LEWISHAM CLINICAL COMMISSIONING GROUP

ORGANISATIONAL DEVELOPMENT PLAN 2012-14

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Development Plan date
### ORGANISATIONAL DEVELOPMENT PLAN 2012-14

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INTRODUCTION

1. WELCOME

The Lewisham Clinical Commissioning Group (CCG) looks forward to the challenges of authorisation, taking on statutory responsibility for commissioning, and to fulfilling our potential in the long-term to benefit the health of our local population.

We are committed to continuous improvement and have already made considerable progress in clinical commissioning. The development we have undertaken so far includes focused team and individual development for our clinical leadership, strategy awareness and decision-making, a leadership programme for GPs, practice nurses and practice managers, as well as events for all practices and on unplanned care with our local stakeholders.

This plan describes the analysis we have undertaken to identify our future development needs and the five objectives we have set that will impact on our ability to achieve authorisation as a clinical commissioning group, to deliver our strategic goals and to ensure our effectiveness as organisation for the future.

The objectives cover vision and strategy, engagement, collaboration, corporate governance and risk, and leadership. All of them will be key enablers to meet the various significant changes and challenges we will face: in a context of constrained finances to deliver the challenges of quality, innovation, productivity and prevention, to engage with our local clinicians and stakeholders, and to further strengthen and embed collaborative commissioning arrangements. Each of the objectives is supported by key actions, milestones and identified outcomes.

We look to the future with confidence, and this plan will play a key role in ensuring that we deliver our ambitious vision improve the health and reduce health inequalities of Lewisham people and commissioning the highest quality health services on their behalf.

Dr Helen Tattersfield
Chair, Lewisham CCG
2. MISSION, VISION & AIMS

We are committed to fulfilling the mission, vision and aims that we have outlined in the constitution for Lewisham CCG

2.1 Mission

The mission of NHS Lewisham Clinical Commissioning Group is to improve the health and reduce health inequalities of Lewisham people and to commission the highest quality health services on their behalf.

The group will promote good governance and proper stewardship of public resources in pursuing its goals and in meeting its statutory duties.

2.2 Vision

Good corporate governance arrangements are critical to achieving the group’s objectives.

Health improvement is at the heart of all we do.

a) We aim to increase life expectancy for all and reduce the difference in life expectancy between the most and least deprived in our diverse communities.

b) We will strive to maintain a thriving, financially viable, health economy delivering safe and effective high quality care.

c) We will commission comprehensive care that meets the needs of local people. We will value diversity amongst providers, but will expect excellent outcomes.

d) In delivering this Vision we recognise the need:

i. for a rigorous, population needs based approach to commissioning, supported by public health expertise.

ii. to work proactively and responsively with Lewisham people and their representatives to commission services that best meet their needs.

iii. to work in partnership with colleagues, patients and local communities, across geographic, organisational and professional boundaries. This will include primary care practitioners, the London Borough of Lewisham, Lewisham Healthcare Trust, King’s Health Partners and neighbouring health commissioners.

iv. to support innovation in workforce development and in the local application of teaching, training and research.

v. to look first to local colleagues for management support

vi. to encourage and act on feedback from patients, carers and citizens.
2.3 Aims

The group’s aims are to:

a) To engage and involve all relevant Healthcare Professionals, and other associated groups, including patients, citizens and carers, in the commissioning process through the CCG Governing Body.

b) As a minimum, to achieve financial balance.

c) To reinvest realised budget efficiency in improved services for patients to improve quality, access and choice for patients, within either prevention interventions and Primary or Secondary Care.

d) To commission locally delivered high quality prevention intervention healthcare services, within the available resources on behalf of our patient population.

e) To provide, where appropriate, high quality training to improve the skill sets within the group in order to improve existing services, and develop new services, for patients.

f) To work with the National Commissioning Board to ensure the quality of primary care, in terms of activity, finance and target achievement, in accordance with the objectives and provisions contained in this agreement.

g) Clinicians in Primary Care, working closely with patients, and the other partners across the borough, will develop the commissioning agenda, which is responsive to local needs, local communities and informed by local knowledge.

h) To ensure the fair and effective implementation of Clinical Commissioning across the member practices.

The group’s aims and values will at all times be informed by the membership of the CCG working in partnership with patients, citizens and carers.

3. ORGANISATIONAL STRUCTURES

3.1 Governing Body Composition

As a clinically-led organisation, the composition of our Governing Body has a majority of clinicians and GP practice representatives and is as follows:

<table>
<thead>
<tr>
<th>Role</th>
<th>Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>Dr Helen Tattersfield</td>
</tr>
<tr>
<td>Senior Clinical Directors</td>
<td>Dr David Abraham, Dr Faruk Majid</td>
</tr>
<tr>
<td>Clinical Directors</td>
<td>Dr Judy Chen, Dr Arun Gupta, Dr Hilary Entwistle, Dr Marc Rowland</td>
</tr>
<tr>
<td>Lay Representatives x2</td>
<td>To be appointed</td>
</tr>
<tr>
<td>Secondary Care Doctor</td>
<td>To be appointed</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>To be appointed</td>
</tr>
<tr>
<td>Managing Director (Accountable officer)</td>
<td>Martin Wilkinson</td>
</tr>
</tbody>
</table>
The Chair, Accountable officer, and Chief Financial Officer have completed the national assessment processes for these roles.

3.2 Clinical Leadership

The clinical leadership of the CCG, including the chair, were appointed through a ‘selection and election’ process carried out during April and May 2011. The Chair and Senior Clinical Director (previously ‘Deputy Chair’) posts are for 2 days per week, the Clinical Director (previously ‘Executive Director’) posts for 1 day per week.

Selection was against the competency requirements for the posts, by shortlisting against written applications and interview. This was carried out with the involvement of a PCT Non-Executive Director (for the Chair position) and GPs from other boroughs/pathfinders and the Londonwide LMC.

There were 12 candidates for the election which was held under the single transferable vote system. 121 votes were cast, a turnout of 60%. The final outcomes of the ballots were as follows:

- Chair: Dr Helen Tattersfield
- Deputy Chair: Dr David Abraham and Dr Faruk Majid
- Executive Director: Dr Arun Gupta, Dr Marc Rowland, Dr Judy Chen and Dr Hilary Entwistle

To provide its leadership of the local health system the executive team has agreed portfolios of responsibility that cover the main commissioning areas and patient pathways, links to the four neighbourhood areas, and membership and leadership of partnership and strategic groups.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Key Lead Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Helen Tattersfield</td>
<td>Chair</td>
<td>Chair of Federation, Lewisham Clinical Commissioning Committee (LCCC), Board member South East London Cluster, Deputy Chair of Shadow Health &amp; Wellbeing Board, Member of London Clinical Senate, LMC link</td>
</tr>
<tr>
<td>Dr David Abraham</td>
<td>Senior Clinical Director</td>
<td>Lead on: Strategy Lewisham Healthcare contract overall</td>
</tr>
<tr>
<td>Dr Faruk Majid</td>
<td>Senior Clinical Director</td>
<td>Lead on: Quality and Safety Education</td>
</tr>
<tr>
<td>Dr Marc Rowland</td>
<td>Clinical Director</td>
<td>Lead link with Neighbourhood 1 Link to GSTT, King’s and Lambeth and</td>
</tr>
</tbody>
</table>
Southwark GP Pathfinders

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| Dr Arun Gupta     | Clinical Director | Lead link with Neighbourhood 3  
Member of Prescribing and Medicines Management Group  
Link to South London Healthcare and BBG GP Pathfinders |
| Dr Hilary Entwistle | Clinical Director | Lead link with Neighbourhood 4  
Link to Mental Health leads  
Lewisham Healthcare community services |
| Dr Judy Chen      | Clinical Director | Lead link with Neighbourhood 2  
Maternity  
Children’s services  
Safeguarding |

The term and the mandate of the clinical leadership beyond authorisation has been confirmed by the CCG membership in its constitution.

