



**St Helens**  
Clinical Commissioning Group

# **Organisational Development Strategy**

**2017 – 2020**



**St Helens**  
**Cares**

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# OD Strategy 2017 – 2020

## Executive Summary

Welcome to NHS St Helens CCG's Organisational Development Strategy. The CCG had a very difficult year in 2016 and was placed in Directions by NHSE following an inadequate rating under the new NHSE assurance process in September 2016. This strategy supports the development of the organisation as it moves from its inadequate rating to being an outstanding organisation by April 2020.

Over the next three years the NHS face increasing challenges with the demand for health and social care services rising and the need for a health and social care system that delivers excellence and a positive experience for those requiring these services. This OD Strategy seeks to support the CCG as it rises to the external challenges, ensuring the workforce is equipped with the necessary skills and behaviours to accelerate performance in order to ensure the strategic aims of the organisation are delivered in conjunction with key partners and within the challenging financial framework.

The strategy includes an implementation plan for year 1 to start our journey in achieving the ambitious goals contained within the document. We are grateful to the members of the Governing Body and the staff of NHS St Helens CCG for their input into this revised strategy and their on-going commitment to the work of the CCG



A handwritten signature in black ink that reads "S O'Brien".

Professor Sarah O'Brien

Interim Clinical Chief Executive



A handwritten signature in black ink that reads "Geoffrey Appleton".

Mr Geoffrey Appleton

CCG Chair

## 1. Introduction

NHS St Helens Clinical Commissioning Group (CCG) is now in its fourth year of operation following authorisation on 1<sup>st</sup> April 2013. Made up of representatives from each of the 35 practices across St. Helens, the CCG is responsible for planning NHS services across the borough, working with other clinicians and healthcare providers to meet the needs of local people. This includes:

- Elective hospital care
- Rehabilitation care
- Urgent and emergency care
- Most community health services
- Mental health and learning disability services
- General Practice services

The CCG is committed to working with patients and healthcare professionals, as well as in partnership with local communities and St Helens Borough Council to make sure that health and social care is linked together for people whenever possible. In addition to GPs, the Governing Body membership includes a variety of specialists including nursing and secondary care.

The ethos of the CCG is encapsulated in its vision and values. In March 2017, the Governing Body took time out to consider how the CCG has matured in its thinking. This resulted in further clarity on its vision with how this is shared with our St Helens partners.

### Vision

‘Improving people’s lives in St Helens, together by tackling the challenge of cost of demand’

### Values

Our values draw on the NHS values embodied in the NHS Constitution. These are:

- Honest and Transparent
- Efficient & Effective
- Collaborative & Inclusive
- Leadership & Ambition
- Innovation & Creativity

In December 2016 the staff spent time reflecting on how the values of the CCG are being ‘lived’ and this has led to a refocus internally on the organisation’s values.

## 2. Our Aims

To achieve the CCG's vision the strategic aims have been defined as:

Number	Aims
1	To develop a sustainable health and social care system
2	To be connected
3	To grow the economy
4	To raise ambition and achieve aspiration

## 3. Successes

NHS St Helens CCG has made significant progress in its development journey and some key achievements since the approval of the OD Strategy 2015 include:

<b>Governing Body</b>	<ul style="list-style-type: none"> <li>✓ Programme of development and on-going commitment to personal development</li> <li>✓ Joint Governing Body 'learn and share' session with neighbouring CCG</li> <li>✓ Agreeing observer status for lay member of CCG and main provider Trust Board non-executive to shadow Governing Body / Board meetings</li> </ul>
<b>Workforce and Leadership</b>	<ul style="list-style-type: none"> <li>✓ Team development sessions have been a key commitment for the CCG during 201/17 and these continue with an extended membership to include relevant local authority staff.</li> <li>✓ Staff Survey Culture. This information has been a useful barometer check for the CCG providing baseline information to continually assess the culture and working environment for staff. In 16/17 the CCG took part in the national survey and reported favourable results demonstrating continued evidence of staff satisfaction with the role and working environment.</li> <li>✓ Senior Managers Group established to provide peer support to Managers and enable Executive Leadership Team to delegate operational matters</li> <li>✓ The CCG has taken on new teams supporting additional responsibilities from April 2015 and has in-housed some activity previously provided by the Commissioning Support Unit (CSU).</li> <li>✓ Further integration with St Helens Borough Council has provided alignment with a range of work areas and joint working with a wider team of staff.</li> </ul>
<b>Member Practice Engagement</b>	<ul style="list-style-type: none"> <li>✓ The CCG has a signed constitution in place which outlines the relationship between the CCG and member practices.</li> </ul>

	<ul style="list-style-type: none"> <li>✓ Over the past 12 months work has been undertaken to ensure member practices are fully involved in the decision making processes of the CCG. This is reflected in the feedback through the 2016 NHS England 360° review. Fewer practices contributed to the 360° in 2015.</li> <li>✓ The CCG has developed a Primary Care Strategy that recognises the transformational change required for practices.</li> <li>✓ Member practices have reviewed the Terms of Reference for GP Forum and are moving forward into 2017/18 with a more robust plan for GP Members Council</li> </ul>
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## 4. Developing the OD Strategy 2017 – 2020

### Model for Organisational Development

There are many definitions of Organisational Development (OD) which may vary in emphasis, but there are some common features:

1. OD applies to changes in the strategy, structure, and / or processes of **an entire system**, such as an organisation, a single or multiple part of an organisation, a department or work group, or individual role or job.
2. OD is based on the **application and transfer of behavioural science knowledge and practice** (such as leadership, group dynamics and work design), and is distinguished by its ability to transfer such knowledge and skill so that the system is capable of carrying out more planned change in the future.
3. OD is concerned with **managing planned change**, in a **flexible** manner that can be revised as new information is gathered.
4. OD is orientated to **improving organisational effectiveness**.

