



# Business Plan 2019/20

 Working with the people of Camden to achieve the best health for all

## Eight Objectives in the Business Plan

- A** Commission the delivery of NHS constitutional rights and pledges
- B** Improve the quality and safety of commissioned services
- C** Improve health outcomes, address inequalities and achieve parity of esteem
- D** Integrate and enable local services to deliver the right care in the right setting at the right time
- E** Work jointly with the people and patients of Camden to shape the services we commission
- F** Involve member practices and commissioning partners in key commissioning decisions
- G** Maintain financial stability and ensure sustainability through robust planning and commissioning of value-for-money services
- H** Build a high performing organisation that attracts, develops and retains a skilled and motivated workforce

## Local Care Priorities

### KEY THEMES OF OUR PRIORITIES FOR 2018 - 2020

- **Flow in and out of hospital** – Admissions Avoidance, Discharge to Assess
- **Enhancing community based care** – Neighbourhoods, Planned Care, Primary Care Mental Health, Self care and prevention
- **Supporting people with complex needs** – Integrated Care Delivery
- **Infrastructure developments** – workforce, shared care record



Camden Local Care Strategy  
January 2019

The Business Plan sets out the key CCG priorities for the year, taking into account the NHS Long Term Plan, North Central London Sustainability and Transformation Plan, Camden Local Care Strategy and Camden QIPP Plan and ensuring strong alignment between these plans.

# Objective A. Commission the delivery of NHS constitutional rights and pledges

## PRIORITIES

Ref	Priorities 19/20	Accountable
A1	<p>Through the NCL Joint Commissioning Committee and local CCG activity, improve the delivery of constitutional standards and pledges, where required. This includes, for University College London Hospital, <b>implementation of improvement plans</b> for:</p> <ul style="list-style-type: none"><li>• cancer 62-day waits</li><li>• the A&amp;E 4-hour standard</li><li>• Referral to Treatment (RTT) delivery challenges</li></ul>	<p>SRO: Chief Operating Officer</p> <p>CRO: Dr Birgit Curtis Dr Matthew Clark (A&amp;E)</p>

Ref	Priorities 19/20	Accountable
A2	<p>Ensure patient care is provided in the appropriate setting, with an associated reduction in the number of unnecessary A&amp;E attendances, through <b>Emergency Department (ED) Demand Management</b> which includes:</p> <ul style="list-style-type: none"> <li>• <b>Redirection</b> – agree the processes and pathways to enable redirection from ED into a number of out of hospital services including extended access hubs and local pharmacies, which provide more appropriate care for the patient’s needs</li> <li>• <b>Integrated Urgent Care (111/OOH)</b> – work with the 111/IUC provider to ensure Camden’s Directory of Services is fully updated and accurately reflects Camden’s commissioned services; review patient pathways between 111, London Ambulance Service (LAS) and ED services including Urgent Treatment Centre (UTC) to ensure patients are being cared for in the most appropriate setting; enable 111 to directly book patients into GP practice appointment in-hours and UTC, as well as refer patients on to community pharmacies</li> <li>• <b>High Intensity Users</b> – ensure that regular multi-agency forums are in place to review and develop care plans to provide patient-centered, joined-up support for frequent attenders of acute services whilst working in partnership with primary care, 111/IUC and LAS to ensure these plans are in place and adhered to</li> </ul>	<p>SRO: Director of Commissioning &amp; Contracting</p> <p>CRO: Dr Matthew Clark</p>
A3	<p><b>Same Day Emergency Care (SDEC)</b> – ensure that by September 2019 Camden’s SDEC services are meeting the national ambition of 12 hours a day/7 days a week with the aim of delivering 30% of non-elective admissions via SDEC; work with the providers to ensure service specifications are embedded with a clear understanding of the processes, patient pathway and outcomes; work with providers to ensure that SDEC activity is captured consistently across NCL as part of the Emergency Care Data Set; renegotiate local SDEC tariffs to bring in line with tariffs elsewhere in NCL as part of the contracting round</p>	<p>SRO: Director of Commissioning &amp; Contracting</p> <p>CRO: Dr Matthew Clark</p>