3.3 Committee Structure

Subject to agreement

- **Quality, Safety and Strategy Committee**
  To provide assurance on the quality of services commissioned and to promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience.

  The following groups will be accountable to the committee:
  - Contracting Meetings, with main providers covering quality and operational issues, Lewisham Maternity, and joint management of the Lewisham Urgent Care Centre
  - For Action & Learning Group, reviewing education, clinical audit, serious incidents, PALS/complaints, quality alerts, NICE guidelines, non-medical CAS alerts
  - Prescribing & Medicines Management, links into the Lambeth, Southwark and Lewisham group and covers medical CAS alerts
  - Health Safeguarding, covering adults and children and young people safeguarding areas, and linking to LBL groups, covers data and escalation processes
  - Patient & Public Involvement, oversees the Equality Delivery System (EDS) and engagement planning
Primary Care Quality, involving the local LMC and Public Health, supports peer review and uses intelligence from the NHS CB.

- **Finance and Performance Committee**
  To provide assurance on finance and performance indicators ensuring the CCG has the capacity and capability to deliver all their governance duties and responsibilities.

- **Audit Committee**
  To provide the Governing Body with an independent and objective view of the group’s financial systems, financial information and compliance with laws, regulations and directions governing the group in so far as they relate to finance.

- **Remuneration Committee**
  To advise the governing body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the group; allowances under any pension scheme that the group may establish as an alternative to the NHS pension scheme.

### 3.4 Management Structure

Appendix 1 includes the proposed management structure for the CCG. **It may be subject to change following the staff engagement process during June-July 2012.**

The structure has been designed alongside the development of the South London Commissioning Support Services (CSS) (section 4.2) and joint commissioning arrangements (section 4.3) to ensure that they fall within the running cost allowance of £25 per head of population, the population total being 283,200 (Office for National Statistics (ONS)), maximum £7,080,000.

A review in October 2011 by the clinical leadership of the local commissioning support arrangements provided by the Lewisham Business Support Unit (BSU) identified a number of key factors that should be addressed within the management structures:

- **Strong Financial Expertise** – the foremost consideration; a senior level post, locally based, to draw together contract and finance information

- **Strategy Resource** - dedicated strategy resource, providing horizon scanning and supporting them to implement ideas, prioritise and set the goals and plans to meet the population’s health needs. A focus on strategy would also be included with organisational development.

- The BSU structures to be augmented by two senior posts, a director to encompass (Strategy, OD and Corporate Services) and a Chief Financial Officer bringing together finance and systems intelligence.
4. COLLABORATIVE ARRANGEMENTS

4.1 Shared Committee Arrangements

*To be confirmed*

In recognition of both their close working relationships and interdependency in many commissioning areas, the CCGs of Lambeth, Southwark and Lewisham are establishing the following joint committees that will be accountable to their Governing Bodies, with appropriate delegation of responsibility:

- LSL Clinical Strategy Group - *description*
- LSL Integrated Governance Committee - *description*

4.2 South London Commissioning Support Services

In addition to its in-house capability the CCG will secure its commissioning support functions from the South London Commissioning Support Services.

The costs of the service have been assessed against the CCG running cost allowance of £25 per head of population with CSS estimated price per head less than £9.

*This has been confirmed by a service level agreement (SLA)/Memorandum of Understanding (MoU).*

*Initial Assessment*

The CCG leadership carried out an initial commissioning support review in October 2011. They considered:

- The current position with the development of a South London Commissioning Support Organisation
- The draft DH guidance, ‘Towards Service Excellence’
- The current running costs position, and its breakdown
- The BSU functional review
- Cluster functions
- Considerations arising from Lewisham Healthcare’s development as an integrated trust
- Opportunities for collaboration with the London Borough of Lewisham

Essential features for CSS provision were identified:

- Local Focus - to maintain relationships, to foresee risks, to have a handle on the specific circumstances of our commissioned services from Lewisham Healthcare, and to connect strongly with commissioning support teams managing contracts with GSTT and KCH.
The central CSS team to establish a multidisciplinary team approach to acute contracting. This would bring together contracting, information and finance staff to provide an integrated and locally response service.

Relationship management – strong links with support that may be provided centrally, such as communications. A business partner type approach from the CSS provider would be essential so that there is strong engagement and a visible, local presence.

At that time discussions were also held with the local authority about the provision of commissioning support. There are many benefits to increasing our active working arrangements, based on our existing close links and joint commissioning arrangements. In reviewing the main commissioning support areas, their initial views were as follows:

- Areas highly unlikely to be able to provide
  - Information & Informatics
    - Clinical activity & financial data collection
    - Claims transactions & verification
  - Corporate Support
    - Accounting, finance, budgets, invoicing & payroll

- Areas for potential future consideration
  - Informatics: health system performance
  - Commissioning (service dependent)
    - Best practice knowledge & expertise
    - Health economy priority
    - Service redesign
    - Care delivery change planning
  - Corporate Support: IT, estate management, governance, HR & OD
  - Health needs Assessment
  - Comms & PPE
  - Procurement & Market Management (not acute)
  - Provider Management (contract and performance)

The CCG and local authority representatives jointly recognised that the local authority would not be in a position to provide commissioning support services for 2013.

This initial assessment by the CCG has provided the foundation for further development of its internal structures and for the development of the CSS.

**CSS Functions**
The CCG has taken part in a range of engagement and co-design events with the prospective South London CSS. The services that will be provided to Lewisham will be (*CSS Core Product Specifications July 2012*):

