

Health and Wellbeing Board

SUPPLEMENTAL AGENDA

DATE: **Thursday 2 May 2019**

AGENDA - PART I

10. COMMISSIONING CAPABILITIES COURSE (Pages 3 - 32)

Joint report of the Corporate Director People and the Managing Director Harrow Clinical Commissioning Group.

Note: In accordance with the Local Government (Access to Information) Act 1985, the following agenda item has been admitted late to the agenda by virtue of the special circumstances and urgency detailed below:-

Agenda item
10. Commissioning Capabilities Course

Special Circumstances/Grounds for Urgency
This report was not available at the time the agenda was printed and circulated as the relevant stakeholders and partners were being consulted on the report. Members are requested to consider this item, as a matter of urgency, as the Commissioning Capabilities Programme is currently underway and the report provides the Health and Wellbeing Board with information on the overall programme and the progress to date. An interim report at this stage is important because the course will be completed before the next Health and Wellbeing meeting in July.

AGENDA - PART II - NIL



REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 2 May 2019

Subject: **Commissioning Capabilities Course**

Responsible Officer: Javina Sehgal, Managing Director
NHS Harrow CCG

Paul Hewitt, Corporate Director People
Services, Harrow Council

Public: Yes

Wards affected: All

Enclosures: Annexe A: Commissioning Capability
Programme Terms of Reference

Section 1 – Summary and Recommendations

This report provides an update for the committee on the Commissioning Capability Programme (CCP) in progress across Harrow which involves key stakeholders across the Borough.

Recommendations:

The board note the report

FOR INFORMATION

Section 2 – Report

Introduction and context

To achieve the objectives set out in the NHS Long Term Plan, the NHS in England requires commissioning capabilities that can deliver better care and health at lower cost. While the strategic focus of NHS England remains on developing a programme to help organisations migrate towards new models of care, feedback from the system has highlighted a ‘here and now’ need to build the longer-term capability of senior commissioners in the health and care system.

Accordingly, NHS England is investing in a major capability building programme for senior commissioning leadership over the next 15 months in order to help these leaders develop the skills they need to tackle today’s and tomorrow’s challenges across the health system.

The Commissioning Capability Programme

The Optum Alliance was selected through a competitive tender process as the preferred supplier. The Optum Alliance is formed of Optum Health Solutions and PricewaterhouseCoopers.

The CCP is a 12 week programme which aims to develop the leadership capability of senior commissioning leadership teams across five learning streams:

- Building a sustainable strategy;
- Financial planning and recovery;
- Governance;
- Executing and implementation; and
- Managing and influencing.

The programme has a blended approach to learning and uses a range of learning interventions to improve the capability among executives, namely:

- **Facilitated workshops:** Workshops are developed for each CCG and are facilitated by subject matter experts. Workshops bring new content and ideas from an international evidence base which is translated to the local context and tailored to provide insight for each system and executive team.
- **Coaching:** The Optum Alliance has fielded its most senior partners, directors and doctors to act as programme coaches. All coaches are experienced leaders in complex business systems. Coaches help participants work through complex problems and build their own capability. In addition to collective objectives, participants will set individual objectives with their coaches and agree to a personal development plan (PDP).
- **Materials for self-led learning:** Through extensive design work the Optum Alliance has identified learning materials. Bespoke learning materials are selected for each CCG on a weekly basis. Content is live and responsive to the needs of the CCGs.

Programme participants and coaches

Seven individuals have been identified below to take part in Module 1:

Participant	Role	Programme Coach
Genevieve Small	Chair (Harrow CCG)	Alexis Bradshaw
Javina Sehgal	Managing Director (Harrow CCG)	Jonathan House
Bobby Pozzoni-Child	Head of Human Resources (Harrow Health CIC)	Tammy Long
Johanna Morgan	Director Strategic Commissioning (Harrow Council)	Tammy Long
Jo Emmanuel	Divisional Medical Director (Central and North West London NHS Foundation Trust)	Erin Birch
Philippa Johnson	Divisional Director of Operations (Central London Community Healthcare NHS Trust)	Tammy Long
Bimal Patel	Deputy Chief Finance Officer (London North West University Healthcare NHS Trust)	Erin Birch

Areas of focus identified within the programme:

As a result of the initial scoping phase, which included meetings with participants identified at this point and a full review of relevant documents, the delivery team have tailored the CCP to the needs of the Harrow CCP.



--- Feedback from Harrow CCG ---

<p>The NWL STP has a collective vision to develop more proactive and less hospital bed-based care; led by primary care. The CCG vision and strategy aligns with this and focuses on sustainable general practice driving the development and implementation of integrated care services in Harrow. There is an interest in examining how the new primary care contract impacts on the strategy and the local nuances - what should be done once at a STP level vs done at a local level.</p>	<p>The CCG is facing significant financial pressures, forecasting a ~£20m deficit in its annual budget. Detailed work has been undertaken to understand the drivers of the deficit including analysis of referrals, short stay admissions and planned care. Further work to inform the FRP, which is currently being drafted, is planned. The STP is collectively moving towards a more defined way of holding commissioning conversations. The CCG is interested in accelerating this, where appropriate, in key areas.</p>	<p>The CCG has delegated responsibility for the commissioning of Primary Care and this requires robust governance. Harrow Health CIC is changing its governance arrangements, with a new Board in place from April 2019. There is an interest in how governance can work from a locality perspective, in particular delegated authority and decision making. The right sequencing of new governance arrangements is important.</p>	<p>The CCG is facing significant financial challenges and would like to bring together key system stakeholders to agree how services can be delivered within an available financial envelope. The CCG would like to focus on working with system stakeholders to plan how unplanned admissions for the "rising risk" cohort could be improved.</p>	<p>The CCG anticipates that there will be much closer collaboration with local CCGs in the future and requires support in how it collaborates with other local CCGs. Better engagement with the wider system stakeholders in model of care and patient pathways is crucial. Participants see value in bringing stakeholders together to work together to address issues in a key area such as unplanned admissions for the rising risk cohort.</p>
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Why Harrow CCG has been invited to take part in the CCP

The CCG has been invited to take part in the CCP because of the financial challenges it is currently facing. The programme will provide an excellent opportunity for key system stakeholders to come together and develop a strategy that is fit for the future. The programme will also support the organisation to execute their financial recovery plan and closely align itself with the external system partners. The Terms of Reference for the Programme are at Annexe A.