OD is best defined as a planned system of change concerned with an organisation's:

- Health and its ability to create a high quality of working life for its employees
- Effectiveness and its capacity to solve problems and ability to adapt and change

The CCG is committed to taking a whole systems approach for the OD programme to ensure the interrelationships between people, structures and systems to deliver organisational goals are taken into account.

This OD strategy has been developed using the McKinsey 7s model<sup>1</sup> (**Appendix 1**) and is based upon the theory that, for an organisation to perform well, the seven elements within the model need to be aligned and mutually reinforcing.

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<sup>1</sup> From In Search of Excellence, TJ Peters and RH Waterman Jnr 1982 Harper and Row

## 5. Health of the local population

The resident population of St Helens is 177,600 people. (2015 mid year estimate, ONS). This has increased over the last 7 years and is predicted to increase year on year over the next 25 years. The current General Practice (GP) registered population of NHS St Helens CCG (Clinical Commissioning Group) is 195,523 (HSCIC, April 2016); this indicates that a number of residents from outside the Borough are registered with St. Helens GPs. According to 2012 data from NHS England, 96% of St. Helens residents are also registered patients with NHS St Helens CCG practices.

The health of people in St Helens is generally worse than the England average. Life expectancy for both men and women is lower than the England average<sup>2</sup>. Between 2010 and 2012, the life expectancy at birth in St. Helens was 1.2 years less than the England average for men, and 1.4 years less for women. The greatest cause of the life expectancy gap between St. Helens and England is respiratory disease, which causes about a third of the inequality for both men and women. This corresponds to 254 excess deaths from respiratory disease in St. Helens between 2010 and 2012. The next highest cause is digestive disease, which includes alcohol-related conditions such as liver disease and cirrhosis. If respiratory disease mortality was the same rate in St. Helens as the national average, life expectancy at birth would increase by 0.43 years for men and 0.52 for women across the whole Borough<sup>3</sup>. **Appendix 2** gives an overall summary of the health profile

These health and social challenges impact upon services requirements and hence how the CCG commissions in response to this. The priorities of the St Helens Peoples Plan 2017 – 2020 (the Health and Wellbeing strategy) are:

- To develop the Local Care System, ‘St. Helens Cares’, to ensure we have a sustainable Health and Social Care system
- To improve outcomes for people who are at risk of self-harm and suicide
- To improve outcomes for people who are at risk of falling and reduce the number who fall
- To improve outcomes for people at risk of alcohol abuse and reduce the number who suffer from alcohol harm
- To improve community safety by developing community safety hubs which identify people early and ensure effective responses to need

## 6. Internal and External Context

### National Context

There have been many national changes to health and social care policy in recent years. One significant vision that underpins this is for the closer working of health and social care services. National policy has been designed to remove barriers between these two areas

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<sup>2</sup> Public Health England Health Profile – St Helens – 2016

<sup>3</sup> St Helens Peoples Plan 2017-2020

moving from partnerships, to formal joint working and, in some instances, fully integrated services with pooled funding.

Legislative changes with the NHS Act 2006 has given more scope to progress joint working, foster partnerships between health and social care agencies and to bring down the barriers between health and social care.

The Health and Social Care Act 2012 further supports the integration agenda with the introduction of the Better Care Fund: a catalyst to ensure that the integration agenda was progressed, services improved and value for money ensured.

Over the next five years the NHS face increasing challenges with the demand for health and social care services rising and the need for a health and social care system that delivers excellence and a positive experience for those requiring these services.

The NHS Five Year Forward View<sup>4</sup> published on 23 October 2014 sets out a new shared vision for the future of the NHS based around the new models of care. In delivering this vision, the guidance introduces a Triple Aim framework that describes an approach to optimising health system performance through the simultaneous pursuit of three dimensions:

1. Improving the quality of healthcare
2. Improving the health of the population, and
3. Achieving value and financial sustainability

In February 2016, the independent Mental Health Task Force published the 5 Year Forward View for Mental Health<sup>5</sup> This sets out the start of a ten year journey of transformation prioritising prevention, access, integration, quality and a positive experience of care. It includes a set of recommendations to achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people.

The GP Forward View<sup>6</sup>, published in April 2016 recognised that GPs are by far the largest branch of British medicine. A growing and ageing population, with complex multiple health conditions, means that personal and population-orientated primary care is central to any country's health system. The document contains specific, practical and funded steps – on investment, workforce, workload, infrastructure and care redesign.

Furthermore, the outcomes from the Carter Review<sup>7</sup> recommend that hospitals standardise procedures, be more transparent and work more closely with neighbouring NHS Trusts. The review outlines 9 must dos which are given in **Appendix 3**.

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<sup>4</sup>Five year Forward View, NHS England, October 2014

<sup>5</sup> The Year Forward View for Mental Health, NHS England, February 2016

<sup>6</sup> GP Forward View, NHS England, April 2016

<sup>7</sup>Carter Review, 2016

In 2016 *Developing People – Improving Care*<sup>8</sup> the national framework for action on improvement and leadership development in NHS funded services was launched. This framework identifies the five conditions common to high quality, high performing health and care systems in every local health and care system in England. Evidence shows that these five conditions shape cultures that enable people to continuously improve care, population health and value. The five conditions are:

1. Leaders equipped to develop high quality local health and care systems in partnership
2. Compassionate, inclusive and effective leaders at all levels
3. Knowledge of improvement methods and how to use them at all levels
4. Support systems for learning at local, regional and national levels
5. Enabling, supportive and aligned regulation and oversight

The OD Plan will reflect any gaps identified in the CCG that may prevent these conditions from flourishing.

