

Organisational Development Plan for NHS Brent

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1. Chair/Chief Executive's Introduction

This organisational development plan sets out the steps we have to take to make the journey from Brent PCT, provider of community services and contractor of secondary care, to NHS Brent, local leader of the NHS and a highly skilled commissioner, meeting the competencies of a world class commissioning organisation.

This plan has three themes: getting the right people into the right structure, building the skills and culture required for our new role, and equipping ourselves with the tools and systems to do our job superbly. .

We do not underestimate the scale of the change required. The management structure introduced in 2007-08 was focussed on cost reduction. The new structure needs to significantly build capacity, but we shall not do everything ourselves. We need core capacity to do things only we can do, but we will utilise external expertise and partnerships with other organisations to leverage scarce skills and resources. The external capacity may be provided by the London Commissioning Business Support service, the private sector, or through our partnerships with other PCTs in outer North West London.

We need to build a compelling case as to why scarce commissioning staff would want to work for NHS Brent. Amongst other things this means a new HQ with better facilities and transport links, a comprehensive training and development programme for staff and access to the best information and analytical tools to do the job.

We have grouped our initiatives into four headings of World Class Workforce, Partnerships, Provider Separation and Information and Analytics each with specific actions to achieve the vision described here.

In a year from now we will have restructured and remodelled the way we work together, we will be better connected with our stakeholders, and while we may not yet have achieved world class standards, we will be significantly along our journey as a commissioning organisation and this will be reflected in improved health outcomes in our local population.

Mark Easton
Chief Executive
NHS Brent

Marcia Saunders
Chair
NHS Brent

2. Organisational Structure

NHS Brent has six directorates, reporting to the Chief Executive. They are strategic commissioning, primary care commissioning, provider services and estates, human resources, public health and regeneration and finance and performance management (Fig 2.1). Also reporting to the Chief Executive are the Head of Corporate Affairs, Medical Director, PEC Chairs and the Head of Communications.

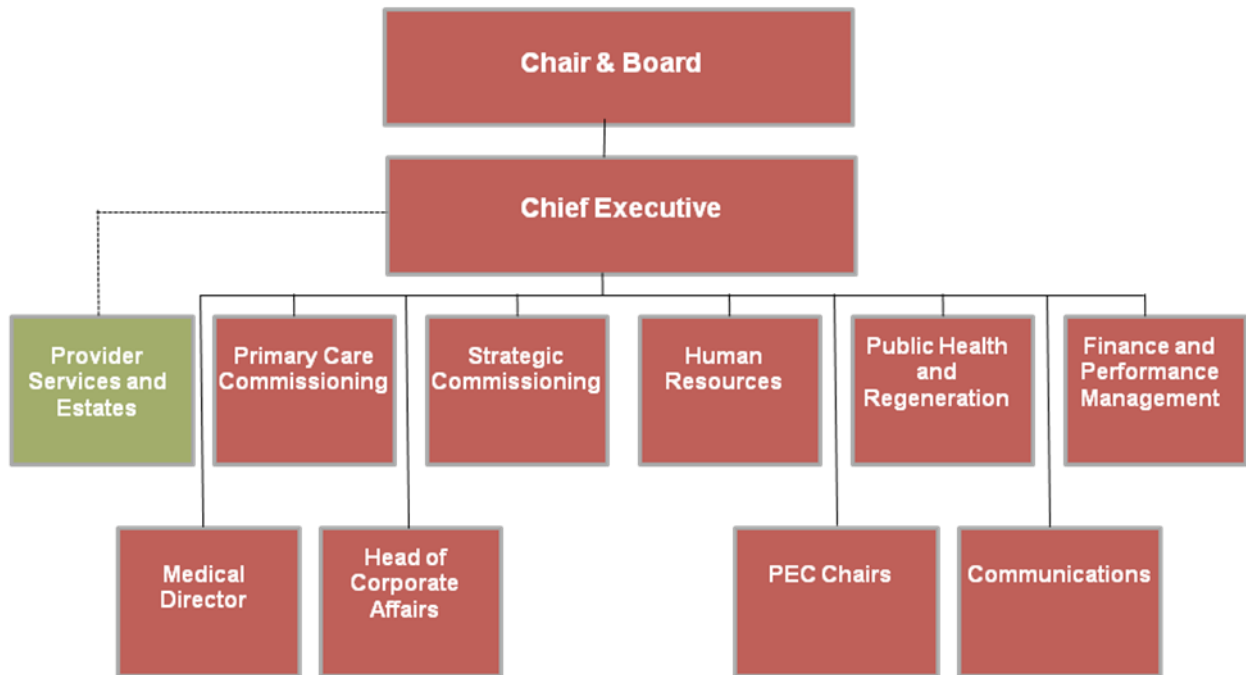


Fig 2.1 Brent PCT Directorates

Informatics and Information Technology sits in finance and performance.