Ref	Priorities 19/20	Accountable
A4	<p><b>Simplified Discharge</b> – consolidate the existing Discharge to Assess Pathways across all acute hospital sites for Camden patients to ensure patients, once medically optimised, can return home sooner, have better outcomes and experience, and reduce unnecessary acute lengths of stay and occupied bed days; expand the current capability of Discharge to Assess Pathways to manage higher acuity complex patients to include homelessness, orthopedics and delirium</p>	<p>SRO: Director of Quality &amp; Clinical Effectiveness</p> <p>CRO: Dr Sarah Morgan</p>
A5	<p><b>Admissions Avoidance (RAPIDS)</b> – increase the clinical capacity and capability of the community Rapid Response service to widen the case-mix of patients that can be cared for within their home and avoid admissions into hospital; maximise the referral opportunities to the service through A&amp;E, 111, LAS and care homes; work with primary care to reduce referral variation between practices</p>	<p>SRO: Deputy Chief Operating Officer &amp; Director of Primary &amp; Community</p> <p>CRO: Dr Sarah Morgan</p>
A6	<p><b>Falls Admission</b> – realign existing falls services to support a more coherent falls pathway; strengthen the preventative aspects of existing services so that people at risk of falling are supported early; work with public health on the wider falls strategy and link with other preventative services as part the public health core offer</p>	<p>SRO: Director of Commissioning &amp; Contracting</p> <p>CRO: Dr Sarah Morgan</p>
A7	<p><b>Last Phase of Life</b> – contribute to this STP initiative to implement the single point of access for specialist palliative care; continue the promotion and support of increasing the number completed CMC care plans through the universal offer</p>	<p>SRO: Director of Commissioning &amp; Contracting</p> <p>CRO: Dr Sarah Morgan</p>

Ref	Priorities 19/20	Accountable
A8	<p><b>Care of the Elderly Pathway and Care Homes</b> – reduce duplication amongst existing care home services by strengthening the role of the MDT, aligning roles and responsibilities of Care Home GPs and Community Geriatricians and ensuring the Care Homes LES is being delivered effectively; ensure Care Homes are optimizing their use of urgent and emergency care services including Rapid Response, NHS 111*6 and Falls; roll out the ‘Red Bag’ scheme to improve hospital transfer pathways; ensure LAS routinely access CMC plans; work towards full implementation of the Enhanced Health in Care Homes framework; undertake a frailty pathway review to identify further opportunities to improve care of the elderly including catheter management and UTI prevention</p>	<p>SRO: Director of Integration</p> <p>CRO: Dr Sarah Morgan</p>
A9	<p><b>Early detection of Cancer</b> – contribute to this NCL initiative to improve the uptake rates for the national breast and cervical cancer screening programmes; implement the qFIT diagnostic test in primary care to detect and diagnose early stages of colorectal cancer; jointly work with public health as part of the public health core offer to improve population awareness of symptoms of cancer and likelihood to seek medical attention particularly with those communities that have lowest uptake rates</p>	<p>SRO: Director of Quality &amp; Clinical Effectiveness</p> <p>CRO: Dr Birgit Curtis</p>

## Objective B. Improve the quality and safety of commissioned services

### PRIORITIES

Quality and safety is at the heart of our commissioning approaches and is embedded through Objectives A, C and D.

## Objective C. Improve health outcomes, address inequalities and achieve parity of esteem

### PRIORITIES

Ref	Priorities 19/20	Accountable
C1	Deliver the following priorities, informed by RightCare, under the <b>Planned Care</b> workstream to improve health outcomes:	
C1.1	<ul style="list-style-type: none"><li>• <b>Dermatology</b> – implement a new teledermatology model to ensure patients are receiving effective treatment and advice in primary care and avoiding unnecessary delays and visits to secondary care</li></ul>	SRO: Director of Transformation, Planning & Delivery CRO: Dr Sarah Morgan
C1.2	<ul style="list-style-type: none"><li>• <b>Gastroenterology</b> – develop and implement new patient pathways by introducing a community gastroenterology nurse to support patients to manage their conditions in an out of hospital setting and reduce the number of unplanned admissions</li></ul>	SRO: Director of Commissioning & Contracting CRO: Dr Kevan Ritchie
C1.3	<ul style="list-style-type: none"><li>• <b>Urology</b> – contribute to this STP initiative by refining and fully implementing the urology service model and associated secondary care pathways across all NCL CCGs and providers to reduce variation across primary and acute care. This is likely to include specialist secondary care nurse roles and opportunities for increased use of virtual outpatient clinics</li></ul>	SRO: Director of Commissioning & Contracting CRO: Dr Sarah Morgan