## **NHS St Helens CCG**

Following a challenging two years the CCGs overarching priority and aim is to be an 'Outstanding' organisation by April 2020 by achieving financial balance and delivery of better care and we will do this by:

- Delivering on the CCG Improvement Plan including the Financial Recovery Plan (FRP) and the targets and outcomes set out within 2017-19 Operational Plan which encapsulates the national requirements set out within the 5 Year Forward view and related planning guidance.
- We will be a lead partner with the Local Authority on the establishment and development of a St Helens Local Care System "St Helens Cares" supporting our shared vision of *'Improving people's lives in St Helens, together, by tackling the challenge of cost and demand'*
- Contribute in a positive and demonstrable way to the development of the Cheshire and Merseyside Strategic Transformation Plan (STP) and the local Alliance Local Delivery System (LDS) ensuring that all key stakeholders, including the wider CCG practice membership, are involved and informed. We will deliver tier 1 transformational change in St Helens (with an emphasis on Community and Primary Care and Urgent Care) and we will support and deliver tier 2 and tier 3 common pathways across the LDS and STP footprint.
- Ensure strong alignment and engagement with all our key stakeholders including our membership, Local Authority, providers and public.

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<sup>8</sup>National Improvement and Development Board 2016 A framework for action on improvement and leadership development in NHS funded services

The OD Strategy seeks to support the CCG as it rises to the challenges described, ensuring the workforce is equipped with the necessary skills and behaviours to accelerate performance in order to ensure the strategic aims of the organisation are delivered in conjunction with key stakeholders and within the challenging financial framework.

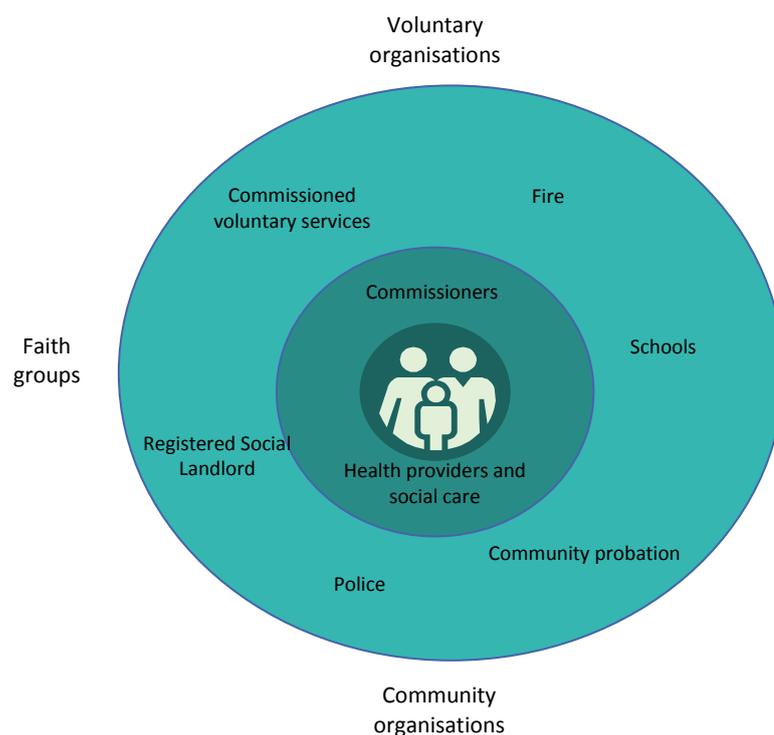
The inability of the CCG to meet its statutory obligations in terms of financial balance and business rules in 15/16 resulted in the CCG being put in directions by NHSE in 16/17. This difficult performance environment has intensified regulatory intervention and exposure, which can contribute to stresses felt by staff and cultural strains.

Therefore the actions contained within the strategy underpin the successful delivery of the Recovery Plan and strategic priorities as outlined below, whilst recognising the environment that the business is operating within. Supporting this is the need to ensure the CCG is able to measure the maturity of the CCG in regards to risk management and business continuity in order to ensure business critical functions are available and able to maintain acceptable levels of service and consistency.

### St Helens Cares

NHS St Helens CCG is committed to pursuing integration with St Helens Borough Council, believing that through real partnership working with the local authority and other organisations across all areas of their work every opportunity can be maximised to make a real difference to improve health and wellbeing in the Borough. The NHS Five Year Forward View makes this case strongly and compels NHS St Helens CCG, its partner organisations and the local community to embark upon radical transformation of all aspects of the care commissioned and delivered. In response, NHS St Helens CCG and its partners refreshed and aligned its previously published five year strategy 2014 – 2019, clearly setting out its vision for the future, progress made to date and commissioning intentions for 2017-2019.

**Diagram 1 Accountability in the future operating model**



During 2016, with its member practices and local partners, the CCG developed and produced a Strategy for General Practice Services in St Helens. Implementation commenced during 2016 the vision of which is to deliver sustainable general practice services that are at the heart of out of hospital care in the Borough. To treat and care for people at the right time, in the right place by the right people. This has been refreshed in 2017 to ensure alignment with the GP Forward View.

### **Organisational Improvement Plan & Operational Plan 2017 – 2019**

In September 2016, the CCG was placed in formal Directions by NHS England following an 'inadequate' rating under the new NHSE assurance process, the underlying issues facing the CCG are an inability to meet the 1% surplus and a predicted deficit position for 2016/17.

The CCG's Improvement & Operational Plan for 2017-19 sets the framework for to ensure that the CCG is able to meet its key strategic priorities to move the organisation from its inadequate rating to be an outstanding organisation by April 2020, and in the process, remove the requirement for directions. **Appendix 4** provides a 'Plan on a Page'.

### **Sustainability and Transformation Plan**

Cheshire and Merseyside CCGs, Local Authorities and Provider Trusts agreed in January 2016 that the geographical footprint for the local Sustainability and Transformational Plan (STP) would encompass the whole of Cheshire and Merseyside. Therefore, the STP will work to deliver the high level strategic transformational change areas, rationalising wider service provision and driving the major network programmes

NHS St Helens CCG is a member of the Alliance Local Delivery System, together with Warrington, St Helens and Knowsley CCGs. This LDS is the single largest LDS within the STP with a population of approximately one million people. The LDS incorporates the acute trusts of Warrington and Halton, St Helens and Knowsley, and Southport and Ormskirk, plus 5 Boroughs Partnership NHS Foundation Trust and Bridgewater Community Healthcare NHS Foundation Trust.