<table>
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<tr>
<th>CSS Service Description</th>
<th>Key Elements of the Service</th>
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| **Acute Contract Management**  
Comprehensive contract management service, providing performance, negotiation and transactional support for CCGs across their acute services contract portfolio | • Annual contract negotiation and documentation - support in translating CCG commissioning intentions and priorities into signed acute contracts, which meet national and local requirements, including financial and quality parameters  
• Monthly contract monitoring and management - management of the CCG’s acute contract portfolio to support their business and strategic objectives  
• Host Commissioners Role – maintain the host commissioners role to ensure commissioning leverage and benefits with acute Trusts |
| --- | --- |
| **Individual Funding Requests (IFRs)**  
Management of the end-to-end IFR process | • Management of the end-to-end process for IFRs including:  
- Clinical triage  
- Assessment by a multi-disciplinary committee (IFR panel)  
- Contact with the referring clinician and patient  
- Management of the appeals process (IFR Appeals Panel)  
- Monitoring and reporting  
- Management of Overseas Funding Requests |
| **Advice & Support on Clinical Procurement**  
The clinical procurement service will provide CCGs with responsive, flexible and up-to-date advice and guidance in relation to clinical procurement, | • The provision of procurement policies, and specific local strategies; guidance on publication of forward plans; assistance in developing and delivering annual savings targets through procurement; managing procurement appeals; and updates on procurement law, guidance and good practice. This strategic input includes the provision of some training on clinical procurement for CCGs  
• The availability of a procurement “helpline” to provide advice on procurement matters and assistance with actual procurement  
• The management of the end-to-end clinical procurement process for specific services to be agreed annually with the CCG |
| **Performance Reporting & Data Management**  
Provision of standard reports and data sets across a range of areas covering: commissioning, financial and clinical, as well as statutory reporting | • Meeting statutory reporting obligations - Collation and submission of national performance returns.  
• Performance measurement of provider quality and delivery against key KPIs and the Commissioning Outcomes Framework - A suite of regular, standard reports, dashboards and scorecards at both CCG summary and GP practice levels, covering:  
• Benchmarking and trend analysis - Performance benchmarking against South London CCG peers using standardised metrics; trend reports comparing to previous years  
• Providing self-service capability - Secure access |
| **CCG ICT** | A support service which covers the strategic and operational Information Communication and Technology needs of CCGs  
▪ Proactive management of data sets  
▪ Providing CCGs with Information and Communications Technology to carry out day to day work effectively  
▪ Ensuring that issues and problems are resolved quickly.  
▪ Supplier management and value for money |
| **Financial Management & Planning** | Providing financial and business advice, internal and external financial reporting  
▪ Local strategic advice to the CFO and leadership of finance team/function  
▪ Financial & business advice – local interpretation of finance and activity information to support effective decisions across the spectrum of commissioned services, including: financial strategy and planning, financial risk analysis and forecasting, development of financials to support QIPP and monitoring, and financial analysis of budget variances  
▪ Financial reporting (internal and external) – local support for effective financial management, control and public accountability/stewardship requirements; including: finance/activity reports to General Practices/localities, and range of reporting requirements for CCGs and NCB  
▪ Financial planning – local support for the development of CCG strategic financial plans and the finance content for operating plans |
| **Financial Governance & Control, Counter-Fraud, Internal Audit** | Support on statutory duties, relationship management of outsourced services, and technical expertise (e.g. financial controls, governance advice, cash management)  
▪ Statutory duties including statutory targets and true and fair view, and value for money audit options  
▪ Relationship management of outsourced services (e.g., SBS, Internal Audit, Counter Fraud)  
▪ Technical expertise including:  
  - Effective internal financial controls and processes  
  - Financial governance advice/support  
  - Specialist accounting and VAT technical advice  
  - Provision of financial systems and services (accounts payable / accounts receivable)  
  - Treasury (cash) management services  
  - Financial services for charitable funds  
  - Capital accounting as required |
| **HR** | Support on employee services  
▪ Transactional Employee Services  
  - Recruitment and selection service |
(transactional), employee
development, and provision of
expert advice and support

- Comprehensive payroll and pensions advice service
- Portfolio of employment policies and procedures
- Coordination of annual staff survey
- Workforce reporting
- Occupational health and employee assistance programmes

- Employee Development
  - Coordination of appraisal process
  - Commission training and development programme

- Expert Advice and support
  - Workforce strategy
  - Employee relations
  - Workforce modernisation
  - Partnership working with trade unions and professional bodies
  - Equality delivery schemes
  - Workforce planning
  - Talent management
  - Remuneration for senior staff and advice to Employment and Remuneration Committees

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<thead>
<tr>
<th>Estates and Health &amp; Safety</th>
<th>Advisory service providing expert knowledge on health property and estates related issues</th>
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<tr>
<td></td>
<td>Support on negotiating estates administration building leases with landlords including NHS Propco</td>
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<td></td>
<td>CCG handling of the NHS Propco interface</td>
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<tr>
<td></td>
<td>Advice on wider estates and capital development matters, including where appropriate LIFT or Procure 21, and Planning matters including Section 106 related issues</td>
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<thead>
<tr>
<th>Purchasing (non-clinical)</th>
<th>Best practice advice on the purchasing and procurement of non-clinical resources so that CCGs can achieve cost savings and value in non-clinical spending</th>
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<tr>
<td></td>
<td>Undertake tendering process for a non-clinical procurement hub, which will provide non-clinical purchasing service on behalf of the CSS</td>
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<tr>
<td></td>
<td>Developing annual non-clinical purchasing programme and related annual savings targets with CCGs</td>
</tr>
<tr>
<td></td>
<td>Contract negotiation and management with providers</td>
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<tr>
<td></td>
<td>Annual savings reports for the CCGs against savings targets</td>
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<th>Communications and PPE</th>
<th>Communicating and engaging with all stakeholders, managing the reputation of NHS, media/press handling</th>
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<tr>
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<td>Strategic advice and support</td>
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<td></td>
<td>Communications support for service change</td>
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<td></td>
<td>Public affairs and stakeholder management</td>
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<td></td>
<td>FOI management, including flagging and cross-checking by media/public affairs team</td>
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<tr>
<td></td>
<td>Media, reputation and crisis management</td>
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<tr>
<td></td>
<td>Internal communications and membership communications</td>
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<tr>
<td></td>
<td>Digital – web and social media</td>
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4.3 Borough Joint Commissioning

The CCG works closely with the London Borough of Lewisham (LBL) to jointly commission services for children and young people, learning disability, mental health, physical disabilities and emerging client groups, and older adults services. The unit also includes a team for commissioning, contracting and brokerage for the borough. These arrangements have been established under Section 75 agreements. All of these joint commissioning arrangements sit within the management structures of LBL.

4.4 Public Health

Lewisham Public Health is due to transfer to LBL in April 2013. The CCG’s strong working relationship with Public Health will continue in the lead up to and beyond this transfer. The Director of Public Health is a member of the current Lewisham Clinical Commissioning Committee (LCCC) and will be an advisory member of the CCG Governing Body. Each month a public health ‘dashboard’ of a health and wellbeing priority area is presented to the CCG’s Performance & Operations Group Meeting.

5. THE ROLE OF ORGANISATIONAL DEVELOPMENT

The CCG Authorisation Domains provide both the benchmark for of skills and behaviours to achieve authorisation as well as the framework for developing our potential and continuous improvement as a clinical commissioning organisation.

As a pathfinder, Lewisham CCG already has a successful track record of recent improvement and development as an organisation. We have achieved 100% delegation of commissioning responsibility, have led significant
improvements in MMR vaccination rates and prescribing costs, played a lead role in negotiating acute contracts for 2012-13, and been part of an OFSTED report on safeguarding for children and young people that rated Lewisham as outstanding.

The CCG has participated in the NHS London CCG Pathfinder Development Programme, and an integral element of this development has been to systematically review its organisational capabilities at different stages.