The provider arm is being transformed into an externalised body via an APO, a priority for 2009. The Executive Team are currently looking at options and resources to complete the provider split in the first half of 2009.

The separation of the provider arm will allow NHS Brent to focus on the development of World Class Commissioning competencies within a revised structure. Headquarter resources, particularly in finance, information and human resources will need to be adequately resourced to meet both needs.

The current organisational structure has been reviewed by the Executive Team with the assistance of Humana Europe, a peer commissioner with international perspectives in best practice. In addition to the separation of the provider arm it was also agreed that the existing

directorates would need to be restructured and staffed appropriately. All directorates in the new commissioning organisation are under resourced for the challenges ahead.

Strengthening these structures through recruitment, training, and process development will allow NHS Brent to achieve its strategic and financial goals.

3. Current Position and Progress

The current organisation has been created as a result of the PCT addressing a number of critical challenges since the financial and governance failures which resulted in a £25m deficit in 2006-07. The majority of those challenges were highlighted in the Taylor report (http://www.brentpct.org/html/Publications_5125.htm). In the last eighteen months the Chief Executive and Executive Management Team have all come into post. A new Board Chair and five Non-Executive Directors have also been appointed. A focus for the last year has been on the recruitment of both the Executive and Non-Executive leadership of Brent. Interim staff have been utilised throughout the organisation during the last year, but substantive appointments have now been made to all reports to the chief executive apart from the provider arm director which remains filled by an interim until the formation of the APO.

In the last year many changes to process, control, structure and governance have been made. Changes that have already been implemented include:

- New governance arrangements resulting in an increased strategic focus at Board level and appropriate delegation to sub-committees.
- Improved processes for audit reports with clear accountabilities and timescales.
- Changes to the finance department to address gaps. Skill gaps have since been filled on an interim basis where necessary.
- Introduction of balanced score card approach to primary care and revised governance arrangements for PBC.
- Changes to the human resources structure to enhance the capability of managers to effectively manage staff.
- Creation of a new vision and values statement.

The new vision and values are the foundation of NHS Brent and have been created through a series of workshops with the leadership team and in consultation with the staff.

OUR VISION

Improving the health and wellbeing of our community

OUR VALUES

Performance Driven – Ensuring that individually and collectively we deliver our objectives to the public we serve and the health community we lead.

Respect – Treating our community, patients and staff with respect.

Integrity – Being open and honest in everything we do, including all our communications. Behaving to others the way we expect others to behave to us.

Continual Improvement – Continually striving to meet the needs of our patients. Being professional, by setting and achieving high standards in all that we do. Challenging the status-quo and continually improving as individuals and teams.

Partnership – Ensuring that we create an organisation where all members of the team can contribute to their full potential and that we work in partnership with our local health and social care community.

These values are one of the current strengths of the organisation along with a new, permanent executive management team.

Having a new set of values combined with a stronger financial platform has positioned Brent to implement the initiatives and improvements opportunities developed as part of this Organisational Development Plan. The new Board understands the issues of the past, has identified the current problems and most importantly has a clear vision for the future and is determined to implement changes.

While the appointments of a new leadership team and development of vision and values sets the foundation for the future, the organisation is still faced with a variety of significant internal

issues centred on recruitment, staff engagement and organisational structure. These issues are tracked in the regular workforce information reports received by the Executive Management Team and the Board.

Vacancy rates are currently at 17% for the entire organisation. Removing the provider arm from the calculation results in a 22% vacancy rate. This rate increases to 39% in the Primary Care and Strategic Commissioning Directorates. As a short term solution many of these roles have been filled on an interim basis and additional roles have been held open until the result of this OD plan and its initiatives are finalised. The current use of interims to fill permanent positions is not a viable long term solution due to financial and opportunity cost, loss of institution knowledge, and lack of consistency of management structure and style.