Furthermore, the CCG will produce its own Sustainability and Transformation Plan setting out the key priorities and actions for the five years to 2021. It will be a fully integrated Peoples Plan focussing solely on the delivery of services to the local population and the financial sustainability of the borough.

### **Devolution**

Liverpool City Region made a formal submission to the 2015 Comprehensive Spending Review (CSR) outlining proposals for a devolution framework which will enable them to draw down powers, control and resources from central to the Liverpool City Region Combined Authority.

This will enable the City Region to have greater control and influence over funding and to ensure there is greater value from existing investment that is clearly focused to raise productivity, transform lives and the economy.

Through this the vision is to deliver a ‘place-based’ approach to:

- Accelerate economic growth: growing jobs and increasing productivity;
- Public service reform: local re-design and co-ordination of services to reduce costs and improve outcomes across the whole of the public sector
- Improved social outcomes and better health and wellbeing of local residents.

## 7. Links with other strategies

The OD strategy will be aligned with other CCG strategies so the actions support the key objectives contained within these strategies. These include:

Strategy	Key Themes / Objectives
<b>2 Year Strategic Plan</b>	<p>Aligned with the Better Care Fund, this integrated approach has the following priority areas:</p> <ul style="list-style-type: none"> <li>• Maintain and improve quality standards</li> <li>• Urgent Care</li> <li>• Planned Care</li> <li>• Cancer</li> <li>• Children and Adults Mental Health</li> <li>• Learning Disabilities</li> <li>• Preventing reducing health inequalities</li> <li>• Equality &amp; Diversity</li> <li>• Patient &amp; Public Engagement</li> <li>• Effective Organisation</li> <li>• Primary Care</li> <li>• Finance</li> </ul>
<b>Financial Strategy</b>	<ul style="list-style-type: none"> <li>• To give an overview how the financial allocations received from NHS England are used to commission healthcare services</li> <li>• To detail how the CCG will manage the costs of management, administration and commissioning functions carried out by the organisation.</li> </ul>
<b>Quality Strategy 2017 - 2021</b>	<p>Five key strategic areas for driving quality improvement:</p> <ul style="list-style-type: none"> <li>• Patient Safety</li> <li>• Clinical Effectiveness</li> <li>• Patient Experience</li> <li>• Responsiveness</li> <li>• Organisational culture &amp; leadership</li> </ul>
<b>Recovery &amp; Sustainability Plan 2016 – 2018</b>	<p>Transformation of service provision to ensure the sustainability of services and financial position within the health system by 2021. For NHS St Helens CCG the size of the deficit is beyond the CCG’s ability to deliver a balance position within the current financial year. This therefore links to and requires a robust financial recovery strategy with a realistic set of milestones and completion dates to bring the position back into balance.</p>

<p><b>Communication and Engagement Strategy</b></p>	<ul style="list-style-type: none"> <li>• To continue to build meaningful engagement with our public, patients and carers to influence the development of services and improve the health and wellbeing of people in St Helens</li> <li>• To ensure that the CCG is clearly visible as the leader of the local NHS and to instil confidence, with patients, public, provider and partner organisations in the CCG as an effective commissioning organisation</li> <li>• Develop a culture within the CCG that promotes and facilitates open consultation and engagement, with all stakeholders</li> <li>• Continue to develop effective consultation channels to ensure that local people have the information they need to enable them to access the right care at the right time, helping them to look after themselves and improve their health and wellbeing</li> <li>• To increase the CCG’s public membership scheme</li> </ul>
<p><b>Equality and Diversity Plan</b></p>	<ul style="list-style-type: none"> <li>• To make fair and transparent commissioning decisions</li> <li>• To improve access and outcomes for patients and communities who experience disadvantage</li> <li>• To improve the equality performance of our providers through robust procurement and monitoring practice</li> <li>• To empower and engage our workforce</li> <li>• Ensuring robust processes for commissioning and decommissioning of services</li> </ul>
<p><b>The Peoples Plan 2017-20</b></p>	<ul style="list-style-type: none"> <li>• To develop the Local Care System, ‘St.Helens Cares’, to ensure we have a sustainable Health and Social Care system</li> <li>• To improve outcomes for people who are at risk of self-harm and suicide</li> <li>• To improve outcomes for people who are at risk of falling and reduce the number who fall</li> <li>• To improve outcomes for people at risk of alcohol abuse and reduce the number who suffer from alcohol harm</li> <li>• To improve community safety by developing community safety hubs which identify people early and ensure effective responses to need</li> </ul>

## 8. Governing Body Engagement

Engagement with the Governing Body has been vital to ensuring the development of the OD programme supports the overall aims of the organisation. Equally ownership and championing of the OD Strategy by the Governing Body is fundamental to its success. As part of the engagement exercise the Governing Body members were asked to consider:

- If the CCG was being the best that it could be: what would be happening and how would the organisation be working
- What are the big ambitious goals that should inform the OD Strategy

- What support is needed to achieve these goals
- Who are the key partners and how can the CCG work best with them

The feedback from the engagement session is summarised below and includes the areas that are critical to OD objectives. The actions contained within the OD implementation plan need to be aligned to these to support their delivery.