### 6.1 Initial Development Diagnostic

An initial workshop with members of the CCG leadership and BSU management team in June 2011 looked at the levels of confidence in our capability against each of the 8 ‘domains’ within the NHS London Pathfinder Development toolkit, and their priority for development. The outcomes were summarised in a matrix:

<table>
<thead>
<tr>
<th>Confidence</th>
<th>Monitor</th>
<th>Actively Maintain Current Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
<td>Leadership CGC</td>
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<tr>
<td>3</td>
<td></td>
<td>Vision &amp; Strategy</td>
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<tr>
<td>2</td>
<td></td>
<td>EPP Planning Enablers</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>Monitoring Agreeing Finance</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>Priority To be addressed</td>
</tr>
</tbody>
</table>

These findings were incorporated into the ‘statement of works’ which formed the outline development priorities for the NHS London Development Programme.

### 6.2 Roadmap Diagnostic

A second diagnostic process was undertaken in October 2011 with our engaged development providers under the NHS London, the KPMG Alliance. This diagnostic formed the basis for the organisational development for October 2011-May 2012. Six development areas were identified:
1: Strategy Development and Prioritisation
2: Public and Stakeholder Engagement
3: Clinical Leadership
4: Financial Acumen
5: Governance
6: Organisational Leadership and Decision-Making

The subsequent programme included 360-degree feedback, development days for the clinical leadership, coaching, financial acumen coaching sessions, an unplanned care stakeholder event, a practice engagement event, a corporate dashboard building session, a leadership development programme, an executive meeting challenge session, board observation and feedback, constitution development, a workshop on conflicts of interest, and neighbourhood workshops tailored to individual neighbourhood requirements.

6.3 Leadership Capability

The 360-degree feedback was based on the Kouzes & Posner ‘Leadership Practices Inventory’, the outcomes were addressed in individual coaching and team development. The following is a summary of the team results:
6.4 Roadmap Review

Towards the end of the Pathfinder Development Programme a review was undertaken against each of the pathfinder domains. This showed the following ratings:

<table>
<thead>
<tr>
<th>Pathfinder Roadmap Domain</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empowering patients and the public</td>
<td>Green</td>
</tr>
</tbody>
</table>
The Final Review Report also highlighted the CCG’s progress towards authorisation:

- The lead GPs’ (executive members) competencies and capabilities have progressed significantly. This is evidenced in the way they manage their workloads, take decisions, prioritise issues and conduct themselves during meetings.
- The lead GPs’ have developed an excellent grasp of clinical commissioning, this includes a firm grasp of key financial and performance issues.
- Clinical commissioning capability has been developed throughout the CCG and several future leaders have been identified through the Leadership Programme.
- The Neighbourhoods are becoming more actively involved in commissioning, both at a local level and a wider CCG level.
- The CCG has a comprehensive vision and strategic priorities for the year.
- The role of the Federation and other key meetings has been clarified. The Federation meeting is being more actively used to take decisions as opposed to simply being used to disseminate information. As part of the Constitution it has been suggested that the Federation becomes a Neighbourhood Forum.
- The CCG has excellent relationships with the HWBB and the CCG’s vision and strategic objectives are aligned to those of the HWBB.
- The CCG has a good understanding of their commissioning support requirements and are in discussion with the CSO to ensure that these can be met.
- The CCG has a current risk register and Board Assurance Framework and are undertaking a process of reviewing their risk management process to ensure an integrated approach to risk management.
- The CCG actively engages with their key stakeholders in undertaking major service reviews.

### 7. DOMAIN GAP DIAGNOSTIC

A diagnostic against the draft CCG Authorisation Domains was carried out during February-March 2012. Each of the criteria had a clinical lead and BSU management lead who assessed whether the authorisation threshold was met (citing the available evidence or activities) or further action was required. The gaps are described and assessed in the Capability Gap Analysis that follows in section 9 below.
The CCG’s existing strengths were identified as follows:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Summary of Existing Evidence</th>
</tr>
</thead>
</table>
| 1. A strong clinical and multi-professional focus which brings real added value | • Practice engagement events  
• Federation structure  
• Health economy co-ordinating group  
• Joint commissioning groups  
• Unplanned care event  
• LINks involvement  
• PPE group |
| 2. Meaningful engagement with patients, carers and their communities | • JSNA website  
• QIPP reporting  
• QIPP plans meet section 242 requirements  
• Membership of HWB (CCG Chair is HWB vice chair)  
• HWBS informs strategic priorities  
• Provider CQUINS & patient experience issues reported  
• Use of LINks database  
• N4 PPE event  
• LINks membership of LCCC and Federation  
• Expert patient groups |
| 3. Clear and credible plans which continue to deliver the QIPP (quality, innovation, productivity and prevention) challenge within financial resources, in line with national requirements (including excellent outcomes) and local joint health and wellbeing strategies | • 2012-13 operating plan  
• Monthly finance reports  
• Recover management group  
• Delegation of commissioning responsibility Aug 11 and April 12  
• LHT FT application process involvement |
| 4. Proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities including financial control, as well as effectively commission all the services for which they are responsible | • Configuration risk assessment  
• Information Governance Toolkit  
• Quality & Safety sub-group  
• EDS Scoring agreed  
• Monthly financial reporting  
• Education programme in place  
• Child protection training programme in place  
• GP interactive website  
• Safeguarding (Adult and C&YP) committee  
• OFSTED report on safeguarding  
• Named GPs and nurses for safeguarding  
• Section 75 for joint commissioning  
• Service redesign capacity |
| 5. Collaborative arrangements for commissioning with other clinical commissioning groups, local authorities and the NHS Commissioning Board, as well as the appropriate external commissioning support | • SEL/LSL clinical strategy group  
• Chair and MD on shadow HWB  
• Health economy co-ordinating group  
• Strategic focus on HWBS priority areas  
• CCG led contracting round  
• Peer review and practice visits to support primary care quality |
|---|---|
| 6. Great leaders who individually and collectively can make a real difference | • Leadership development programmes  
• Clinical leads/champions in key areas  
• Refresh of risk register and BAF  
• Comprehensive selection/election of executive team |
8. DEVELOPMENT OBJECTIVES

The OD planning process has followed a capability diagnostic, analysis to identify development objectives and action focus, and workplan development.

The core capability diagnostic is based on the findings of the Pathfinder Roadmap Review and Domain Gap Analysis which are described in sections 6 and 7 above. Additional sources include the practice engagement event held in January 2012 and CCG Executive Away Days.

The practice engagement event had around 100 participants from Lewisham GP practices. In reviewing progress to date in clinical commissioning, participants were asked to review the strengths, weaknesses, opportunities and threats facing the CCG and the outcomes of these discussions are reflected in the analysis below.

An Executive Away Days on 3rd February, 27th February and 12th April 2012 looked at the influences on decision-making, communication and engagement in developing and implementing strategy. Participants were the GP executive team, BSU management team and neighbourhood leads (April event). These days were facilitated by the KPMG Alliance.

The CCG has identified five development objectives:

Objective 1 – Vision & Strategy

- What will be different?
The CCG has in place a specific and measurable commissioning strategy that is understood and owned by its member practices.

- Development Objective:
To develop the CCG commissioning strategy that reflects the health needs and priorities for the population of Lewisham.

Objective 2 - Engagement

- What will be different?
The involvement of patients and public groups, and of professional groups is part of the CCG culture.

- Development Objective:
To have a systematic approach to the involvement of the local population and clinicians in commissioning

Objective 3 - Collaboration

- What will be different?
We work effectively with our partners, inside and outside the borough, to ensure that the health needs of the population are met.