Evidencing success

Two frameworks which are helpful to use in terms of measuring success in commissioning capability is the CCG Improvement and Assessment Framework (IAF), and the new planning guidance, 'Refreshing NHS Plans for 2018/19'. Each of the CCG outcomes has been described in terms of inputs (the support that will be provided), outputs (the work that will be produced together through the programme), and how this will lead to a form of improvement. Where relevant, connections are also made to the planning guidance.

Expected wider benefits

Achievement of these improvements in capability will help equip the leaders of the Harrow CCG to make rapid strides towards transforming health and care in this health economy. It will help accelerate the reform agenda set out in the STP and make this real for the local system. Commissioners working together will be able to make a long planned transition to an integrated care model including enhanced community based services which will provide improved care, closer to home and reduces costs.

Sustaining and embedding improvement

Participants will commit to regular self-assessments of the progress they are making to individual and organisational development goals:

- 6 weeks – check in to make sure learning objectives are being met and CCP is on track to support achievement of above objectives
- 12 weeks - on completion of the 12 week programme, participants will agree and commit to forward capability development plan for the next 6-12 month period
- 3, 6 and 9 months – the CCP team will connect with participants quarterly to help review progress and maintain momentum.
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Progress from the focus groups/workshops held to date:

- **Workshop 1 - High Performing Teams and Strategy (21st March 2019)**

Recommendations:

1. Expand the population cohort for the ICP to over 65 years old.
2. All organisations will collect and share activity and cost data for the over 65 years old cohort to support the system integration. This data would not be used adversely.
3. Review revise and update timelines, milestones and the associated work plan across 3, 6 and 12 months recognising the required pace and scale of change.
4. All partners / system to recognise that the ICP / ICS is the bedrock and fundamental principle for financial recovery.

- **Workshop 2 – Governance (25th March 2019)**

Objective:

- We want to “make governance real” and for us to be able to manage tensions that can manifest when there are differences in what is best for the STP / place vs what is best for individual organisations.
- We want to have effective governance in place that allows devolved decision making (at pace) based on better relationships and enhanced trust.
- For us to better understand STP, place based and organisational governance processes, particularly sign-off and decision making processes.
- We want to be able to bring our organisations with us
- We want to understand how to make governance proactive and for it to serve the needs of the patient.

Outcomes:

- It was agreed that it is key for Harrow to have a “compelling core shared purpose” and “capability and capacity to deliver”
- It was agreed that there was a need for strong clinical, practitioner and professional leadership. Replicating the STP governance structure would give the opportunity for clinicians and care professionals to inform the strategy and operational plans

To note, Workshop 3 – Finance was on Monday 15th April 2019.

Ward Councillors’ comments

This affects all Wards.

Financial Implications/Comments

At present there are no additional financial implications associated with the Programme. The intention being that the improved working relationships as a result of this programme will facilitate the delivery of Integrated Care in Harrow and more effective provision.

Legal Implications/Comments

The purpose of the Health and Wellbeing board is defined under part 3A of the Constitution to include the promotion of integration and partnership across areas, including through promoting joined up commissioning plans across NHS, social care and public health, and to support joint commissioning and pooled arrangements, where all parties agree this makes sense

At present there are no legal implications. However, as the integration agenda processes there will need to be consideration of legal requirements of the local authority and health services.

Risk Management Implications

There are currently no risk implications.

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? No

EqlAs will be undertaken when appropriate to support specific programmes and project.

Council Priorities

The CCP contributes to the Council's priorities of supporting those most in need and protecting vital public services.

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Name: Sharon Daniels	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 24 April 2019		

Name: Paul Hewitt	<input checked="" type="checkbox"/>	Corporate Director
Date: 24 April 2019		

Ward Councillors notified:	NO
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Section 4 - Contact Details and Background Papers

Contact: Javina Sehgal, Managing Director, Harrow CCG, 020 8966 1147

Background Papers: None

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Commissioning Capability Programme

Terms of Reference for Harrow CCP

February 2019

Commissioning Capability Programme overview Terms of Reference for Harrow CCP

Introduction and context

To achieve the objectives set out in the NHS Long Term Plan, the NHS in England requires commissioning capabilities that can deliver better care and health at lower cost. While the strategic focus of NHS England remains on developing a programme to help organisations migrate towards new models of care, feedback from the system has highlighted a 'here and now' need to build the longer term capability of senior commissioners in the health and care system.

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- **Materials for self led learning:** Through extensive design work the Optum Alliance has identified learning materials. Bespoke learning materials are selected for each CCG on a weekly basis. Content is live and responsive to the needs of the CCGs.

This terms of reference sets out the programme for Harrow CCG.