Being the best that we can be	<ul style="list-style-type: none"> <li>✓ Flagship CCG with clarity of purpose and ambition, sharing best practice</li> <li>✓ Active and engaged – public, membership and staff</li> <li>✓ Financial sustainability across all providers</li> <li>✓ Improved health outcomes for the population with reduced variation in health</li> <li>✓ Unified primary care working to high standards</li> <li>✓ Health &amp; social care truly integrated</li> </ul>
Our big ambitious goals	<ul style="list-style-type: none"> <li>✓ St Helens as an attractive place to be – great to live and work here</li> <li>✓ One unified budget across health &amp; social care with joint responsibility</li> <li>✓ The right people with the right skill set as a result of innovative workforce development</li> <li>✓ Attract investment to benefit the health of the borough</li> </ul>
Support to achieving	<ul style="list-style-type: none"> <li>✓ Wider approach to organisational development</li> <li>✓ Development of workforce skills and capability</li> <li>✓ Fully engaged and involved membership to help drive improvement through clinical leadership</li> <li>✓ Collaborating with public health and other partners to provide a better evidence base for working</li> </ul>
Successful partnerships	<ul style="list-style-type: none"> <li>✓ Robust partnership working arrangements in the borough through Peoples Board – St Helens Cares</li> <li>✓ Effective membership engagement</li> <li>✓ Strong alliance with the Cheshire &amp; Mersey STP/LDS</li> <li>✓ Effective partnership working with the public and voluntary sector</li> </ul>

## 7. Staff Engagement

Staff involvement is also an essential building block in the development of the OD Strategy: the CCG is committed to ensuring staff that work for the CCG feel involved and engaged.

This commenced with the staff survey, the results of which are summarised in **Appendix 5**. Following analysis of the survey, staff will be invited to be further involved in the development of actions for priority areas identified:

- Having sufficient workforce in the team and being able to meet the conflicting demands of the job
- The role of the line manager in supporting staff with difficult tasks, providing feedback, and involving staff in decision-making
- Helping staff to be the best they can be at work, focussing on health & wellbeing
- Valuing the performance appraisal process and how this supports staff development

During the Team Meeting in December 2016, staff were asked to consider the organisation values and to be involved in the describing the behaviours that would be visible if people were 'living' the values.

The emergent values are ***integrity; care and compassion; teamwork; learning and improvement; and respect and dignity***

Work will continue to further define these values and the OD plan will consider how these values and behaviours will be embedded in the organisation's culture.

The Senior Management Team considered the culture of the organisation using the cultural web<sup>8</sup> as a tool to examine the culture, determining what elements of the current culture will support the achievement of the strategic priorities and what areas needed to be developed. Mapping culture can provide an understanding of the barriers to change; and how re-mapping on the basis of the culture needed to deliver the strategy can help identify means of managing strategic change. The output from this study can be seen at **Appendix 6**.

In terms of developing the culture of the CCG it was agreed that the future focus needed to include:

- *Involvement of staff in developing a positive culture that embraces change and sees opportunities*
- *Embedding our values; developing an open and honest culture*
- *Setting direction and not changing focus; using outcomes to measure success*
- *Removing barriers to integration*

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<sup>8</sup>Johnson G & Scholes K Cultural Web, Exploring corporate strategy, Prentice Hall (2001)

## 8. OD Objectives 2017 – 2020

The OD objectives of the three year strategy are given below alongside the 2017/18 actions

OD Theme	3 Year OD Strategy Objective	2017/2018 action
<b>Shared values:</b> Purpose and belief	Embed behaviours to accelerate performance and deliver 5 Year Forward View	<ol style="list-style-type: none"> <li>1. Refresh organisational values; describing the behaviours to help embed values that demonstrate compassionate, inclusive and effective leaders at all levels.</li> <li>2. Arrange a sharing event for all staff, governing body members and clinical leads to promote a one team philosophy with integrated activities that promote team building and the development of trust</li> </ol>
<b>Strategy:</b> Objectives and performance	<p>Embed the St Helens Cares approach: our way of being and the way we are going</p> <p>Ensure effective public engagement and communication: listening as well as talking to facilitate social action</p>	<ol style="list-style-type: none"> <li>3. Agree the governance and joint working arrangements for the accountable care system.</li> <li>4. Ensure staff have opportunities to develop the skills required to work within the new system</li> <li>5. Develop opportunities with our partners to strengthen public engagement through the voluntary sector and PPG Forum</li> </ol>
<b>Structure:</b> Roles and responsibilities	Facilitate effective partnership working: realising the vision of St Helens Cares	<ol style="list-style-type: none"> <li>6. Senior Management Team to seek opportunities to support wider system work streams</li> <li>7. Ensure joint working arrangements with key partners are understood and effective</li> <li>8. Review outcomes from 2017 stakeholder survey and identify actions required</li> </ol>

OD Theme	3 Year OD Strategy Objective	2017/2018 action
<b>Systems:</b> Governance and business processes	Assist a high performing Governing Body with a sense of purpose to facilitate safe and effective decision-making	9. Support the establishment of a borough wide Federation in General Practice to enable workforce resilience 10. Develop the GP Members Council, ensuring effective governance in decision making and clinical leadership 11. Review the effectiveness of the PMO function ensuring alignment with CCG governance structures 12. Further develop the Primary Care Committee and ensure effectiveness of its sub-Committee (PCQOG) 13. Review appraisal system
<b>Staff:</b> Workforce capacity and capability	Support a resilient workforce	14. Work with GP federation to develop new roles to enhance primary care workforce 15. Engage with acute and specialist care providers to develop shared posts to help support planned shift of services into community settings 16. Develop a workforce plan / succession plan to include the introduction of apprenticeships, graduate placements in the CCG 17. Use the themes from the staff survey to improve workforce well-being and resilience
<b>Skills:</b> Learning, development and talent	Ensure plans are in place to support transformation	18. Design an annual programme of OD interventions to ensure staff & GB are equipped with the knowledge and skills they need to perform their roles; including knowledge of improvement methods and how to use them. 19. Develop and implement a talent management framework and support programme 20. Ensure individual development needs are captured in a robust Learning Needs Analysis (LNA) to inform investment in L&D 21. Enable staff to embrace new ways of working to facilitate integration through skill development,

OD Theme	3 Year OD Strategy Objective	2017/2018 action
<b>Style:</b> Leadership and management development	Develop system leaders and embed a system leader approach  Strengthen membership engagement, and staff engagement	22. Develop cadre of leaders in primary care through utilisation of the national schemes, for example General Practice Improvement Leaders 23. Continue to plan and ensure participation in Governing Body Development 24. Develop a succession plan for key roles on Governing Body, with particular emphasis on GP GB roles to ensure a pipeline of future clinical leaders 25. Embed a coaching and mentoring culture within the organisation