- Development Objective:
To build on existing collaborative commissioning and partnership arrangements with other CCGs and in Lewisham so that they are enabling us to fulfil our responsibilities and to meet the needs of our population

**Objective 4 - Corporate Governance & Risk**

- What will be different?
The CCG is established with optimal structures and processes in place to fulfil its statutory functions

- Development Objective:
To establish an effective organisational infrastructure for the CCG, including governing body and its committees, structures and staffing, and commissioning support to meet its statutory functions

**Objective 5 – Leadership**

- What will be different?
Confident and capable CCG leadership is in place to deliver the CCG strategy and vision now and in the future

- Development Objective:
To develop the leadership skills, knowledge and qualities of the CCG leaders and to identify and develop future CCG leaders
9. ANALYSIS OF OBJECTIVES, CAPABILITY GAPS & IMPACT

This section describes how the development objectives will address the needs identified through the diagnostic processes, which in turn will enable stronger performance and delivery.

The McKinsey’s ‘7 S’ model shows seven interrelated determinants of successful organisational change. It provides a mechanism to determine the appropriate action focus based on the identified capability gaps.

**Shared values** — Those ideas of what is right and desirable (in corporate and/or individual behaviour) which are typical of the organisation and common to most of its members

**Strategy** — A coherent set of actions aimed at achieving the organisation’s vision

**Staff** — The people in the organisation considered in terms of corporate demographics, not individual personalities

**Skills** — Capabilities and knowledge possessed by the organisation as a whole as distinct from the individuals.

**Style** — The way managers collectively behave with respect to use of time, attention and symbolic actions

**Structure** — The organisational chart of who reports to whom and how tasks are both divided up and integrated

**Systems** — The processes and procedures through which things get done

<table>
<thead>
<tr>
<th>Identified Capability Gaps (sources)</th>
<th>Authorisation threshold references</th>
<th>Development Category (7S)</th>
<th>Development Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus has been on operational/short-term priorities.</strong></td>
<td>1.1, 1.4, 3.1, 5.2</td>
<td>Strategy</td>
<td><strong>Vision &amp; Strategy</strong> To develop the CCG</td>
</tr>
<tr>
<td>• Strategic vision and objectives (Integrated Plan) to be developed (Domain Gap Analysis).</td>
<td></td>
<td>Style</td>
<td></td>
</tr>
<tr>
<td>• No strategy in place with defined outcomes in terms of quality and finance (Pathfinder Roadmap Review)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CCG needs to develop its outcome measures for specific service development plans to ensure they promote long-term health outcomes (Pathfinder Roadmap Review).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CCG strategy and outline H&amp;WB strategy to be developed (Domain Gap Analysis).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Page References</td>
<td>Area of Knowledge</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>-----------------</td>
<td>-------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Clinical commissioning is new so there is limited</td>
<td>3.2, 3.3</td>
<td>Skills</td>
<td>commissioning ownership of and experience in strategic commissioning.</td>
</tr>
<tr>
<td>outcomes in strategic commissioning.</td>
<td></td>
<td>Strategy</td>
<td>Outcomes of unplanned care event of 22(^{nd}) February to be incorporated into future plans. (Domain Gap Analysis).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Development of the dashboard to incorporate KPIs directly linked to the CCG’s strategy and vision and indicate thresholds and target</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>trajectories to be completed and the Executive need to have full ownership of this (Pathfinder Roadmap Review).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Limited forecasting and trend analysis (Pathfinder Roadmap Review).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Further development of analytical tools (Pathfinder Roadmap Review).</td>
</tr>
<tr>
<td>The organisational infrastructure is not yet in place</td>
<td>1.1, 1.3, 3.3, 4.3</td>
<td>System</td>
<td>to ensure operational plans will lead to achievement of strategy.</td>
</tr>
<tr>
<td>to ensure operational plans will lead to achievement of</td>
<td></td>
<td>Strategy</td>
<td>No defined outcomes in terms of quality and finance (Pathfinder Roadmap Review).</td>
</tr>
<tr>
<td>strategy</td>
<td></td>
<td></td>
<td>Further development of integrated plan (Domain Gap Analysis).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>New corporate dashboard incorporating early warning system to be completed (Pathfinder Roadmap Review).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No annual variation analysis undertaken (Pathfinder Roadmap Review).</td>
</tr>
<tr>
<td>There is not yet full understanding by wider GP</td>
<td>1.2, 3.1</td>
<td>Shared values</td>
<td>community of what clinical commissioning will involve.</td>
</tr>
<tr>
<td>community of what clinical commissioning will involve.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lewisham
- Constitution not yet fully developed (Domain Gap Analysis).
- Changes not yet fully understood, need to remove barriers between neighbourhoods to encourage collaborative working (Practice Engagement Event).
- GPs out in the field do not pull together so system does not work as well as it could (Practice Engagement Event).
- A small group of member practices resistant to NHS reforms (CCG Executive Away Day).
- Practice scepticism about what CCG can achieve (CCG Executive Away Day)

**Strategic responsibility for PPE within the CCG is unclear.**

- No systematic approach to PPE (Domain Gap Analysis).
- CCG to systematically identify and plan stakeholder engagement (Domain Gap Analysis).
- PPE Strategy in draft only (Pathfinder Roadmap Review). Community engagement to feed into JSNA for 12/13 (Domain Gap Analysis).
- Voluntary sector not actively engaged (Pathfinder Roadmap Review).
- Patient involvement in development of commissioning intentions (Domain Gap Analysis).
- Changes that are introduced may not be visible to patients. There are opportunities to share successes with patients (Practice Engagement Event).
- Joint work with council on LINKs movement to Healthwatch (Domain Gap Analysis).
- Agreement of CCG constitution and involvement of patient representatives (Domain Gap Analysis).

<table>
<thead>
<tr>
<th>1.4, 2.1, 2.2, 2.3, 2.4</th>
<th>Strategy</th>
</tr>
</thead>
</table>

**Engagement**
To have a systematic approach to the involvement of the local population and clinicians in commissioning
- Agree CCG workplan to assist LINKs and patient reps to gain feedback in advance of CCG meetings and for Neighbourhood discussion of practice feedback from patients (Domain Gap Analysis).
- Patient expectations at times exceed range of services that can be provided in Lewisham (CCG Executive Away Day).
- Patient/community participation and patient education to be enhanced (Practice Engagement Event).

### Focus has been on GP engagement rather than wider local clinical community.

- Leadership base does not include nurses or pharmacists; multi-disciplinary teams would support delivery of vision (Practice Engagement Event)

<table>
<thead>
<tr>
<th>1.3</th>
<th>Style</th>
<th>Structure</th>
<th>Strategy</th>
</tr>
</thead>
</table>

### Collaborative organisational structures and arrangements with other CCGs have not been fully developed to meet the needs of the CCG.