CCG overview (1/2)

Overview of the CCG

The participant organisation belongs to the North West London Sustainability and Transformation Partnership (STP), whose vision is to work in partnership to ensure local residents receive high quality, modern, sustainable, needs-led and cost effective care within the financial budgets available¹.

CCG Geography	<ul style="list-style-type: none"> Harrow CCG operate in North West London to improve healthcare services for the two million residents who live in the area. 33 GP practices
Leadership team	<ul style="list-style-type: none"> Dr. Genevieve Small - Clinical Chair Mark Easton - Accountable Officer Javina Sehgal - Managing Director Paul Brown - Chief Finance Officer Diane Jones - Chief Nurse/ Director of Quality
North West London STP	<p>The following organisations are part of North West London STP:</p> <ul style="list-style-type: none"> Brent CCG Central and North West London NHS Foundation Trust Central London Community Healthcare NHS Trust Central London (Westminster) CCG Chelsea and Westminster Hospital NHS Foundation Trust Ealing CCG Hammersmith and Fulham CCG Harrow CCG Hillingdon CCG Hillingdon Council; Harrow Council; Brent Council; Royal Borough of Kensington and Chelsea Council; Westminster Council and Hounslow Council Hounslow CCG Imperial College Healthcare NHS Trust London North West Healthcare NHS Trust Royal Brompton And Harefield NHS Foundation Trust The Hillingdon Hospitals NHS Foundation Trust The Royal Marsden NHS Foundation Trust West London Mental Health NHS Trust West London CCG

CCG Current Performance

Rating	Harrow CCG	Description
Allocation 2018/19²	£297.1m	Total annual budgets given to CCGs cover the majority of NHS spending
NHSE 2017/18 CCG assessment³	Good	Annual assessment of CCGs under the 2017/18 CCG Improvement and Assessment Framework
NHSE sustainability rating⁴		Assessment of whether actual financial performance is likely to meet plans
NHSE leadership rating⁵		Assessment of how the leaders of a CCG are performing their leadership role

1) "NHS Harrow CCG, What we do" (<https://www.harrowccg.nhs.uk/what-we-do>)
 2) "NHS England Allocations: CCG Core Services" NHS England, February 2018 (<https://www.england.nhs.uk/wp-content/uploads/2018/02/revised-ccg-allocations-18-19.pdf>)
 3) "CCG Annual Assessment 2017/18", NHS England, 12 July 2018 (<https://www.england.nhs.uk/wp-content/uploads/2018/07/ccg-iaf-annual-assessment-report-17-18-v2.pdf>)
 4) "Performance of CCG | Sustainability in England", My NHS, (<https://www.nhs.uk/service-search/Performance/Search>)
 5) "Performance of CCG | Leadership in England", My NHS, (<https://www.nhs.uk/service-search/Performance/Search>)

CCG overview (2/2)

Programme participants and coaches

Five individuals have been identified below to take part in Module 1.

Each participant will be matched with the most appropriate programme coach from the delivery team. Coaching calls will be scheduled every week of the programme to allow the participant to discuss their learning and reflect on its application. Detailed biographies of each Alliance delivery team member are in Appendix Two.

Participant	Role	Programme Coach
Genevieve Small	Chair (Harrow CCG)	Alexis Bradshaw
Javina Sehgal	Managing Director (Harrow CCG)	Jonathan House
Bobby Pozzoni-Child	Head of Human Resources (Harrow Health CIC)	Tammy Long
Johanna Morgan	Director Strategic Commissioning (Harrow Council)	Tammy Long
Jo Emmanuel	Divisional Medical Director (Central and North West London NHS Foundation Trust)	Erin Birch
Philippa Johnson	Divisional Director of Operations (Central London Community Healthcare NHS Trust)	Tammy Long
Bimal Patel	Deputy Chief Finance Officer (London North West University Healthcare NHS Trust)	Erin Birch

The role of the programme coach

The programme coach will support and guide participants throughout the 12 weeks, on the specific content of the programme that the CCG and its participants have agreed to focus on. It is not expected, or advised, that participants with existing coaching relationships cease these during the CCP programme. Interactions with programme coaches will take place through weekly coaching calls, electronic touchpoints, and interactions within workshops.

The 12 week programme (1/2)

Twelve week programme

The following pages set out a high level overview of the material each participant will cover during the programme. The programme will be delivered through a 12 week framework (see following page for detail).

The programme design is based on practical learning through group sessions, one-on-one coaching calls, and resource materials. The learning will largely come from reflection on the inputs and resources and how participants could reframe and rethink their current approach in light of those resources. Some of the resources will offer new and innovative ways to think about different areas, some will remind participants of good practice in order that they can think about how the CCG continues to measure up to these.

Scoping and tailoring of learning journey

The tailored programme described in this terms of reference is built from an initial standard structure, which has been modified on the basis of an initial scoping phase. As part of the scoping phase we conducted the following activities:

- Meetings with participants, NHSE and key stakeholders
- Document review

This document is the output from these activities, and summarises the key areas of focus for NHS Harrow CCG and the appropriate time to be spent on each learning stream. During delivery, the tailoring of the programme will be reflected in:

- The length of each learning stream
- The content discussed on coaching calls
- The content covered in workshops
- The suggested content to cover within the learning guide
- Additional content created throughout the programme, specific to the needs of the participants

Participant time commitment

Participants will need to commit sufficient time to the programme activities and working sessions to maximise their learning and achieve the intended outcomes for the CCG. This will include an hour of coaching each week and approximately three days of tailored workshops over the course of the programme, the format of which will be discussed with the delivery teams. In addition to this we recommend each participant dedicates 1 to 2 hours a week to the learning materials or focus topic, either as a group or individually. This will be directed by communications from the delivery coordinators.