The underlying causes of the recruitment issue are historical, including redundancies as part of the financial turnaround plan, and the lack of an employment brand. The current organisation and employment proposition are not sufficiently attractive. This includes everything from our physical location and office space to the employment benefits offered.

Staff engagement, making sure that each employee delivers their best every day, is an issue. Key indicators of the lack of staff engagement can be seen in the above average sickness absence rate of 5.57% for the 12 months ending in July, and higher than average turnover rate of 25%. In the 2007 Staff Survey 44% of staff said they had a well-structured appraisal which is below the national figure for similar organisations.

Issues with staff engagement were also confirmed in the survey responses where a higher than average proportion of our staff expressed an intention to leave their job. During the feedback events on the findings of the survey and at the staff satisfaction and engagement focus groups held in earlier in 2008 employees identified seven areas of concern:

1. Staff isolation due to fragmentation of the PCT
2. Greater investment in training and development required
3. A culture of the bottom line at the expense of care
4. Instability in leadership and management
5. A need to build trust between management and staff
6. A need for better communication
7. Insufficient staffing levels on the ground

These concerns have been reviewed and where appropriate incorporated into the development opportunities of this OD plan. Improvements in staff communication are demonstrated by the use of focus groups to discuss staff survey results as well as the two staff consultation sessions held as part of the OD plan prioritisation process attended by the Chief Executive and HR Director. Regular staff briefings and the scheduling of a staff appreciation and awards event at Wembley stadium have also taken place.

However it is acknowledged that past restructurings, management changes and the impact of Turnaround have left an under resourced, complicated and inappropriate organisational structure. Restructuring as a commissioning organisation is therefore one of the keys to NHS Brent achieving the goals set out in the Strategic Plan.

4. Developmental goals/priorities

In creating our developmental goals we have focussed on the need to improve our World Class Commissioning competency levels. There is a direct read across from the gaps in our competency assessment to development objectives as shown in the table below which also shows our self-assessment scores based on a rounded average.

Competency	Score	Development Initiative Themes
1. Locally lead the NHS	2	Restructure Teamwork and integration
2. Work with community partners	2	Restructure Coordinated commissioning
3. Engage with public and partners	1	Public engagement Joint commissioning
4. Collaborate with clinicians	2	Clinical Engagement
5. Manage knowledge and assess needs	1	Information and analytics
6. Prioritise investment	1	Information and analytics Restructure
7. Stimulate the market	1	Provider separation Restructure
8. Promote improvement and innovation	1	Information and analytics Restructure Teamwork and integration
9. Secure procurement skills	1	Restructure Coordinated commissioning
10. Manage the local health system	2	Clinical engagement Coordinated commissioning

In summary there are three areas where we need to focus our efforts:

- Structure: NHS Brent needs to design, restructure, and rebuild the organisation to have the capability and capacity to deliver on its strategic goals through World Class Commissioning.
- Skills and Culture: NHS Brent needs a workforce with well developed skills and competencies that will be recruited, trained or procured, supported by a culture consistent with our values.
- Systems and Tools: NHS Brent needs to develop tools, enhanced systems and processes to be efficient and effective.

These 3 developmental areas are inextricably linked and will provide the cornerstone for the organisation over the coming year.

In developing the structure, skills, systems framework, four improvement themes were identified; World Class Workforce, Partnerships, Provider Separation and Information and Analytics. These four improvement themes were expanded into a set of initiatives many of which could be implemented in the coming year. A series of prioritisation workshops were held with the Executive Management Team, non executive directors and staff to discuss the proposals and determine which individual initiatives would have the greatest impact on the WCC competencies and ultimately the organisation goals set out in the strategic plan.

Each selected organisational development improvement opportunity has been assigned a programme lead, accountable for the implementation or delivery of the objective. Individual action items have been determined with milestones and completion timelines and costs have been estimated. The final step to developing the initiatives was to connect each action item back to NHS Brent's strategic plan ensuring all resources allocated would contribute to Brent's overall organisational goal of improving health outcomes for the local population.

Allowance has been made in the Strategic Plan financial modelling for the following estimated cost of implementing the Organisational Development Plan:

	09/10 £m	10/11 £m	11/12 onwards
Recurrent	2.2	3.0	3.0
Non-recurrent	0.3	0.4	-
	2.5	3.4	3.0

The total cost and the balance between recurrent and non-recurrent will be reviewed over the coming months as most initiatives are still at an early planning stage and hence the initial estimates included here may be subject to change.