- The CCG must develop confidence in implementing contractual levers (Pathfinder Roadmap Review).
- The CCG currently uses the Cluster’s incident reporting and management processes. (Pathfinder Roadmap Review).
- CSS development not yet complete, including processes for assessing value for money or service prioritisation (Pathfinder Roadmap Review).
- Need greater clarity on how CSS functions will interface with CCG (Domain Gap Analysis).
- CSS SLA and definition of PH support not yet finalised

| 3.1, 5.4, 4.3 | Skills | Structure | Systems | Staff | Collaboration
|---------------|--------|-----------|---------|-------|---------------
|               |        |           |         |       | To build on existing |
(Domain Gap Analysis).
- Communications and requirements within CSS to be finalised (Domain Gap Analysis).
- Develop joined up pathway analysis between primary, public health and acute care (Domain Gap Analysis).

<table>
<thead>
<tr>
<th>Strategy has focused on development of LHT rather than GSTT/KCH.</th>
<th>5.1, 3.1</th>
<th>Strategy Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need to formalise joint LSL work re GSTT/KCH (Domain Gap Analysis).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over-reliance on Lambeth and Southwark to manage the quality of services at GSTT, however CCG is becoming increasingly involved in contract monitoring, plan required to ensure delivery and ensure quality is monitored and assessed (Pathfinder Roadmap Review).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providers especially FTs may be driving the agenda and taking control (practice Engagement Event).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary and tertiary providers have clear agendas that sometimes are not aligned to CCG, these providers are highly skilled at controlling the agenda (CCG Executive Away Day).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Areas of governance are not yet fully owned by the CCG.</th>
<th>2.5, 4.2</th>
<th>Systems Shared values Style</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CCG currently uses the Cluster's incident reporting and management process (Pathfinder Roadmap Review).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CCG currently uses the Cluster's complaints reporting and management process (Pathfinder Roadmap Review).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The culture for risk needs to embedded within the CCG</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The CCG needs to agree its risk appetite and incorporate this into integrated risk management processes (Pathfinder Roadmap Review).

Further develop quality and safety and integrated risk management (Domain Gap Analysis)

---

**CCG is being established as a new statutory organisation.**

- Constitution to be developed (Domain Gap Analysis).
- Accountability framework and role of sub committees to be addressed in constitution (Pathfinder Roadmap Review).
- CCG Conflicts of Interest Policy to be developed (Pathfinder Roadmap Review).
- The CCG will need to develop local process for undertaking borrowing decisions and managing capital resources (Pathfinder Roadmap Review).
- Internal and external audit arrangements and scheme of delegation to be established for CCG (Pathfinder Roadmap Review).

---

**Safeguarding training has focused on GP practices and about children and young people**

- Training required for dentists, pharmacy and optometry (Domain Gap Analysis).
- More systematic approach required for safeguarding including training budget, supervision and support for safeguarding adults (Domain Gap Analysis).
- Adults Safeguarding nurse to be appointed (Domain Gap Analysis)
<table>
<thead>
<tr>
<th>There is uncertainty about responsibilities with respect to primary care services</th>
<th>5.5</th>
<th>Structure Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Emphasis has been on quality of acute providers with limited focus on primary care (Pathfinder Roadmap Review)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The senior leadership team and CCG Governing Body has not been established.</th>
<th>6.3, 6.4, 1.3</th>
<th>Staff Structures</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Appointment to Governing Body positions not complete (Domain Gap Analysis).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Constitution not finalised (Domain Gap Analysis).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Leadership base does not include nurses or pharmacists (Practice Engagement Event)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>An appropriate leadership culture for clinical commissioning is not fully developed.</th>
<th>6.1, 6.2</th>
<th>Shared values Style Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Revised OD plan for beyond authorisation to be completed (Domain Gap Analysis).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- GP executive to review what their workload should incorporate and the need to balance leadership and clinical practice (Pathfinder Roadmap Review).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Executive do not realise or exercise their powers to deliver priorities (Practice Engagement Event).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Develop leadership plan to support clinical involvement (Practice Engagement Event).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Current system system of leadership is top-down and should be balanced by encouraging bottom-up (Practice Engagement Event).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- The lines and openness of communication between</td>
<td></td>
<td>Leadership</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To develop the leadership skills, knowledge and qualities of the CCG leaders and to identify and develop future CCG leaders</td>
</tr>
</tbody>
</table>
individual GPs and the executive to should be enhanced to encourage widespread commitment (Practice Engagement Event).

- Unclear expectations of decision-making and influence between Exec., Federation, neighbourhoods and practices. (CCG Executive Away Day)
### ACHIEVING THE PRIORITIES

#### 10. WORKPLAN

The following shows the outline interventions that will be undertaken to meet each of the development objectives.

<table>
<thead>
<tr>
<th>Development Objective: Vision &amp; Strategy</th>
<th>Action Areas</th>
<th>Outcomes</th>
<th>Short term 0-3 Months</th>
<th>Medium term 3-9 Months</th>
<th>Long Term 9-18 Months</th>
<th>Clinical Lead</th>
<th>Mgt Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>To develop the CCG commissioning strategy that reflects the health needs and priorities for the population of Lewisham</td>
<td>Integrated Plan</td>
<td>Integrated Plan in place that meets requirements for authorised CCG</td>
<td>LCCC</td>
<td>Public and stakeholder engagement to agree commissioning intentions</td>
<td>Embed vision and strategy as single organisation through communication programme with member practices and CCG staff</td>
<td>DA</td>
<td>MH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clear commissioning intentions for Lewisham health needs to lead forward planning</td>
<td>Submitted for Authorisation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health &amp; Wellbeing Strategy</td>
<td>CCG has contributed to further development of HWBS</td>
<td>Initial draft and stakeholder consultation</td>
<td></td>
<td></td>
<td>HT</td>
<td>MW</td>
</tr>
<tr>
<td></td>
<td>Unplanned Care</td>
<td>A strategy for unplanned care is in place that meets the needs for managing care in Lewisham</td>
<td>Unplanned care stakeholder steering group</td>
<td>Vision, principles and KPIs for</td>
<td>Operational plans in place</td>
<td>DA</td>
<td>DB</td>
</tr>
</tbody>
</table>
### Commissioning Skills

- Development in place for clinical commissioning leaders and CCG staff
- Team/personal development reviews and plans in place

### Development Objective: Engagement

**To have a systematic approach to the involvement of the local population and clinicians in commissioning**

<table>
<thead>
<tr>
<th>Action Areas</th>
<th>Outcomes</th>
<th>Short term 0-3 Months</th>
<th>Medium term 3-9 Months</th>
<th>Long Term 9-18 Months</th>
<th>Clinical Lead</th>
<th>Mgt Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constitution</td>
<td>Finalised constitution that is signed by all member practices and meets requirements for CCG Authorisation</td>
<td>Consultation completed</td>
<td>Final sign-off</td>
<td>Constitution effective</td>
<td>HT</td>
<td>CMS</td>
</tr>
<tr>
<td>Membership Engagement</td>
<td>A programme of engagement activity in place that enables increased input to strategy and prioritisation and awareness of strategic direction</td>
<td>Monthly Membership Forum and neighbourhood meetings established</td>
<td>A programme of PLT events in place that support the priorities of the CCG</td>
<td>Annual practice engagement events</td>
<td>HT</td>
<td>CMS</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>---------------------------------</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>Practice Engagement</td>
<td>Mechanisms for supporting the continued engagement of individual practices and their staff in clinical commissioning through neighbourhood meetings and membership forums</td>
<td>Implement local incentive scheme for practice engagement</td>
<td>Introduce welcome/induction for new GPs in Lewisham</td>
<td>Work with primary care contracting to develop process to update and maintain practice contact lists</td>
<td>HT</td>
<td>DB</td>
</tr>
<tr>
<td>Communications and engagement strategy</td>
<td>Agreement and publication of a Lewisham CCG Communications and Engagement Strategy including supporting actions for 2012/2013 in terms of how we will put the strategy into practice (to include publications and all practice events)</td>
<td>Agreed Strategy and action plan in place and supported by the LCCC</td>
<td></td>
<td></td>
<td>HE</td>
<td>MH</td>
</tr>
<tr>
<td>PPE Strategy</td>
<td>PPE programme that supports our commissioning priorities</td>
<td>Publication of annual engagement</td>
<td></td>
<td>2nd annual engagement report</td>
<td>HE</td>
<td>MH</td>
</tr>
</tbody>
</table>
Improved awareness of Lewisham Commissioners of the need to and benefits of effective engagement.