The 12 week programme (2/2)

This framework illustrates participants' progress across the 12 weeks of the programme. It details the learning content they will engage with and how the programme will deliver it.

To work through the self-directed aspect of the programme, participants will be provided tailored learning materials on a weekly basis. These materials will give comprehensive coverage of every topic and will be specifically selected for their relevance to Harrow CCG's context and challenges.

Activities will primarily be chosen based on preferences expressed in the scoping phase. However, as participants move through the programme, their focus may develop and change, and as such we can update planned activities and workshops accordingly. Each week, one of the delivery team will send each participant an email detailing which learning materials should be engaged with that week.

	-2	-1	0	1	2	3	4	5	6	7	8	9	10	11	12
Week commencing	21/01	28/01	04/02	11/02	18/02	25/02	04/03	11/03	18/03	25/03	01/04	08/04	15/04	22/04	29/04
Building a sustainable strategy	hst	hst	hst	✉	✉	✉	✉								
Financial planning and recovery	hst	hst	hst					✉	✉	✉					
Governance	hst	hst	hst						✉	✉	✉				
Executing and implementation	hst	hst	hst									✉	✉		
Managing and influencing stakeholders	hst	hst	hst										✉	✉	✉

Coach

Co-ordinat
ors

Whole
Team

hst

Initial scoping
meetings

✉

Weekly email

👤

Workshop

☎

Coaching call

Please note this schedule is indicative and is subject to change. Also note that some weeks will require more input than others to reflect the content being covered.

Weekly emails: at the beginning of each week, your delivery team will email each participant to outline the focus for the week ahead, and direct participants to relevant learning materials to aid their learning that week.

Coaching calls: once a week, participants will have an hour conversation with their programme coach to discuss the focus for that week. The content of this conversation will be driven by the learning needs of the individual participant, and will tie in to the wider learning stream.

Workshops: one workshop will be held for each learning stream and will be co-designed by the delivery team and the participants. The content and focus of these workshops will be driven by challenges the CCGs are facing or the specific learning needs identified in the scoping phase.

Areas of focus identified within the programme

As a result of the initial scoping phase, which included meetings with participants identified at this point and a full review of relevant documents, the delivery team have tailored the CCP to the needs of the Harrow CCP. The CCG acknowledge that there may be a need to iterate the Terms of Reference slightly to reflect input from the remaining participants. Any changes will go through an agreed change control process to reflect timelines and expected outcomes. The below diagram shows how each learning stream will be adapted to meet the specific needs of the Harrow CCP.



Feedback from Harrow CCG

<p>The NWL STP has a collective vision to develop more proactive and less hospital bed-based care; led by primary care. The CCG vision and strategy aligns with this and focuses on sustainable general practice driving the development and implementation of integrated care services in Harrow. There is an interest in examining how the new primary care contract impacts on the strategy and the local nuances - what should be done once at a STP level vs done at a local level.</p>	<p>The CCG is facing significant financial pressures, forecasting a ~£20m deficit in its annual budget. Detailed work has been undertaken to understand the drivers of the deficit including analysis of referrals, short stay admissions and planned care. Further work to inform the FRP, which is currently being drafted, is planned. The STP is collectively moving towards a more defined way of holding commissioning conversations. The CCG is interested in accelerating this, where appropriate, in key areas.</p>	<p>The CCG has delegated responsibility for the commissioning of Primary Care and this requires robust governance. Harrow Health CIC is changing its governance arrangements, with a new Board in place from April 2019. There is an interest in how governance can work from a locality perspective, in particular delegated authority and decision making. The right sequencing of new governance arrangements is important.</p>	<p>The CCG is facing significant financial challenges and would like to bring together key system stakeholders to agree how services can be delivered within an available financial envelope. The CCG would like to focus on working with system stakeholders to plan how unplanned admissions for the "rising risk" cohort could be improved.</p>	<p>The CCG anticipates that there will be much closer collaboration with local CCGs in the future and requires support in how it collaborates with other local CCGs. Better engagement with the wider system stakeholders in model of care and patient pathways is crucial. Participants see value in bringing stakeholders together to work together to address issues in a key area such as unplanned admissions for the rising risk cohort.</p>
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How this will be reflected in upcoming group sessions

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|---|--|--|---|--|
| <ul style="list-style-type: none"> To enable the leadership team to align the strategy to NWL Plan, reflect LTP and changes in primary care we will run a session on high performing teams. This will which will focus the leadership on how they can operate together to do this effectively. In strategy session we will focus participants on: maximising opportunities for the benefit of Harrow in the context of the system strategy; developing a clear vision of what good looks like and greater clarity of common purpose; supporting frameworks and reflection of the local nuances which need to be considered for successful implementation aligned with the move to ICS and the new primary care contracts. | <ul style="list-style-type: none"> The finance workshop will help participants focus on better use of system resources (how to stop ineffective activities) and how to unblock structural issues. Participants will identify priorities and barriers to be overcome to drive forward the financial recovery plan. Work towards collective management of resources / allocation of money across the system focusing on the use of system resources in a key area such as non-elective admissions or more timely discharge. | <ul style="list-style-type: none"> The Governance workshop/ or governance discussions as part of other workshops will reflect upon how the new governance processes and structures are functioning / will function. This will incorporate devolved governance structures, particularly for localities. There will be a focus on how (and who) to influence and how to hold people to account, particularly in a matrix structure. | <ul style="list-style-type: none"> The Execution & Implementation workshop enable a view of work underway and any changes required to the plan for the system's collaborative approach to reducing the number of unplanned admissions for the rising risk cohort. The workshop will identify areas of duplication, gaps in provision and prioritise how opportunities for improvement can be taken forward. [this workshop will be part of a full day workshop with M&I stakeholders] | <ul style="list-style-type: none"> The Alliance will run a Managing & Influencing workshop towards the end of the 12 week programme. The workshop will bring key stakeholders together with a focus on the strategic priority of the rising risk cohort to discuss and determine how they will work together to reduce unplanned admissions. These stakeholders / session inputs will include Harrow Health CIC, acute providers, community services, social care and voluntary sector and other NWL CCGs. |
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Outcomes (1/4)