5. Identifying capability and capacity gaps

Development objective	Capability and capacity gaps	Link to WCC competency subcategories	Suitability for collaborative working to address gap
World Class Workforce	<p>Lack of permanent staff</p> <p>Need to develop appropriate Commissioning structure</p> <p>Unsuitable office space</p> <p>Training Capacity</p> <p>No systematic Talent Management</p> <p>Low staff engagement</p>	<p>Reputation as the 'local leader of the NHS' (WCC 1)</p> <p>Position as an employer of choice (WCC 1)</p> <p>Reputation of an effective partner (WCC 2)</p> <p>Public and patient engagement (WCC 3)</p> <p>Implement improvement initiatives (WCC 8)</p> <p>Understanding of provider economics (WCC 9)</p>	<p>Collaborative training and development arrangements would work very well and reduce resources and costs. A Commissioning Academy could be accessed by all London PCTs.</p>
Partnerships	<p>Require enhanced Joint Commissioning</p> <p>Clinical engagement needs to step up</p> <p>Public Engagement needs to be enhanced</p> <p>Supra PCT Commissioning needs further development</p>	<p>Reputation as the 'local leader of the NHS' (WCC 1)</p> <p>Ability to conduct constructive partnerships (WCC 2)</p> <p>Influence on local health opinions and aspirations (WCC 3)</p> <p>Clinical engagement (WCC 4)</p> <p>Implement regular provider performance discussions (WCC 10)</p>	<p>Joint commissioning improvements needs the active participation of the council. A NW London or London alliance may improve outcomes and address capability gaps in some areas.</p>

Development objective	Capability and capacity gaps	Link to WCC competency subcategories	Suitability for collaborative working to address gap
Provider Separation	Need for a separate Provider development plan	Knowledge of future provider capacity and capability (WCC 7) Understanding of provider economics (WCC 9) Implementation of regular provider performance discussions (WCC 10)	Options are currently being evaluated, one of which could be a combination of several NW London provider organisations.
Information and Analytics	Intelligent Information Evidence based decision making	Dissemination of information to support clinical decision making (WCC 4) Analytical skills and insights (WCC 5) Predictive modelling skills and insights (WCC 6) Collection of quality and outcome information (WCC 8) Use of performance information (WCC 10)	Some services will be provided by the LCBSA .

6. Addressing the gaps identified

Theme: World Class Workforce

Development Objective: Restructure as a Commissioning Organisation

Lead: Thirza Sawtell

Actions (to address specific gaps):

& Charles Allen

- Define core Directorate functions and dependencies
- Design Directorate structures to achieve competencies
- Identify areas for sharing/buying in expertise
- Approval of new structure with Board Remuneration Committee
- Change Management and recruitment to new structures

Links to Strategic Plan and WCC Competencies:

The current organisation needs to be restructured to meet the needs of WCC and provider separation.. This new “fit for purpose” structure will support all of Brent’s strategic goals and all of the WCC competencies.

Projected Costs: **£100,000 non-recurrent plus TBD recurrent**

Development Objective: Employment Proposition

Lead: Charles Allen

Actions (to address specific gaps):

- Develop distinctive and attractive employer brand and identity
- Develop an approach to staff engagement and communications
- Implement an attractive package of employment benefits
- Commitment to staff welfare and development initiatives
- Commitment to achieving diversity and workforce reflecting our community

Links to Strategic Plan and WCC Competencies:

Directly links to positioning the organisation as an employer of choice (WCC 1) but by doing so, Brent will be able to attract the talent and skills needed to become a world class commissioner, will have links to all of the other WCC competencies and organisational Strategic Goals.

Projected Costs: **£50,000 - £100,000 non-recurrent**

Development Objective: Learning & Development

Lead: Charles Allen

Actions (to address specific gaps):

- Link to NHSL Commissioning Development Programme to create Commissioning Academy
- Identify broader training needs
- Implement Talent Management System
- Implement Board and top team development

Links to Strategic Plan and WCC Competencies:

This initiative, by developing skills not found in the organisation today, will link to all of the PCT's strategic goals. By enhancing our training capability and capacity we will increase our employment value proposition and position as an employer of choice (WCC 1). Part of any Commissioning Academy curriculum would address procurement helping to secure procurement skills (WCC 9).