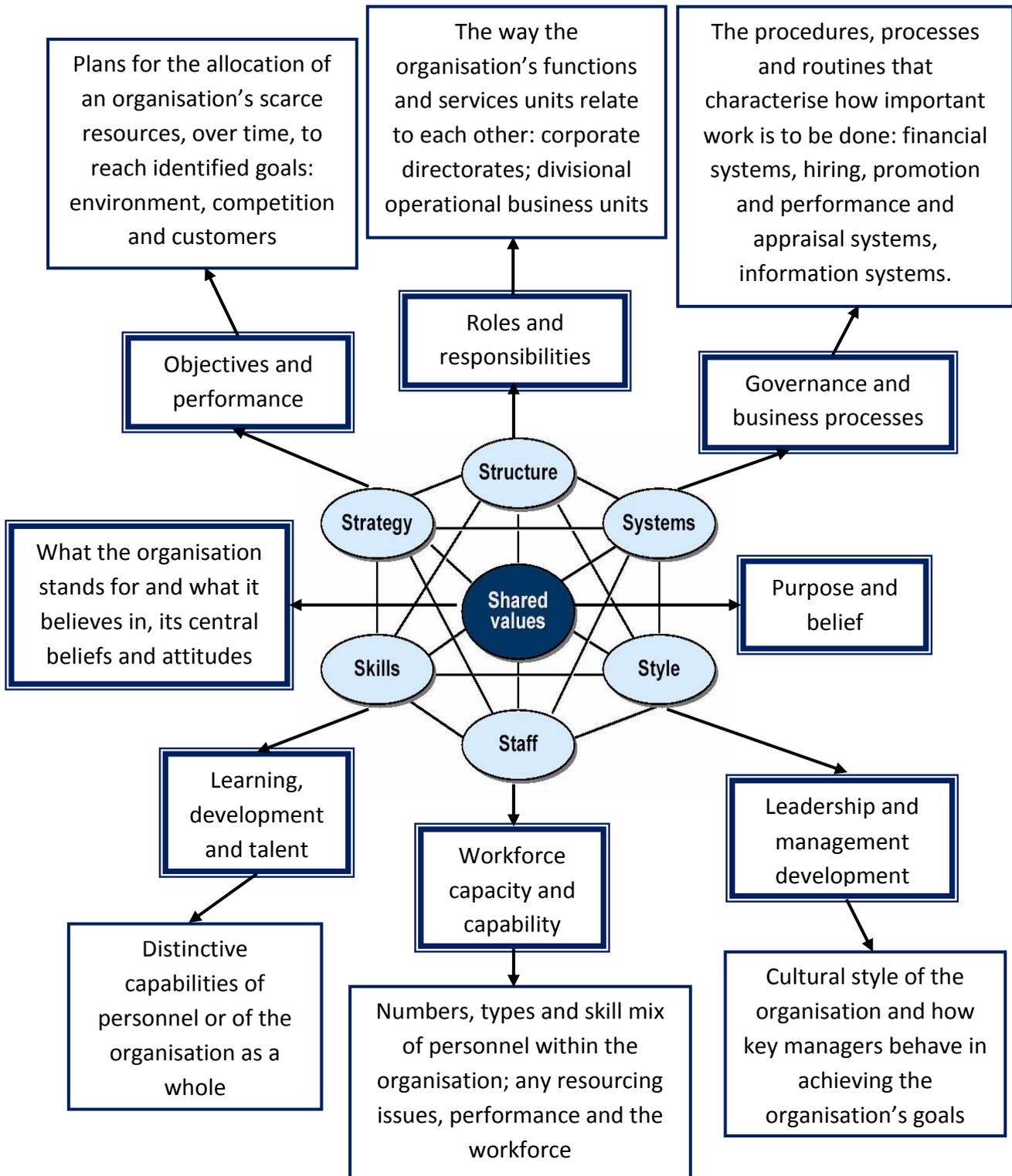
## **11. Monitoring and Review**

Following approval by the Executive Leadership Team and the HR / OD Committee, the strategy will be presented to Governing Body for final endorsement.

On-going monitoring of the action plan will be the responsibility of the HR / OD Committee who will report on progress as required. Success will be evaluated through a number of mechanisms including:

- Staff survey feedback
- Stakeholder survey feedback
- Intelligence gathered and evaluated through the OD Task Force Group
- Achievement of actions and acknowledging the contributions of the overall objectives of the CCG