Why Harrow CCG has been invited to take part in the CCP

The CCG has been invited to take part in the CCP because of the financial challenges it is currently facing. The programme will provide an excellent opportunity for key system stakeholders to come together and develop a strategy that is fit for the future. The programme will also support the organisation to execute their financial recovery plan and closely align itself with the external system partners.

Evidencing success

Two frameworks which are helpful to use in terms of measuring success in commissioning capability is the CCG Improvement and Assessment Framework (IAF), and the new planning guidance, 'Refreshing NHS Plans for 2018/19'. As you can see below, each of the CCG outcomes has been described in terms of inputs (the support that will be provided), outputs (the work that will be produced together through the programme), and how this will lead to a form of improvement. Where relevant, connections are also made to the planning guidance.

Key areas of focus

Focus area	Input	Output	Desired Improvement	Indicators of Success and Sources of Evidence
Financial planning and recovery	<p>The financial planning and recovery workstream will provide an opportunity to:</p> <ul style="list-style-type: none"> • Reach alignment on better use of system resources (how to stop ineffective activities) and how to unblock structural issues. • Identify priorities and barriers to be overcome to drive forward the financial recovery plan. • Work towards collective management of resources / allocation of money across the system focusing on the use of system resources in a key area such as non-elective admissions or more timely discharge. 	<p>All participants to have a strong understanding of individual responsibilities to support the financial improvement plan and for clear lines of accountability to be set out.</p> <p>A breakdown of the milestones that are required to continue to deliver the financial recovery plan.</p> <p>A greater focus on addressing large, whole-system issues with a unified approach across the system.</p>	<p>Understanding of actions required and to stabilise the in-year and 2019/20 financial position and clearly articulated plans for ongoing, long term sustainability post 2019/20.</p> <p>As a result of the programme the participants will aim to improve the score of the financial planning element of the scoping self assessment exercise.</p> <p>A forward looking view of areas of focus for spending rather than an inward view of current spending requirements, with a view that looks at the whole system rather than the CCG as a singular entity.</p>	<p>Documentation / Process Change A roadmap with actions identified to enable better use of system resources. Identification of a specific area of work to be taken forward as a proof of concept such as reducing non-elective admissions or more timely discharge.</p> <p>Behavioural Change Acceleration of a STP approach for having open and honest commissioning discussions.</p> <p>Evidence sources Sustained implementation of strategic changes to be demonstrated by:</p> <ul style="list-style-type: none"> • Improved scores from a baseline of 2 in a repetition of the scoping self-assessment exercise. • Improved feedback from CCG members (this may include 360° feedback if used by participants annual appraisal / PDP objectives) on the direction of the organisation.

Outcomes (2/4)

Focus area	Input	Output	Desired Improvement	Indicators of Success and Sources of Evidence
Executing and Implementation	<p>The Optum Alliance will provide expert guidance in translating strategy to implementation in the system context.</p>	<p>Identified actions within the CCP Roadmap to enable the development of a transformation methodology and it's deployment across the organisation.</p>	<p>In developing an implementation plan, there will be a shared understanding and ownership of what is required to implement the CCG's ongoing strategy.</p>	<p>Documentation / Process Change A roadmap which identifies the key actions to develop and deploy the implementation methodology which will be co-designed with the CCG and wider system stakeholders. It will include explicit reference to system leaders clear roles, responsibilities, and changes in behaviour required to ensure that there is robust scrutiny and accountability throughout execution and implementation. This will include reference to how implementation will be monitored and evaluated.</p> <p>Behavioural Change Participants will be able to describe the alignment between strategic priorities, their roles and demonstrate a clear understanding of actions drawn out within the implementation methodology for successful execution and implementation. This should enable more impactful dialogue and support work to enhance the approach to planning with wider system stakeholders.</p> <p>Evidence sources Improvements in delivery can be demonstrated by:</p> <ul style="list-style-type: none"> • NHSE/NHSI feedback on alignment of CCP actions with strategic priorities; • Minutes of Executive meetings recording the monitoring and evaluation of implementation and accountabilities; and • Improved scores from a baseline of 2 in a repetition of the scoping self-assessment exercise. • Improved feedback from CCG members (this may include 360° feedback if used by participants annual appraisal / PDP objectives) on the direction of the organisation.
	<p>The participants will then have the opportunity identify and suggest mitigation for existing barriers to implementation. These mitigating actions and workstream leads will be included as part of the programme roadmap to enable transformational change to be successfully embedded.</p>	<p>The methodology will be informed by core principles and strategies discussed in this and preceding workshops, alongside mechanisms for monitoring and evaluation.</p>	<p>The roadmap and subsequent methodology will be communicated in order to provide clarity on actions to drive change and which can be applied to future strategic decisions.</p>	
	<p>This will include the prioritised focus on how a reduction in unplanned admissions for the rising risk cohort will impact on the wider system. Actions required within and outside of CCP will be identified (e.g. alignment with the NWL Plan).</p>			

Outcomes (3/4)

