



North Central London
Clinical Commissioning Group

Directorate Briefing 5 May 2021

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NCL CCG: In Conversation

- Thank you to everyone who was able to attend our first In Conversation event last week.
- We had almost 300 staff in attendance throughout the session.
- If you were unable to attend the event, we have a [recording of the session available](#).
- If you did attend the event, it would be great to hear your thoughts on this event to help inform future all staff events.
- If you would like to share your feedback, [please complete this short form](#). It will be open until 12 May.
- All of the questions raised during the session have been collated, and we will look to publish an initial Q&A document in the coming weeks.
- Some of the questions posed can't be answered yet, but we will hold onto them and will share answers as soon as we can.

Mental Health Awareness Week



- Mental Health Awareness Week 2021 takes place from 10 – 16 May. The theme for this year’s campaign is ‘Nature’.
- The campaign is an opportunity for the whole of the UK to focus on achieving good mental health.
- We hope that it will be a good opportunity for staff to build on Keep Active Week, and you continue to find time to focus on your own mental health and wellbeing.
- In this week’s newsletter and throughout Mental Health Awareness Week, we will share resources and events that are happening across NCL.
- If you know of any that you would like to share with colleagues, send them to: nclccg.communications@nhs.net

Keep active week

- During this week – 3 May to 9 May – we are encouraging staff to Keep Active!
- This might be before or after work or even during a lunch break.
- This could be something you do regularly – a walk, run, jog, cycle or swim, or an opportunity to take advantage of a class at the gym or online that you've been thinking about.
- We want all staff to record their activities throughout the week by [filling in this simple form](#).
- You can log your activities as you go – just scroll to the bottom of the form to save it. When you save your form, you will receive a return link, your response ID and your response key. You will need **ALL 3 of these** in order to continue filling out your form. You can also just log them at the end of the week.
- We want to see what exercise and outdoor activity staff take part in, and will be looking at the results to find out which activities are most popular, as well as which CCG directorates and staff members will be named as 'Most Active'!
- Make sure all your activities are logged by COP on Wednesday 12 May, as the winners will be announced in the newsletter sent out on Friday 14 May.

Keep active week

- We also want to see where you are exercising – so send through pictures while you're out and about. These might inspire other colleagues to Get Active as well!
- Send all photos through to: nclccg.communications@nhs.net
- We've already received a few...



- With the majority of staff continuing to work from home due to the Covid-19 pandemic, it is important that we recognise that staff have spent the last year grappling with changing priorities in relation to the NHS white paper, realignment, as well as continuing to support the vaccination programme.
- In what has been a continued period of crisis and rapidly changing priorities, it is an ideal time to recognise efforts, motivate and engage our staff by reflecting and celebrating achievements and successes in 2020/21 through our appraisal process.
- This year, the appraisal cycle and key timescales will be as follows:
 - **May – June 2021:** appraisal meeting – end-of-year review/setting objectives for the year ahead and identifying personal development needs.
 - **July – September 2021:** ongoing review and conversations.
 - **October – November 2021:** Mid-year appraisal review.
 - **December 2021 – March 2022:** ongoing review and conversations.
 - **April – May 2022:** appraisal meeting – end-of-year review/setting objectives for the year ahead and identifying personal development needs.
- Our target is for 100% of staff to have an annual appraisal this year.

What should be discussed during an end-of-year review?

End of year appraisal discussions should focus on the following key areas:

1. Reflection on key activities, objectives, successes and achievements during 2020/21 and successes and achievements during the COVID-19 pandemic.
 - We recognise that some staff have been realigned to new directorates and in some cases under a new line manager. In these situations we expect managers to liaise with the previous line manager to ensure they have captured the member of staffs' key achievement/successes prior to realignment that will facilitate a meaningful discussion with the member of staff.
2. Agree priorities/objectives for the short-medium term (setting SMART objectives).
3. Identify personal development needs.
4. Health and wellbeing support.

All appraisal conversations should be completed under the designated appraisal section of the [Workforce system](#).

How do I have a meaningful appraisal?

- **No surprises** – Regular feedback should be provided throughout the year at informal ‘one-to-one’ meetings and the appraisee should know broadly what issues are likely to arise at the appraisal. Appraisals are not the time to raise new issues of poor-performance or conduct that have not been discussed with staff before.
- **Proper scheduling** – Schedule enough time (generally at least one hour) for the meeting, and interruptions should be avoided.
- **Two-way interaction** – Make sure it’s a two-way process. Neither the manager nor the member of staff should do all the talking.
- **Be prepared** – Appraisal review meetings work best when managers and staff prepare carefully and in advance.

