked up through discussion with the CCG team. We have used the diagnostic process not to just identify the issues to be addressed, but also to test out various possible ways of moving forward with development. This has helped us adopt some proposed interventions, reject some ideas and amend others. The plan draws heavily on interventions from the NHS London Pathfinder Toolkit, but also introduces other established techniques and approaches that we have found useful. The prime focus is to produce tangible benefit for the Wandsworth team and to make identifiable steps towards authorisation. We have ensured that all NHS London deliverables are included.

In short, we have been guided by a combination of the identified needs of the CCG, the requirements from NHS London and our own expertise in knowing what is useful for a new organisation to grapple with as it establishes. The accompanying spreadsheets describes the days allocated to each particular intervention.