Projected Costs: **£100,000 recurrent**

Development Objective: Teamwork and Integration

Lead: Charles Allen

Actions (to address specific gaps):

- New premises – Break down silos and separation from Provider
- Ways of matrix working and project management
- Team development in new structure and accommodation
- Schedule regular review of structural and IT development to ensure team working

Links to Strategic Plan and WCC Competencies:

Working as a unified team and integrating process throughout the organisation will have a direct link to all of the Strategic Goals. Breaking down silos will encourage the sharing of information and help the organisation understand the health needs trends (WCC 5) and will enable cross functional identification of improvement opportunities (WCC 8).

Projected Costs: **£50,000 recurrent**

Theme: Partnerships

Development Objective: Clinical Engagement

Lead: Jo Ohlson & PEC Chairs

Actions (to address specific gaps):

- Make PBC Commissioning effective both within the organisation and PBC clusters
- Develop management structure which supports PBC
- Further develop PBC scheme including delegation of budgets
- Review leadership and membership of priority action groups and local implementation teams for NSF and national strategy groups
- Review role of PAGs and implementation groups
- Make recommendations on groups to PEC and implement

Links to Strategic Plan and WCC Competencies:

Engagement of clinicians will directly affect all of the organisations strategic goals. It will also develop world class commissioning competencies in clinical engagement (WCC 4) and by building stronger relationships with our clinicians our delivery of patient satisfaction (WCC 3) and the identification of improvement opportunities (WCC 8) will be improved.

Projected Costs: **£190,000 recurrent**

£100,000 non-recurrent

Development Objective: Coordinated Commissioning

Lead: Thirza Sawtell

Actions (to address specific gaps):

- Agree and implement Outer North West London commissioning arrangements for Imperial
- Agree strengthened commissioning arrangements for NWLHT with Harrow PCT
- Undertake acute services review of NWLHT in partnership with Harrow PCT, discussion document to be published February 2009
- Participate in the development of the LCSS
- Become an intelligent client of the LCBSA hub

Links to Strategic Plan and WCC Competencies:

Coordinated Commissioning improve the organisations ability to drive practitioner and acute trust performance directly linking with Brent's goals to commissioning from providers who meet or exceed benchmarked standards, and to meet or exceed patient satisfaction rates. This objective also links to improvements in procurement (WCC 9) by strengthening our ability to negotiate

contracts around known variables and outcomes. A coordinated commissioning alliance would also provide a centralised contact for performance discussions with providers (WCC 10) and to resolve any contractual issues (WCC 10).

Projected Costs: **£TBD**

Development Objective: Joint Commissioning

Lead: Thirza Sawtell

Actions (to address specific gaps):

- Agree strategic direction towards strengthening partnership arrangements with London Borough of Brent
- Agree care groups most appropriate to progress commissioning through lead commissioning arrangements and develop project timelines to progress work
- Agree care groups most appropriate to progress commissioning through partnership/joint arrangements and develop project timelines to progress work
- Establish and implement governance arrangements that reflect strengthened partnership
- Agree concordat with London borough of Brent

Links to Strategic Plan and WCC Competencies:

Joint Commissioning is a key competency in itself. Continuing to strengthen our relationship with the London borough of Brent will directly effect the creation of local area agreements and our reputation as an active and effective partner (WCC 2). While not directly linked to the organisations strategic goals a partnership with the borough will enable Brent to deliver on all of its 2009 goals and objectives.

Projected Costs: **£75,000 recurrent**

Development Objective: Public Engagement

Lead: Thirza Sawtell

Actions (to address specific gaps):

- Establish detailed action plan and steering group to oversee recommendations from PPI Strategy & Communication Strategy
- Establish coordination arrangements in relation to all public engagement activities undertaken by NHS Brent
- Agree areas of public engagement to be undertaken with London borough of Brent
- Work with Picker Institute to establish appropriate ways to evaluate the effectiveness of public engagement initiatives.

Links to Strategic Plan and WCC Competencies:

A key to NHS Brent's success will be public engagement. By reaching out to the community we will position the organisation as the local leader of the NHS (WCC 1) and enhance our reputation as an active and effective community partner (WCC 2). All of Brent's strategic goals will require some level of public engagement to be successful.