### McKinsey 7s Model



# Health summary for St. Helens

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



Domain	Indicator	Period	Local No total count	Local value	Eng value	Eng worst	England Range	Eng best
Our communities	1 Deprivation score (IMD 2015) #	2015	n/a	29.8	21.8	42.0		5.0
	2 Children in low income families (under 16s)	2013	7,795	24.1	18.6	34.4		5.9
	3 Statutory homelessness†	2014/15	6	0.1	0.9	7.5		0.1
	4 GCSEs achieved†	2014/15	1,085	55.4	57.3	41.5		76.4
	5 Violent crime (violence offences)	2014/15	2,352	13.3	13.5	31.7		3.4
	6 Long term unemployment	2015	897	8.1	4.6	15.7		0.5
Children's and young people's health	7 Smoking status at time of delivery	2014/15	354	17.3	11.4	27.2		2.1
	8 Breastfeeding initiation	2014/15	1,200	58.1	74.3	47.2		92.9
	9 Obese children (Year 6)	2014/15	333	18.5	19.1	27.8		9.2
	10 Alcohol-specific hospital stays (under 18)	2012/13 - 14/15	85	77.9	36.6	104.4		10.2
	11 Under 18 conceptions	2014	110	36.2	22.8	43.0		5.2
Adults' health and lifestyle	12 Smoking prevalence in adults†	2015	n/a	20.3	16.9	32.3		7.5
	13 Percentage of physically active adults	2015	n/a	50.8	57.0	44.8		69.8
	14 Excess weight in adults	2012 - 14	n/a	70.3	64.6	74.8		46.0
Disease and poor health	15 Cancer diagnosed at early stage #	2014	361	46.2	50.7	36.3		67.2
	16 Hospital stays for self-harm	2014/15	659	383.0	191.4	629.9		58.9
	17 Hospital stays for alcohol-related harm	2014/15	1,391	800	641	1223		374
	18 Recorded diabetes	2014/15	10,959	7.1	6.4	9.2		3.3
	19 Incidence of TB	2012 - 14	13	2.5	13.5	100.0		0.0
	20 New sexually transmitted infections (STI)	2015	661	589	815	3263		191
Life expectancy and causes of death	21 Hip fractures in people aged 65 and over	2014/15	218	659	571	745		361
	22 Life expectancy at birth (Male)	2012 - 14	n/a	77.7	79.5	74.7		83.3
	23 Life expectancy at birth (Female)	2012 - 14	n/a	81.5	83.2	79.8		86.7
	24 Infant mortality†	2012 - 14	18	2.9	4.0	7.2		0.6
	25 Killed and seriously injured on roads	2012 - 14	210	39.7	39.3	119.4		9.9
	26 Suicide rate†	2012 - 14	61	13.3	10.0			
	27 Deaths from drug misuse #	2012 - 14	17	x <sup>2</sup>	3.4			
	28 Smoking related deaths	2012 - 14	1,048	343.4	274.8	458.1		152.9
	29 Under 75 mortality rate: cardiovascular	2012 - 14	446	91.4	75.7	135.0		39.3
	30 Under 75 mortality rate: cancer	2012 - 14	785	160.2	141.5	195.6		102.9
	31 Excess winter deaths	Aug 2011 - Jul 2014	320	19.3	15.6	31.0		2.3

### **Carter Review 2016: 9 must dos for the NHS**

1. Develop a high quality and agreed 'sustainability and transformation plan' that will dictate the most locally critical milestone that must already be achieved in 2016-17.
2. Providers must return to aggregate financial balance, including secondary care providers delivering efficiency savings and complying with the maximum total agency spend and hourly rates.
3. All organisations to develop and implement a local plan that addresses the sustainability and quality of general practice, including existing workforce and workload issues.
4. Get back on track with access standards for A&E and ambulance waiting times to make sure at least 95% of patients do not wait more than four hours to be seen, and that all ambulance trusts respond to at least 75% 'Category A' calls within eight minutes. This will require making progress in implementing the urgent and emergency care review and associated ambulance standard pilots.
5. Delivery improvements against standards that dictate more than 92% of patients or non-emergency pathways must wait no more than 18 weeks from referral to treatment, as well as offering patient choice.
6. Meet the 62-day cancer waiting standard, including by safeguarding better diagnostic capacity, and continue to improve the two-week and 31-day cancer standards. Providers are also asked to make progress in ensuring one-year survival rates are kept by delivering a year-on-year improvement in the proportion of cancers diagnosed at an earlier stage.
7. Achieving and maintaining two new mental health access standards: more than 50% of people experiencing a first episode of psychosis will start treatment with a NICE-approved care package within two weeks of referral, and 75% of those with "common mental health conditions" will be referred to the Improved Access to Psychological Therapies (IAPT) programme, treated within six weeks of referral (but 95% treated within 18 weeks). At least two-thirds of the estimated number of people with dementia must be diagnosed.
8. Local plans must seek to transform care for those with learning disabilities, including by implementing better community provision, reducing inpatient capacity and rolling out treatment reviews aligned with published policy.
9. All NHS organisations must develop and introduce an affordable plan to improve quality, particularly for those currently in special measures and publish avoidable mortality rates annually.

## Appendix 4

Our Strategic Priorities: Delivery of the CCG Improvement Plan St Helens Accountable Care Management System – improving people’s lives in St Helens, together, by tackling the challenge of cost and demand Contribute in a positive and demonstrable way to the Cheshire and Merseyside STP and Alliance Local Delivery Systems Engagement with Key Stakeholders including our Membership, Local Authority, providers and public										
Operational Plan Strategic Objectives						Improvement Plan Themes	Programmes for Delivery	Priority Projects (Tasks)		
Quality	Equality and diversity	Patient and Public Engagement	Effective Organisation	Financial Sustainability	Prevention: Reducing health Inequalities	Cancer	Review of main provider contracts	Contracts Programme Steering Group	Contract reviews- main contract and other acute Independent sector Voluntary sector	
							Urgent Care Planned Care	Out of Hospital care	Commissioning for Value Steering Group	Commissioning for Value; Gastro, Neurology, Falls Prevention (Trauma and Injury), Pregabalin (Medicines Management), Co- codamol (pain management) Out of Hospital services (OOH) Phase 1 implementation OOH Specialist Nursing Phase 2 & Medical Model Phase 2 IASH review
								Hospital Care-Planned	Planned Care Programme Steering Group	Referral Management System Map of Medicine Community Clinics Procedures of Limited Clinical Value
								Hospital Care-Urgent	Urgent Care A&E Programme Steering Group	Care Home Tele-medicine GP in A&E
							Mental Health Learning Disabilities Children Mental Health	Mental Health and Disability	Complex Care Programme Steering Group	Mental health- out of borough placements Continuing Healthcare Learning Disabilities- phased implementation revised model Fertility Services
								Children and Young People		
							Primary Care	Primary Care	Medicines Management and Primary Care Programme Steering Group	Medicines Optimisation/ Gluten Free Minor Ailments/Biosimilars Waste - Third Party Ordering Local Enhanced Services
								Medicines Management		
	Management Efficiencies Non recurrent/Opportunistic Multi Agency/Regional and National Initiatives	ELT oversight	Infrastructure/ Staffing Governance/effective organisation Slippage/Providers Other parties and opportunistic measures/Non recurrent support A&E Boards							

### Staff Survey 2016 Summary

The response rate for the CCG was 71%, this compares with the average national response rate of 81%; the highest being 100% and lowest 70%. Due to the fairly small numbers in most of the departments, the results have not been broken down by Department.