Focus area	Input	Output	Desired Improvement	Indicators of Success and Sources of Evidence
Managing and Influencing Stakeholders	<p>The managing & influencing learning stream will provide:</p> <ul style="list-style-type: none"> • An opportunity for key system stakeholders to further develop, build and consolidate relationships by working through how unplanned admissions for the rising risk cohort can be reduced. • The workshop will provide a forum for a different type of interaction between stakeholders. • Enhance participant understanding of the behaviours that are required to make real change across the key stakeholders. 	<p>Identified actions within the CCP roadmap to enable the development of a stakeholder engagement plan which can be disseminated to influence: shared understanding of internal and external stakeholders' roles and priorities within the CCGs and local system; more effective communication regarding alignment to strategic priorities including the NWL plan; governance and finance processes within the CCG including appropriate points of escalation to support management of transformation; and meaningful co-design of future decision making with partner organisations in the wider system. This work should build on outputs from other sessions.</p>	<p>Harrow CCG will define the key stakeholders to work with them in the pursuit of their strategic objectives and to solve problems early. As a result of the programme the participants will aim to improve the score of the managing & influencing element of the scoping self assessment.</p>	<p>Document / Process Change Through identification of clear actions and leaders to take these forward participants will have developed: a better understanding of the key system stakeholders; an ability to build on strengths within the leadership team to enhance engagement; key actions required within the focus area of the rising risk cohort to manage and influence planning and execution for reduction of unplanned admissions; development of this as a proof of concept which can be rolled out across other interventions / strategic priorities using a new approach to system wide collective problem solving.</p> <p>Behavioural Change Core participants will have a better understanding of their strengths, existing key stakeholder relationships and how to collaborate with system stakeholders more effectively.</p> <p>Evidence sources Improvements in delivery can be demonstrated by:</p> <ul style="list-style-type: none"> • NHSE/NHSI feedback on improved stakeholder engagement; and • Improved scores from a baseline of 2/3 in a repetition of the scoping self-assessment exercise. • Improved feedback from CCG members (this may include 360° feedback if used by participants annual appraisal / PDP objectives) on the direction of the organisation.

Outcomes (4/4)

Expected wider benefits

Achievement of these improvements in capability will help equip the leaders of the Harrow CCG to make rapid strides towards transforming health and care in this health economy. It will help accelerate the reform agenda set out in the STP and make this real for the local system. Commissioners working together will be able to make a long planned transition to an integrated care model including enhanced community based services which will provide improved care, closer to home and reduces costs.

Sustaining and embedding improvement

Participants will commit to regular self-assessments of the progress they are making to individual and organisational development goals:

- 6 weeks – check in to make sure learning objectives are being met and CCP is on track to support achievement of above objectives
- 12 weeks - on completion of the 12 week programme, participants will agree and commit to forward capability development plan for the next 6-12 month period
- 3, 6 and 9 months – the CCP team will connect with participants quarterly to help review progress and maintain momentum.

Appendix One

Syllabus summary with tailored content from scoping

Syllabus summary with tailored content from scoping (1/3)

These pages provide an overview of the learning content in each of the five streams. The detailed content will be provided in the detailed design documents and learning materials, which will be distributed to participants throughout the programme. Please note that these pages outline all of the available focus areas within each learning stream, however not all participants will focus on all topics as a result of tailoring to each participant's learning and development needs.

Stream 1: Building a sustainable strategy

Purpose	Every health organisation needs a coherent, sustainable and efficient strategy that aligns all its operations to the achievement of clear and measurable goals. In this learning stream, participants will create a strategy to address the operational and financial challenges of their CCG, in a future context.
Focus areas	<ul style="list-style-type: none"> • What does good strategy look like? • The direction of travel for health policy including whole population health management and the future role of commissioning • How to analyse your CCG strategy in the context of new models of care and develop a compelling strategy that drives the future direction of your CCG and system • How to develop a robust and credible roadmap for your strategy
Topic overview	<p>This learning stream consists of five topics, covered over three weeks:</p> <ol style="list-style-type: none"> 1. Baseline review and comparison of CCG strategy 2. Integrated Care Systems and population health management (including using data insights for strategic planning) 3. Articulating a compelling strategy 4. Developing a practical roadmap for delivering against your new strategy 5. The impact of the NHS Long Term Plan, the move to ICS and the new primary care contracts.
How this topic will be tailored for Harrow CCG	Based on the outcome of the scoping phase, this learning stream will focus specifically on ensuring that there is a strategic roadmap for Harrow CCG and that this is communicated to and agreed by the CCG as an organisation, as well as partner organisations.

Stream 2: Financial planning and recovery

Purpose	In this stream, participants will learn about the key elements of a sustainable financial recovery plan. The plan will tell the story of improvement in the short, medium and longer-term, and will take into account future system changes.
Focus areas	<ul style="list-style-type: none"> • Work towards collective management of resources / allocation of money across the system focusing on the use of system resources in a key area such as non-elective admissions or more timely discharge • Understand the impact on the FRP
Topic overview	<p>This stream consists of three topics, covered over three weeks:</p> <ol style="list-style-type: none"> 1. Understanding the CCG's financial position and plan in the system context 2. Understanding of how to take forward collective management of resources / allocation of money across the system
How this topic will be tailored for Harrow CCG	Based on the outcome of the scoping phase, this learning stream will focus specifically on making sure that the CCG continues to deliver on its financial improvement plan and that the organisation is aligned on what they need to do in order to improve financial performance and deliver its financial strategy.