Projected Costs: **£100,000 recurrent**

Theme: Provider Separation

Development Objective: Provider Separation

Lead: Mark Easton

Actions (to address specific gaps):

- Develop criteria for separation options; Securing viable services, Quality and Responsiveness, Attractive to Staff, Deliverability, Governance and accountability.
- Executive Team evaluates 5 options for provider separation,
- Paper with EMT comments is circulated to PEC, PBCs, borough, JSNC, local providers and patient's forum for comment
- Comments reviewed and decision taken
- Phase 2 (dependant upon option selected) project plan developed
- APO/externalised body created
- Complete handover of provider services

Links to Strategic Plan and WCC Competencies:

An APO/externalised provider body will allow NHS Brent to focus on its core function of becoming a world class commissioning organisation and therefore has links to all of organisations Strategic Goals and WCC Competencies. The APO will also give the provider services autonomy to develop as organisations that deliver primary and community care services which will directly link to the alignment of provider capacity with health needs (WCC 7).

Projected Costs: **£100,000 - £500,000 recurrent**

Theme: Information and Analytics

Development Objective: Information and Analytics

Lead: Jonathan Wise

Actions (to address specific gaps):

& Dr. Jim Connelly

- External assessment and scoping of existing capability and capacity
- Gap analysis and creation of options to address
- Review options with Executive Management Team
- Identify next steps and initiatives.

Links to Strategic Plan and WCC Competencies:

Strong, reliable and accurate data is the foundation of a world class commissioning organisation and has links to all of the WCC competencies and Strategic Goals.

Projected Costs: **£250,000 - £750,000**

7. Commentary

NHS Brent has outlined bold development objectives to move towards becoming a World Class Commissioning organisation. There is a realisation that the capacity to become world class does not currently exist within the PCT. The skills and resources needed to deliver the initiatives will be recruited or developed internally when this is the best option. Where capacity or skills are in short supply we will buy in that expertise. One objective where external resources have already been engaged is in developing an information and data analytics plan. We intend to make full use of the London Commissioning and Business Support Agency (Hub).

In addition NHS Brent will be involved in the London Commissioning Development Programme. This programme will focus on four priority themes that were developed by PCT Leaders from across London. Those four themes are: Commissioning Professionals Programme, Commercial Development Programme, Developing partnerships and alignment with health and social care, Advancing Quality in Commissioning, All four of these themes link directly with the development of World Class Commissioning competencies and NHS Brent's strategic goals and initiatives.

8. Timescales

The attached Gantt charts (see Appendix) illustrate the timescales for each initiative with an expected completion date.

9. Summary

This Organisational Development Plan sets out the steps we have to take to make the journey from Brent PCT, provider of community services and contractor of secondary care, to NHS Brent, local leader of the NHS and a highly skilled commissioning organisation caring for the health needs of the people of Brent.

The initiatives set an ambitious challenge of transformational change for NHS Brent. NHS Brent will update the plan to incorporate the comments of the panel and review again in a year's time.

The themes and initiatives outlined in this document will enable us to deliver the goals set out in our Strategic Plan. This requires the right people in the right roles to deliver the initiatives - a world class workforce working alongside a dedicated, engaged group of clinicians and other partners. Separating our provider arm will allow NHS Brent to focus on becoming a world class commissioner and will also allow the APO the flexibility to develop as an innovative and competitive organisation. Our corporate services such as HR and finance will be ready to support commissioning and the APO separately. Robust, timely data will be essential to support our commissioning decisions and ultimately lead to better outcomes..

A year from now NHS Brent will have a structure that supports the delivery of our objectives. We will have closer and increasingly productive partnerships with the London Borough of Brent and other local groups, particularly to address deprivation – the top underlying cause of ill health in Brent. We will meet our commitment to increased engagement with clinicians in primary and secondary care. We will play a lead role in strengthening commissioning in North West London and commissioning the LCBSA. We will more actively engage with the public as local NHS leader in our outstandingly diverse and dynamic communities.

Our employee brand and benefits will make us an employer of choice and a desirable place to work. New and existing staff will have skills and competencies, including project management, to boost the development of NHS Brent particularly in commissioning, information and analytics and procurement. NHS Brent will have moved to new premises that provide a more efficient and effective team working environment underpinned by new processes and systems.

This is an ambitious course of transformational change for NHS Brent and will create a much more focussed, proficient, innovative, adaptive and enduring organisation. We have the strength of purpose and determination to achieve this.