report setting out engagement activity during the year and how this has influenced clinical commissioning in Lewisham

Multi-Professional Engagement
A vision and plan for integrated working between primary, community and secondary care building on workshops held May12

Senior leaders in CCG, LHT & PH review of integrated working workshops and consultancy report

Action plan agreed

A shared clinical strategy for Lewisham in place

HT CMS

### Development Objective:
**Collaboration**
To build on existing collaborative commissioning and partnership arrangements with other CCGs and in Lewisham so that they are enabling us to fulfil our responsibilities and to meet the needs of our population

<table>
<thead>
<tr>
<th>Action Areas</th>
<th>Outcomes</th>
<th>Short term 0-3 Months</th>
<th>Medium term 3-9 Months</th>
<th>Long Term 9-18 Months</th>
<th>Clinical Lead</th>
<th>Mgt Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissioning Support Services</td>
<td>CCG established as intelligent customer of CSS with processes in place for account management, performance and SLA monitoring</td>
<td>CSS successfully passes national checkpoints</td>
<td>Contract management arrangements in place, including Review CSS offer and market test to check</td>
<td>HT MW</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task Description</td>
<td>Action Details</td>
<td>SLA/MoU signed</td>
<td>Regular performance focused review meetings</td>
<td>Appropriateness against competition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>----------------</td>
<td>---------------</td>
<td>---------------------------------------------</td>
<td>-------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commissioning Information</td>
<td>CISAT completed to inform SLA for CSS information services</td>
<td>CISAT completed</td>
<td></td>
<td>See CSS actions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Action plan agreed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SLA for CSS information services agreed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working with other CCG partners secondary and tertiary commissioning</td>
<td>Clarify and embed joint commissioning arrangements and undertake a board development programme with Lewisham and Southwark to</td>
<td>Contribute to development of LSL and SEL groups (clinical strategy and integrated governance)</td>
<td>Joint board development programme with Southwark and Lambeth agreed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Formal arrangements agreed for joint commissioning arrangements with neighbouring CCGs</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Public Health

Updated JSNA and HWBS completed

MOU with local authority for Public Services

Define public health input to commissioning, including Strategic Plan, QIPP, and work streams for priority areas.

Outline Service specification for public health role in Local Authority (in conjunction with the detail in MOU) for 2012-13/2013-14

<table>
<thead>
<tr>
<th>Development Objective: Corporate Governance &amp; Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>To establish an effective organisational infrastructure for the CCG, including governing body and its committees, structures and staffing, and commissioning support to meet its statutory functions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action Areas</th>
<th>Outcomes</th>
<th>Short term 0-3 Months</th>
<th>Medium term 3-9 Months</th>
<th>Long Term 9-18 Months</th>
<th>Clinical Lead</th>
<th>Mgt Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing</td>
<td>CCG Staffing structures are in place</td>
<td>Engagement and consultation processes</td>
<td>Appointment to structures</td>
<td>Monitor and promote opportunities for mandatory training including Information Governance and safeguarding</td>
<td>HT</td>
<td>MW</td>
</tr>
<tr>
<td>Risk</td>
<td>Risk approach (appetite) agreed</td>
<td>Initial risk</td>
<td>Finalised risk</td>
<td>HT</td>
<td>LA</td>
<td></td>
</tr>
<tr>
<td>Management</td>
<td>Integrated risk management framework in place</td>
<td>appetite discussion</td>
<td>management framework in place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------</td>
<td>---------------------</td>
<td>--------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constitution</td>
<td>Finalised constitution that is signed by all member practices and meets requirements for CCG Authorisation, including risk management, conflicts of interest, patient safety and incident reporting</td>
<td>Consultation completed</td>
<td>Final sign-off</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Management</td>
<td>Financial management arrangements are in place that meet national requirements</td>
<td>Review NHSCB Finance Governance Tool</td>
<td>Detailed financial procedures and Register of Interests in place</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| | | | |
| | | | Constitution effective |
| | | | HT |
| | | | CMS |
| | | | DA |
| | | | GP |
| Safeguarding | Safeguarding roles within new CCG structures  
Safeguarding training requirements for CCG staff (minimum level 1) maintained and monitored  
C&YP Safeguarding Programmes: GPs & PNs:  
Level 2, 4 courses, 120 participants  
Level 3, 4 courses, 120 participants  
Dentists:  
Level 2, 5 courses, 150 participants  
Level 3, 5 courses, 150 participants  
Pharmacists:  
Level 2, 5 courses, 150 participants  
Level 3, 5 courses, 150 participants  
Safeguarding roles: see staffing  
Safeguarding children presentations to the Board: Annual report in January 13 (annual reports from all providers)  
Training schedule in place  
Mid-year assurance report in July 13. Continuing training as per schedule | JC | MW |
| Primary care | Primary care quality is monitored and acted upon  
Responsibilities and structures for primary care quality are agreed  
Primary Care Quality Group established  
Effective processes for contact with LETB to ensure education and  
Promote annual appraisal and PDPs for all staff | FM | MW |
Sustainability

Sustainable development is embedded into management and governance processes

Scoping sustainability requirements

Develop Sustainable Development Management Plan

HT CMS

Development Objective: Leadership
To develop the CCG the leadership skills, knowledge and qualities of the CCG leadership and to identify and develop future CCG leaders

<table>
<thead>
<tr>
<th>Action Areas</th>
<th>Outcomes</th>
<th>Short term 0-3 Months</th>
<th>Medium term 3-9 Months</th>
<th>Long Term 9-18 Months</th>
<th>Clinical Lead</th>
<th>Mgt Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governing Body Membership</td>
<td>All members of the Governing Body are in place to carry out shadow running An induction for lay members and non-GP clinical members is completed Selection/election processes for clinical members are conducted as per constitution</td>
<td>Recruitment to lay representatives, secondary care doctor and registered nurse Induction programme</td>
<td></td>
<td>Selection/election for Chair and other Governing Body GP members Election for neighbourhood representatives</td>
<td>HT</td>
<td>MW</td>
</tr>
<tr>
<td>Governing</td>
<td>Preparation and support for the</td>
<td>Cluster-led mock</td>
<td>NHS London-</td>
<td>Seminar</td>
<td>HT</td>
<td>CMS</td>
</tr>
<tr>
<td>Body Development</td>
<td>Governing Body is completed prior to the site visit as part of the authorisation process</td>
<td>site visit</td>
<td>Individual and team support programme July-</td>
<td>led mock site visit</td>
<td>programme for governing body in place</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------------------------------------------------------------</td>
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<td>-------------------------------------------</td>
<td>-------------------</td>
<td>-------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Individual appraisal and team review process established for Governing Body, identifying performance and development needs</td>
<td></td>
<td>Individual and team support programme July-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership Development and Succession Planning</td>
<td>Leadership ‘think tank’ established based on participants in leadership development programme Feb-April12</td>
<td>‘Think tank’ role agreed</td>
<td>‘Think tank’ meeting cycle established and initial meeting</td>
<td>Leadership development programme</td>
<td>Identify and promote external development opportunities such as National Leadership Academy, ‘Darzi’ Fellowships</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Second leadership development cohort</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Key**