Syllabus summary with tailored content from scoping (2/3)

Stream 3: Governance	
Purpose	Robust and lean governance arrangements are an essential enabler for all health organisations in the development and delivery of strategies and plans. In this learning stream, participants will develop a governance structure that meets the current needs of their CCG with sufficient flexibility to address future challenges.
Focus areas	<ul style="list-style-type: none"> • The principles of good system wide governance • How to develop a governance development plan that is fit for the future and considers how to devolve governance at a locality level
Topic overview	<p>This learning stream consists of three topics, covered over two weeks:</p> <ol style="list-style-type: none"> 1. Fundamentals of system wide governance 2. Governance at a locality level 3. How to enable difficult decision making
How this topic will be tailored for Harrow CCG	Based on the outcome of the scoping phase, this learning stream will focus specifically on ensuring that governance processes are executed in a meaningful way that allows the strategy to be delivered. There will be discussions on how the CCG can secure a shared understanding of governance and involve wider system stakeholders in co-design. Participants will be able to reflect on whether individual meetings and the contents of reports are truly necessary and add sufficient value.
Stream 4: Execution and implementation	
Purpose	Strategies, financial plans and governance structures are important, but ultimately fail if leaders are unable to put them into practice. This learning stream focuses on identifying the barriers participants face in implementation, and creating a plan to overcome them.
Focus areas	<ul style="list-style-type: none"> • How to identify the barriers to successfully executing your strategy • Techniques for leading and managing teams to overcome barriers to execution • Insights on the data and information you need in order to effectively track performance and drive continuous improvement • A planned systematic approach to improving organisational effectiveness – that aligns strategy, people and processes (e.g. organisational development)
Topic overview	<p>This learning stream consists of three topics, covered over four weeks:</p> <ol style="list-style-type: none"> 1. Translating strategy to execution 2. Leading effective and transformative teams 3. Tracking performance and driving continuous improvement
How this topic will be tailored for Harrow CCG	Based on the outcome of the scoping phase, this learning stream will focus on execution in relation to strategy, finance and working with external partners. An agreed action plan will be developed to help achieve this. The Alliance will facilitate conversations with the CCG on how it can focus on a few key areas it can do exceptionally in and how it can get all the relevant external stakeholders aligned with delivery.

Syllabus summary with tailored content from scoping (3/3)

Stream 5: Managing and influencing stakeholders

<p>Purpose</p>	<p>The 'System partnership and dynamics' stream is designed to develop the capability of CCG leaders to understand and manage system dynamics and the key players in a future healthcare context. Central to the stream is fostering an understanding of organisational behaviour and the power relations between emerging players in integrated healthcare models.</p> <p>Content in this stream both enables and depends on learning from other streams, so will be delivered in combination with other topics across the 12 weeks of the programme and will address all of the cross cutting themes. This stream will also support programme participants to identify their programme coaching requirements and provide on-going support.</p>
<p>Focus areas</p>	<ul style="list-style-type: none"> • How to understand system dynamics in integrated healthcare models • How to work effectively in the system with key players • How to adapt your leadership to achieve your priorities
<p>Topic overview</p>	<p>This module consists of three topics, covered over the 12 week programme:</p> <ol style="list-style-type: none"> 1. Understanding your system 2. Exploring system leadership behaviours 3. Commissioning influence to stabilise the current and deliver the future system
<p>How this topic will be tailored for Harrow CCG</p>	<p>Through the workshop session on high performing teams, this learning stream will help leaders in new positions to understand their roles and responsibilities. The final workshop will focus on how Harrow CCG can manage stakeholders across the system and ensure that they follow the CCG lead where necessary.</p>

Cross-cutting themes

Over the 12 weeks, there will be a number of overall themes that will be considered alongside each learning stream. These are:

- a. Intelligent customer
- b. System leadership
- c. Organisational development and change management
- d. Engaging communities

This will be done through the inclusion of specific content e.g. learning about data analytics as part of becoming an 'intelligent customer', and through the positioning of the coaching calls as an opportunity for participants to view the learning content through the lens of these themes e.g. when thinking about implementation and leading effective teams, what organisational development needs to happen in order for this to be successful? Coaches will consistently challenge participants to reflect on how their opportunities and challenges are impacted by these themes.

Appendix Two

Delivery Team Biographies for Harrow CCG

Commissioning Capability Programme – Harrow CCG delivery team biographies



Dedicated Programme Coach: Jonathan House

KEY EXPERIENCE

Jonathan House is a Partner at PwC in health and local government. He leads the Health Industries and Local Services practice for PwC in the UK. This work ranges from identifying and prioritising cost savings to mediating challenging stakeholder situations. He recently led a large scale health and social care devolution project that required financial framework construction to develop integrated locality plans.

Jonathan is a former chief executive of a local authority, and he has worked on projects with needs ranging from service integration to major change programmes. He has led programmes from conception to implementation, involving setting up governance structures, defining objectives and delivery models, building cross functional teams, managing stakeholders, interims and consultants to deliver change.

THE VALUE JONATHAN ADDS

Jonathan specialises in helping health and care organisations and their partners to reinvent the way services are delivered. He has led many of our place based health and social care projects and our work to support regions such as Aberdeen with their Smart City strategies. In his work he has frequently had to intervene in challenging stakeholder situations. Clients reflect that Jonathan provides a senior but independent, trusted voice which helps resolve challenges arising in client system.

Commissioning Capability Programme – Harrow CCG delivery team biographies



Erin Birch: Dedicated Programme Coach

KEY EXPERIENCE

Erin was the programme director for a three year financial strategy and implementation plan for Morecambe Bay. She led the development of a financial strategy that would improve the financial position across this footprint by £77m. Erin engaged with clinical and operational leads in order to identify the most appropriate route to implementation and secure buy-in for the identified opportunities.