Overall the results were very positive; the following provides a summary of key areas.

#### **Your job:**

95% felt trusted to do their job; 70% are enthusiastic about the job; and 87% felt supported by their colleagues

76% understand their responsibilities; 84% felt they have opportunity to show their initiative; and 85% felt they are able to suggest improvements with 81% believing their role makes a difference to patients.

Areas for consideration: 31% disagreed that they were able to meet all the conflicting demands on their time at work; this also links with 28% who feel there are not enough staff in the organisation to do their job properly. 13% (7 staff) were dissatisfied with support from immediate manager to help get their job done.

#### **Your Managers:**

Overall the majority of staff felt supported by their line managers - 83% of staff considered that their manager values their work; and 75% are happy with the support they receive from their manager.

#### **Your Health, Well-Being and Safety at Work:**

91% of staff agreed that the organisation takes positive action on health and wellbeing.

Areas for consideration: 58% of staff had come in to work in the previous three month period despite not feeling well enough to perform their duties; and 26% stated that they had felt unwell as a result of work related stress in the previous 12 months. A small number of staff (7) are doing 11 or more hours unpaid hours per week.

The majority of staff completing the survey (79%) believes that the organisation does act fairly with regard to career progression/ promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age. However 21% answered no to this question. In the past 12 months 7 staff (13%) have personally experienced harassment, bullying or abuse at work for colleagues on 1-2 occasions.

#### **Your Personal Development:**

79% of staff had received training, learning or development in the last 12 months and 96% had received an appraisal/development review.

Area for consideration: 25% of those who had completed an appraisal / development review did not agree that this had helped them to improve how they did their job. The reasons for this response will be varied however a review of the appraisal process is currently underway with the intention of developing a more streamlined system.

#### **Your Organisation:**

All responses in this section were positive with 65% of staff agreeing that they would recommend NHS St Helens CCG as a place to work.

### Cultural Web

#### STORIES

- GB GPs are not perceived as leading change within the CCG or by the membership
- The CCG is not perceived as being demonstrably equitable by its membership
- The CCG is in recovery and under directions from NHS England
- The LA has stepped in to support the NHS in St Helens, Mike Wyatt perceived as holding important role
- The constantly changing size of the financial gap/improvement plan
- St Helens is very independent in its thinking
- Legacy of chaos leadership, with recognition of positive change in the last few months
- Rationing of NHS services
- Supportive, welcoming, friendly organisation, but recognition that not all teams feel supported
- Commissioning viewed poorly (not specific to St Helens)
- CCG staff are spread across two sites
- Clinician v managers professional identities
- Entrepreneurial GP networks v inclusive networks and structures with collaborative approaches
- Public waste of resources v public perceptions of wasted resources
- Integration with and support from local authority: shared roles, committees etc
- Remodelling of primary/community services
- Demand management approaches are having an effect on secondary care activity
- Heroic staff delivering in spite of the system
- Workforce recruitment and retention difficulties (not the CCG specifically)
- CCGs are not performing the role of PCTs for GPs
- Harking back to a perceived 'golden age' of the NHS
- Other CCGs now starting to approach St Helens

#### ROUTINES AND RITUALS

- Weekly Friday news round
- Talk of saving money at virtually every meeting
- Star of the week to recognise staff
- Governing Body and key CCG Committees drive workload
- Committee cover sheets and detailed papers
- Contract negotiations
- Annual accounts / annual report
- Budgeting processes
- Operational planning calendar
- Large number of concurrent initiatives with limited understanding of the interdependencies between schemes
- Assurance processes (internal and external)
- Staff traipsing between sites
- Different processes for permissions to work from home etc (perceptions of inequity)
- PDRs and 1:1s
- Xmas collections and dress down days

## **ORGANISATIONAL STRUCTURE**

- Hierarchical, direction comes from the top, not necessarily from the CCG
- Mechanistic, working to process rather than focused on delivery of outcomes
- Complex arrangements in relation to primary care
- Structures confused by LDS/STP/LA/NHSE links
- Membership role in holding GB to account
- Nursing is well represented at GB level

## **CONTROL SYSTEMS**

- Financial reporting and improvement plan
- IVA/PMO
- IAF/CCG Quality Premium
- Constitutional targets
- Professional responsibility
- Committees
- Governing Body Assurance Framework

## **POWER STRUCTURES**

- NHS England Directions
- Local Authority
- GP Membership
- LDS/STP
- Powerful lay members and committees
- Increasing provider power and shift towards ACMS
- Chief Officer only appointed as an interim
- The wider system has an impact upon the CCG's ability to make decisions

## **SYMBOLS**

- The Chamber offices – choices about who is where
- Gamble building at the centre of St Helens but the chamber more peripheral
- Logos, lanyards, presentation templates

## **THE PARADIGM**

- Clinicians know best. Provider clinicians are better resourced than commissioner clinicians and know what's best for patients
- The CCG can simultaneously improve its financial position, its performance against key constitutional targets and transform the system of care
- Integration with the local authority will ensure control is kept locally
- Everyone gets a say in how services are run in St Helens
- The CCG needs to move at pace, but clinical practice takes a long time to change in the NHS
- The CCG needs to manage within existing resources
- Direction comes from the centre, and despite pronouncements of local control, this central control drives the CCG's agenda
- Despite best efforts, finance is often prioritised over quality
- The NHS is free at point of delivery and patient behaviours cannot be easily influenced by commissioners
- Processes have taken priority over outcomes

## **TENSIONS**

- Tensions between the CCG as a membership organisation and as a statutory body
- Tensions with the membership in relation to LA role
- Tensions with NHS providers
- Tensions with LDS/STP partners
- Tensions between need for assurance and capacity for delivery