

Havering Clinical Commissioning Group

The Havering Clinical Commissioning Group (CCG) is made up of all the GP Practices in Havering. From April 1 2013, Havering Clinical Commissioning Group (CCG), is responsible for most of the NHS budget covering the borough's population of 240,000. The population of Havering is older than average for London.

Havering CCG works closely with Havering Borough Council to jointly commission local services and improvement projects. It is currently leading a large community-wide bed and service reconfiguration programme involving the Urgent Care Centre, the two hospital sites of BHRUT, maternity reconfiguration, and the development of a Centre of Excellence for Older People at St George's Hospital

Scope

During January to March 2013, Alison was the deputy Chief Operating Officer responsible for:

1. To deputise for the Chief Operating Officer
2. To lead the development and sign off of the 2013/14 QIPP plans to save £11m plus other improvement programmes
3. To review 2012/13 contracts and negotiate with the CCG Board, Clinical Support Unit and the Local Authority either their decommissioning or renewal as appropriate for 2013/14.
4. To work with the COO and Clinical Directors in the planning, development and implementation of health economy improvement programmes, for example reducing attendances at Barking, Havering and Redbridge NHS Trust – BHRUT
5. To work with Havering Local Authority in the planning, development and implementation of joint improvement programmes and local policy, for example agreeing best use of winter monies, SSISA, Dementia Strategy, plus other S256 projects

Method

6. To support individual team members in the development of their CSP workplans and facilitate the gathering of information, data analysis, and contract information, for example with the CSU or Price Waterhouse Cooper.
7. To work with the contracting team in the evaluation of 2012/13 contracts and the negotiations of the 2013/14 contracts, providing particular expertise around service specifications and the quality performance measures.
8. To ensure the improvement projects mentioned above have robust leadership, key performance indicators, deliverables and performance management frameworks.
9. To take a lead in the CCG organisational development, for example team workshops, contracts/JDs/performance monitoring for Clinical Directors, progressing the implementation of the OD strategy

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10. To ensure the recommendations from the NHS CB around authorisation are implemented, for example developing the TORs for the Members Committee, ensuring practice visits are undertaken that include engagement around CSP.
11. To provide expertise around cross organisational transformation programmes and risk management.
12. To provide senior leadership around mental health services (dementia, CAMHS, Impart services) including improvement programmes such as the Dementia Programme, IAPT and Children and Young People's IAPT. This includes support to both the mental health project manager and clinical lead.

Outcomes:

- ✓ Signed off CSP plan to achieve savings of £11m during 2013/14 by NHS CB
- ✓ Signed off winter monies allocation for 2013 of £670k between NHS CB, Havering Local Authority, acute hospital - BHUT and main community provider (North East London NHS FT – NEFLT)
- ✓ CCG authorisation achieved in March 2013
- ✓ Up to date Organisational Development Plans developed and signed off by CCG Board
- ✓ Good working relationships with the Clinical Directors and Local Authority
- ✓ Implementation of the frequent flier incentive scheme resulting in a reduction of 116 attendances at BHRUT by end of March 2013
- ✓ Preparation of Board papers on time to a high standard
- ✓ Decommissioning of GPSI services and local Choose & Booking office in March 2013.
- ✓ Renewal of voluntary sector contracts with additional clauses to increase performance monitoring and information requirements.
- ✓ Good team dynamics and spirit including facilitation of team away day
- ✓ Robust dementia improvement programme developed and signed off by Health & Wellbeing Board. Included negotiating resources for a programme manager to deliver programme during 2013/14
- ✓ To deliver an improvement plan with prioritised recommendations and associated cost savings that would achieve the £1.5m savings required by March 2013.