Erin was also the programme director on Our Healthier South East London financial strategy development. She led the development of a financial strategy that would close the £1billion financial gap across this footprint. Erin facilitated collaboration between commissioners and providers in order to identify the most appropriate pathway to sustainability; and pioneered PwC's Collaborative Productivity proposition.

For a North East London and South East London STP Development, Erin was the programme director, and led the development of an exemplar STP for South East London. Brought in at the last minute to develop the NEL STP and successfully co-ordinated the development of a coherent plan, which met all NHS guidelines, despite significant time pressures and some of the most financially challenged institutions in the country.

THE VALUE ERIN ADDS

Erin is a Director in PwC's Strategy& Consulting practice and our national lead for PwC's NHS & Social Care Collaborative Productivity proposition: a methodology for helping commissioners and providers to identify and realise productivity gains at scale, developing a 3 year financial strategy and an implementation plan in order to realise these benefits. She is a specialist in developing financial transformation strategies for CCGs. Erin also plays a lead role in developing health strategy approaches and methodologies for PwC's Strategy& business. This includes a focus on transforming the operating and business models needed to reconstruct health and social care economies. Erin brings detailed understanding of CCG leadership and the challenges they face, and an ability to help commissioners create efficient and effective services.

Commissioning Capability Programme – Harrow CCG delivery team biographies



Alexis Bradshaw: Dedicated Programme Coach

KEY EXPERIENCE

Alexis joins the Commissioning Capability Programme as a Director for Optum. She brings a depth of experience in building integrated care systems from scratch. She was a founding member and Senior Operating Manager of the US Boston-based organization, Iora Health where she developed and implemented the national strategy for overall support and integration of new care model features across the 13 national markets.

Alexis' experience at Iora lends insight into building a different kind of health system starting with high-impact, relationship-based, integrated primary care.

Prior to joining Optum, Alexis worked for Imperial College Health Partners (ICHP) in North West London, supporting the Academic Health Science Network to become an integrator and providing insight on integrated care systems and principles of accountable care.

Alexis earned her MBA at the University of Virginia where she focused on value in health care while studying with leading health innovator, Elizabeth Teisberg, co-author of Redefining Health Care.

THE VALUE ALEXIS ADDS

Alexis' rich operational experience building an integrated care system in the US, wedded with her time working inside the NHS to further build this capability, brings an opportunity to further support the NHS through the current transformation.

Alexis has a personal mission to restore the joy in practice for providers. She is also passionate about building a health system that works best for those who need it most and is thrilled to be working with the NHS to do it.

Commissioning Capability Programme – Harrow CCG delivery team biographies



Tammy Long: Dedicated Programme Coach

KEY EXPERIENCE

Tammy is an experienced programme manager who has led integrated care projects with multiple delivery partners in complex stakeholder landscapes. She has worked with a number of health organisations to support and improve business case development, implementation planning and delivery. She brings significant experience in cost reduction while maintaining an appropriate patient experience.

Tammy was the engagement manager for a financial improvement programme with a large foundation trust. She managed the complex, multi-year transformation programme. Some key aspects of the programme included identifying areas for cost improvement, developing plans to deliver improvements in clinical and enabling services, stress testing and refining plans. A key focus was on quantifying the financial benefits of the plans.

She worked with one of the exemplar STPs, helping build robustness into the implementation of the strategy. In particular Tammy helped strengthen the governance and leadership structures, help with prioritisation and delivery of interventions and better understand and mitigate the risks associated with benefits being delivered.

She has also worked with the Tameside and Glossop system (which included Tameside Hospital Foundation Trust, Tameside Metropolitan Borough Council and NHS Tameside and Glossop Clinical Commissioning Group) to help co-design the new model of care that integrates care across the Tameside and Glossop area.

Tammy recently worked with a number of CCGs to strengthen their financial position through development of QIPP schemes, and supported the CCGs in making improvements to musculoskeletal (MSK) triage service, primary care streaming in A&E and non-CHC (continuing healthcare) complex and high cost placements.

She has worked with a number of local government organisations in areas including the design of locality teams (including health and care professionals) and wider portfolio planning support to executive teams.

THE VALUE TAMMY ADDS

Tammy's extensive experience within the health and care sector has allowed her to build a strong background in delivering successful individual organisation and wider system transformation programmes.

She has extensive experience and insight into cost reduction, benefits management, benefits realisation, programme planning and performance management.

Commissioning Capability Programme – Harrow CCG delivery team biographies



Khaldoon Khan: Delivery Coordinator

KEY EXPERIENCE

Khaldoon joined PwC five years ago on the Assurance graduate scheme and has recently qualified as a Chartered Accountant with ICAEW. Prior to joining the firm he completed a degree in Economics from the University of Manchester.

In the Assurance practice, Khaldoon worked in the London Top Tier department which is responsible for the audits of FTSE 100 clients.

Khaldoon currently sits within PwC's operational restructuring team as a Government and Health Industry specialist.

His role on the CCP as the delivery coordinator is to ensure that participants and coaches are well equipped with the right information to optimise their experience of the CCP.

THE VALUE WILL ADDS

Khaldoon has a skill set and experience that will allow him to adapt to any situation. Key highlights would include his project management skills and experience along with a financial and analytical background.

He has supported with change management of IT system on a FTSE 100 client. Khaldoon's experience of working with a variety of clients in various financial positions provides him with an understanding of effective financial management. He has proven experience of project management, organising large teams on time sensitive engagements, while ensuring demands of key stakeholders have been met.