<table>
<thead>
<tr>
<th>Clinical Leads</th>
<th>Management Leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>HT Dr Helen Tattersfield</td>
<td>MW Martin Wilkinson</td>
</tr>
<tr>
<td>DA Dr David Abraham</td>
<td>CMS Charles Malcolm-Smith</td>
</tr>
<tr>
<td>FM Dr Faruk Majid</td>
<td>MH Mike Hellier</td>
</tr>
<tr>
<td>HE Dr Hilary Entwistle</td>
<td>DB Diana Braithwaite</td>
</tr>
<tr>
<td>AG Dr Arun Gupta</td>
<td>GP Geoff Price</td>
</tr>
<tr>
<td>JC Dr Judy Chen</td>
<td>LA Lesley Aitken</td>
</tr>
</tbody>
</table>

| HT | CMS |
11. RISK ANALYSIS

The delivery of this plan is included in the organisational risk management processes.

A risk analysis of each development objective is shown in Appendix 2.

12. MONITORING & DELIVERY

The senior responsible officer for the OD plan is the Managing Director, and programme lead the Head of OD. We will review progress against this plan, the development objectives and actions, on a monthly basis within the executive team meeting structure, while the Governing Body will receive quarterly updates.

SUMMARY

13. SUMMARY

Lewisham CCG is committed to achieving its authorisation to take on its statutory responsibilities. Five development objectives have been set that will support the achievement of authorisation and to fulfil its potential in the future:

Objective 1 – Vision & Strategy
To develop the CCG commissioning strategy that reflects the health needs and priorities for the population of Lewisham.

Objective 2 - Engagement
To have a systematic approach to the involvement of the local population and clinicians in commissioning

Objective 3 - Collaboration
To build on existing collaborative commissioning and partnership arrangements with other CCGs and in Lewisham so that they are enabling us to fulfil our responsibilities and to meet the needs of our population

Objective 4 - Corporate Governance & Risk
To establish an effective organisational infrastructure for the CCG, including governing body and its committees, structures and staffing, and commissioning support to meet its statutory functions

Objective 5 – Leadership
To develop the leadership skills, knowledge and qualities of the CCG leaders and to identify and develop future CCG leaders
APPENDICES

APPENDIX 1 – LEWISHAM CCG STRUCTURES

- CCG Governing Body
  - GP Chair
    - Clinical Directors – Governing body members
      - Clinical leads (sessional)
  - Neighbourhood leads
  - Managing Director (Accountable Officer)
    - Neighbourhoods and practice members of CCG
    - management structure (see next slides)
Corporate Director

- Head of Strategy & OD (8d)
- Corporate Services Manager (8a)
- Corporate Services Officer (6)  
  - Admin Pool (4) x 4  
  - Team (3, 2) subject to accommodation

- Head of Integrated Governance (8b)
- Governance Officer (6)

CSS Governance support – Policy development & maintenance, Information Governance, residual PALs, complaints & claims
Medical/Nurse Director

- Head of Medicines and Prescribing 0.5 wte (8d)
  - See separate slide

- Designated Nurse for Children and Young people’s safeguarding (8b)
  - Safeguarding admin support (4) – part-time

- Designated Nurse for Vulnerable Adults safeguarding (8a) – part-time

- Designated doctor for Children and Young people’s safeguarding (via SLA)
  - Named GP for Children and Young People’s safeguarding (sessional)

- Practice nurse advisors
Borough team – Care Pathway redesign, locality based clinical pharmacists, primary care QIPP, pt engagement, interface communication. Controlled Drugs and AO function, NMPs, FOI/PODI, NPSA and NICE, remaining elements of primary care commissioning, PGDs, medication errors, emergency planning, Scriptswitch. Governance via Lewisham Medicines Committee

Inner SEL/LSL shared team (hosted by one LSL CCG) – IFRs, Area Prescribing committee, PBRe Policy, acute QIPP, Annual Service development, Homecare, Clinical Challenge, Link with cardiac/cancer networks, acute elements of redesign. Governance via LSL /SEL area Prescribing Committee
Head of Joint Commissioning, Adults (VSM) 0.5 WTE

Admin (4)

Mental Health Commissioner (8c), 0.5 WTE
Commissioning Manager (7)
Payments Monitoring Officer (4)
Older Adults Commissioner (8c), 0.5 WTE
Older Adults Services Manager (8a)
Physical Disabilities Commissioner (8c), 0.5 WTE

Head of Children and Young People’s Commissioning, LBL Funded

Children’s Commissioner 0.5 WTE
Children’s Commissioner 0.5 WTE

Adult Client Groups Commissioning Team employed by CCG (part funded by LBL), working through LBL under a section 75 agreement.

Children and Young People’s Commissioning Team employed by LBL with support to CCG through a section 75 agreement.
## APPENDIX 2 - ORGANISATIONAL DEVELOPMENT PLAN - RISK ANALYSIS

<table>
<thead>
<tr>
<th>Risk Description</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Inherent Risk Score</th>
<th>Mitigating Actions in place and planned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partners/stakeholders such as clinicians do not engage with relevant parts of the programme</td>
<td>2</td>
<td>4</td>
<td>8</td>
<td>Preparation and communication to be built into project planning.</td>
</tr>
<tr>
<td>Competing priorities prevent commitment and delivery of action plan</td>
<td>3</td>
<td>4</td>
<td>12</td>
<td>OD Plan built into organisational performance management and prioritisation.</td>
</tr>
<tr>
<td>Changes in key personnel or roles/responsibilities through organisational changes</td>
<td>3</td>
<td>3</td>
<td>9</td>
<td>OD Plan built into organisational performance management and prioritisation, and individual job roles and objectives.</td>
</tr>
</tbody>
</table>

### Risk Scores

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Impact</th>
<th>Key Levels of Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Rare</td>
<td>Negligible</td>
<td>1-3 Low Risk</td>
</tr>
<tr>
<td>2 Unlikely</td>
<td>Minor</td>
<td>4-6 Moderate Risk</td>
</tr>
<tr>
<td>3 Possible</td>
<td>Moderate</td>
<td>8-12 Significant Risk</td>
</tr>
<tr>
<td>4 Likely</td>
<td>Major</td>
<td>15-25 High Risk</td>
</tr>
<tr>
<td>5 Almost certain</td>
<td>Catastrophic</td>
<td></td>
</tr>
</tbody>
</table>