- **Appraisal Policy:** Further guidance on how to set SMART objectives and how to have effective and meaningful appraisal discussions can be found in the CCG's appraisal policy. The appraisal policy can be found on the intranet [here](#).
- **Appraisal Guidance and templates** can be found [here](#).
- **Health and Wellbeing support:** Guidance on holding health and wellbeing conversations is available [here](#) and information on wellbeing support is available on our [staff health and wellbeing intranet page](#).
- **HR drop-in sessions:** HR drop-in sessions have been scheduled throughout May and June. Staff and managers can book themselves onto a slot using the link [here](#).
- **Bite Size learning sessions:** Short one hour learning sessions are currently being scheduled. These will cover a range of topics in the coming months. Please look out for more information in the weekly staff newsletter and on the HR pages on the intranet in the coming weeks.
- HR Business Partnering Team - If you have any questions or would like any further information please contact a member of the HR Business Partnering Team:

Appraisals

- **HR Business Partnering Team:** If you have any questions or would like any further information please contact a member of the HR Business Partnering Team:

Directorate	HR Business Partnering Team	Contact Details
	General queries	✉ nclccg.nclworkforce@nhs.net
Borough	Elaine Campbell	✉ Elaine.campbell16@nhs.net
Clinical Leads/ GB Members	Raksha Merai	✉ r.merai@nhs.net
Corporate Services		
Finance	Sharon Wynter-Smith	✉ Sharon.wynter-smith@nhs.net
Quality		
Strategy	Donna Green	✉ donnagreen@nhs.net
Strategic Commissioning		
	Sneha Belvadi, Senior HR Adviser	✉ Sneha.belavadi@nhs.net
	Erica Maxwell, Job Evaluation Lead	✉ erica.maxwell@nhs.net

Occupational Health Management Referral Process

- A management referral to Occupational Health (OH) can be made for a number of reasons such as, but not limited to:
 - seeking advice on how to manage the long- or short-term absence of a member of staff
 - seeking advice on how to support a member of staff with a health condition in order that they can remain in work without having to take absence
 - support a member of staff with a workplace/station assessment
 - support a member of staff where they may be suffering from stress/anxiety that may or may not be related to work.
- The aim of a referral is for our OH provider, PAM Group, to provide advice to a manager and member of staff regarding the likely duration of sickness absence, the functional effects of any ill health on the member of staffs' ability to carry out their duties, suggested rehabilitation / adjustments in the workplace or referral to other services.
- The HR pages on the intranet has a number of detailed guides for manager and staff on how to make a referral and what the process means for them. These can be found here: [System User Guide/How to make a referral](#) and [Occupational Health Management and You](#).

Occupational Health – consent and reports

- PAM Group use a number of different specialists with medical knowledge to provide advice on how the CCG can minimise the impact of work on health and maximise a member of staff's health at work.
- It is important that a manager has spoken to the member of staff about the reason for referring them to OH and taken consent before a referral is made. This is because it will be discussed with the member of staff during the OH appointment. Therefore there should be no surprises and the member of staff is fully aware of what they are consenting to.
- Every member of staff has the right to withdraw their consent at any stage of the referral providing that the outcome report has not been sent to the employer.
- If a member of staff withholds or withdraws their consent then a report will still be produced to advise the manager that the employee has withdrawn or withheld their consent. This report is factual and no health information will be provided to the employer.
- Following the OH appointment, the contents of the OH report are discussed with the employee prior to completion of the report and consent is obtained to send the report to management. This is usually on the same day as the appointment.
- Managers should openly discuss the advice with the member of staff and provide a copy of the report as soon as they receive it. They should discuss with the member of staff and document how they intend to apply any advice provided.

CQC Provider Collaboration Review

- The Care Quality Commission's (CQC) provider collaboration reviews (PCRs) look at how health and social care providers have worked together in their local areas in response to the Covid-19 pandemic.
- They aim to help providers learn from each other's experience of responding to Covid-19.
- These are national reviews to support system learning about positive partnership working (and challenges) and there will not be any rating issued.
- Following the review, the CQC will prepare a presentation for each system which will then feed into the national report.
- Reviews have already taken place in relation to Older People, Urgent & Emergency Care and Cancer services.

- NCL have been chosen to be part of the national CAMHS PCR which will focus on the provision of mental health services for children and young people in relation to the pandemic response.
- There will be a condition-specific focus on Anxiety, Depression, Eating disorders, Self-harm & Suicidal behaviours
- The review will be formed of three parts (projected to start on 24th May 2021);
 - virtual interviews with a range of partners across the system
 - searches of GP records – from 6 practices across NCL
 - case tracking to look at individual pathways and circumstances.
- The CQC will contact national/local patient groups that they have used previously for further patient feedback
- The KLOEs are still in draft however they will be broadly around Access, Staffing (including staff wellbeing), Governance & the Digital Agenda. A focus on inequalities in health will also be linked through all of these
- The Quality Team are coordinating this on behalf of NCL. If there are any queries, or if you would like to feed into this review, please contact Emma Casey, Quality Lead, emmacasey@nhs.net