Appendix - Timescales

ID	Task Name	2008		2009		2010		2011	
		J	J	J	J	J	J	J	J
1	NHS Brent OD Project Plan								
2	World Class Workforce								
3									
4									
5	Development Objective: Restructure as Commissioning Organization								
6	Define core Directorate functions and dependencies								
7	Design Directorate structures to achieve competencies								
8	Identify areas for sharing buying in expertise								
9	Approve of new structure by Board Remuneration Committee								
10	Change Management and recruitment to new structures								
11									
12	Development Objective: Employment Proposition								
13	Develop distinctive and attractive employer brand and identify								
14	Develop an approach to staff engagement and communications								
15	Implement an attractive package of employment benefits								
16	Introduce package of staff welfare and development initiatives								
17	Develop diverse workforce reflecting our community								
18									
19	Development Objective: Learning & Development								
20	Link to NHS Learning Commissioning Programme to create Commissioning Academy								
21	Identify broader training needs for the new organisation								
22	Implement talent management system								
23	Implement board and top team development								
24									
25	Development Objective: Teamwork and Integration								
26	New premises - Breakdown silos and separation from Provider								
27	Develop methods of matrix working and project management								
28	Team development in new structure and accommodation								
29	Schedule regular review of structural and IT development to ensure team working								
30									
31	Partnerships								
32									
33	Development Objective: Make PBC Commissioning Effective [Clinical Engagement]								
34	Develop a management structure which adequately supports PBC in finance and information, public health and commissioning								
35	Develop extended PBC scheme with menu for delegating budgets and accountability over three years								
36	Phase 1								
37	Phase 2								
38	Phase 3								
39	Develop training and development programme for PBC - World Class Commissioning Academy								
40	Develop a leadership group for clinicians in commissioning								
41	Develop intelligent and timely information for PBCs by providing summary data and training in Dr Foster								
42	Develop a management structure which adequately supports needs assessment, pathway design and information - Phase One								
43	Develop a management structure which adequately supports needs assessment, pathway design and information - Phase Two								
44	Develop a management structure which adequately supports needs assessment, pathway design and information - Phase Three								

ID	Task Name	2008		2009		2010		2011	
		J	J	H	H	J	J	J	J
46	Development Objective: Strengthen Commissioning Involvement in priority action groups [Clinical Engagement]								
47	Review leadership & membership of priority actions groups and local implementation teams for NSF and national strategy groups e.g. Cancer								
48	Review role of PACs and implementation groups								
49	Make recommendations on groups to PEC								
50	Implement changes								
51									
52	Development Objective: Coordinated Commissioning								
53	Agree and implement Outer North/West London commissioning arrangements for Imperial								
54	Agree strengthened commissioning arrangements for NIMLHT with Harrow PCT								
55	Undertake acute services review of MVLH in partnership with Harrow PCT								
56	Become an intelligent client of the LCBSA hub								
57									
58	Development Objective: Joint Commissioning								
59	Agree strategic direction towards strengthening partnership arrangements with London Borough of Brent								
60	Agree care groups most appropriate to progress commissioning through lead commissioning arrangements and develop project timelines to progress work								
61	Agree care groups most appropriate to progress commissioning through partnership/ joint arrangements and develop project timelines to progress work								
62	Establish and implement governance arrangements that reflect strengthened partnership arrangements								
63	Agree concordat with London Borough of Brent								
64									
65	Development Objective: Public Engagement								
66	Establish a detailed action plan and steering group to oversee recommendations from PPI strategy and communications strategy								
67	Establish coordination arrangements in relation to all public engagement activities undertaken by NHS Brent								
68	Agree areas of public engagement to be undertaken with London Borough of Brent and include in concordat								
69	Work with Picker Institute to establish appropriate ways to evaluate the effectiveness of public engagement initiatives								
70									
71	Provider Separation								
72									
73	Development Objective: Provider Separation								
74	Develop criteria for separation options: Securing viable services, Quality and responsiveness, Attractive to staff, Deliverability								
75	Executive team scores and evaluates 5 options for provider separation								
76	Paper with scoring is circulated to PEC, PBCs, Borough, JSNC, local providers and patient's forum for comment								
77	Comments received and decision taken								
78	Phase 2 (dependent upon option selected) project plan developed								
79	APQ/externalized body created								
80	Complete handover of provider services								
81									
82									
83									
84	Development Objective: Information & Analytics								
85	External assessment and scoping of existing capability and capacity								
86	Gap analysis and creation of options to address								
87	Review options with Executive Management Team								
88	Identify next steps and initiatives								