- In February 2021 the Department of Health and Social Care published a White Paper outlining legislative changes to the current organisation of the NHS. These included the introduction of the Integrated Care System (ICS) as a statutory entity.
- This puts in place a legal framework reflecting the collaboration within STP footprints and will replace the CCG model and statutory responsibilities. The expectation is that these changes will be implemented by April 2022, and be in shadow form by September 2021.
- **Legislating for Integrated Care Systems: five recommendations to Government and Parliament.** [Published by NHS England and Improvement in February 2021](#), this made recommendations on how to legislate to place ICSs on a statutory footing.
- **Integration and innovation: working together to improve health and social care for all.** [Published by the Department of Health and Social Care in February 2021](#), this was based on NHS England and Improvement's recommendations.
- Decisions on legislation will now be for Government and Parliament to make.

ICS / ICP update

- In March 2020 as the five CCGs in NCL merged to become one, the coronavirus (Covid-19) pandemic presented the whole NHS with an unprecedented challenge.
- The very nature and urgency of the pandemic has required us to work and think differently.
- Through collaboration, creative thinking and clinical & operational leadership, all of us (commissioners, providers, councils, voluntary & community sector and others) have been able to respond quickly and decisively in a complex and fast-moving situation.
- Relationships have strengthened and we have an increased understanding of each others roles, value and skills.
- We are focused on ensuring we build on these gains and the depth of partnership working and day in day out collaboration that we have seen.
- This way of working within our neighbourhoods, boroughs and system is the driver and foundation of the integrated care system.

The role of primary care in an Integrated Care System

- General practice has a unique and critical role and sits at the heart of integrated care. The current pandemic has reiterated the value, skill, importance and flexibility of primary care.
- With clinical leadership remaining at the heart of the future system, there will be continued need for primary care clinical leadership within the ICS.
- Proposed legislation outlines some of the formal decision making forums, and these will include GPs. We are also working with primary care leaders locally to ensure primary care is engaged in NCL forums as we move into 'shadow form' as an ICS.
- Our elected Governing Body members and clinical leads continue in post during 2021/22.
- We remain fully committed to supporting primary care in NCL, building on the strong foundations established set by our local transformation and continued development work with practices, primary care networks and federations / primary care at scale.

What could integration look like for primary care on a day-to-day basis?

- Primary Care are represented in system forums at NCL and Borough levels. Each borough-based Integrated Care Partnership includes GP leaders alongside representatives from across health, the council, the VCS and partners such as the police.
- All partnerships are looking to build their neighbourhood model – integrating teams locally and working together for the benefit of patients/residents as part of the shift to population health approach that more effectively targets need and inequalities with proactive and joined up care.
- PCNs will continue to be supported and to grow to enable this and to support the resilience and growth of general practice.

Why form a GP Alliance?

- This will ensure representation at NCL level and enable primary care to unify its voice, influence and challenge system decision making and create an awareness of the culture of general practice.
- We believe that we can deliver services that improve the health and wellbeing of our population, tackle the inequalities we know many still face and ultimately protect the future of general practice.

Progress to date

- With PCNs and Federations having come together, the GP Alliance reference group has two representatives per borough and has signalled the intention for the GP Alliance to join the wider NCL Provider Alliance which contains acute, community and mental health trusts.
- Through collaboration and commissioner support colleagues have delivered a successful NCL Covid-19 Support Service and Covid-19 vaccination programme.
- Having established a terms of reference and purpose statements, work is underway to develop a process that formalises function, structure, the type of organisation and more.
- Aim to have a board in place by September 2021 with a clear scope of responsibility, an organisation structure formed and recruited to with clear links to the wider system and for suitable stakeholder engagement to have been undertaken.

Vaccination update

- Residents aged 40 and over have now been invited to book a vaccination appointment.
- This is in addition to health and social care workers, residents who have a health condition that puts them at greater risk and unpaid carers.
- All eligible residents can book a COVID-19 vaccination appointment online at www.nhs.uk/covid-vaccination or by calling 119.
- **This week NCL achieved the remarkable milestone of providing our 1 millionth vaccination.**
- This is a phenomenal achievement and the result of the hard work and collaboration of health and care staff and partners across our five boroughs.
- Last week saw the [opening of North Central London's newest large scale vaccination centre at StoneX Stadium \(formerly Allianz Park\)](#) in Hendon. Royal Free are the host organisation for this site, which is usually the home of rugby union side Saracens. This adds great extra vaccination capacity, to reach residents of Barnet and beyond.
- A vacancy has arisen within the programme for an **Assistant Director – Primary Care Covid-19 Vaccine Programme (Band 8d)**, 5 months secondment/fixed-term to 30 September 2021 (full time). Closing date: 13 May 2021 at 23:59. [Find out more and apply](#)