Ref	Priorities 19/20	Accountable
C1.4	<ul style="list-style-type: none"> <li>• <b>Ophthalmology</b> – contribute to this STP initiative to develop new secondary care pathways and monitor new community based services in other NCL CCGs to determine the future potential in Camden</li> </ul>	SRO: Director of Transformation, Planning & Delivery
C1.5	<ul style="list-style-type: none"> <li>• <b>Sleep Apnoea</b> – scoping the viability of establishing a community clinic for obstructive sleep apnoea, supported by a virtual MDT where results can be reviewed; aiming to reduce waiting times and secondary care referrals, improve patient experience and realise system-wide efficiencies</li> </ul>	CRO: Dr Sarah Morgan SRO: Director of Transformation, Planning & Delivery CRO: Dr Sarah Morgan
C2	<b>Pathology</b> – implement GP direct access pathology protocols to ensure the right tests are carried out at the right time to reduce unnecessary patient testing, improve efficient use of pathology resource and support better patient care; review the commissioning and contracting arrangements for the pathology services across NCL	SRO: Director of Transformation, Planning & Delivery CRO: Dr Philip Taylor
C3	<b>PolCE</b> – contribute to this STP initiative to implement updates to the policy criteria in line with NCL and other regional and national initiatives (including London Chooses Wisely and Evidence Based Interventions); continue to work with NCL and providers to monitor implementation and ongoing compliance with the policy	SRO: Director of Commissioning & Contracting CRO: Dr Kevan Ritchie
C4	<b>Clinical Advice &amp; Guidance</b> – contribute to this STP initiative to increase current levels of usage of advice and guidance in Camden to reduce inappropriate referrals to secondary care by working with GPs to review variation and provide targeted communication and support	SRO: Director of Commissioning & Contracting CRO: Dr Kevan Ritchie
C5	<b>MSK</b> – work with the lead provider to ensure all changes to the MSK patient pathway are managed effectively to achieve positive patient outcomes and effective delivery of integrated MSK care with an effective performance dashboard and robust waiting times	SRO: Director of Transformation, Planning & Delivery CRO: Dr Matthew Clark
C6	Continue to support people with <b>Learning Disabilities and Autism</b> to include:	



Ref	Priorities 19/20	Accountable
C6.1	<ul style="list-style-type: none"> <li>Continue to expand the GP register of people with learning disabilities to be in line with the predicted prevalence for Camden (1075 people), and support practices to meet the target of providing annual <b>Health Checks</b> for at least 79% of those who are eligible</li> </ul>	<p>SRO: Director of Integrated Commissioning / Director of Transformation, Planning &amp; Delivery CRO: Charlotte Cooley</p>
C6.2	<ul style="list-style-type: none"> <li>Enable more people with learning disabilities and/or autism to live in the community, with the right support (<b>Transforming Care</b>) including: develop options to enable discharge where possible for our remaining transforming care patients; and maintain our at-risk register and virtual team meeting arrangements to prevent further admissions</li> </ul>	<p>SRO: Director of Integrated Commissioning / Director of Transformation, Planning &amp; Delivery CRO: Charlotte Cooley</p>
C6.3	<ul style="list-style-type: none"> <li>Maintain waits for <b>Autism Assessments</b> for children and young people within 12 weeks in line with recent service improvements and NICE guidelines</li> </ul>	<p>SRO: Director of Integrated Commissioning / Director of Transformation, Planning &amp; Delivery CRO: Dr Martin Abbas</p>
C6.4	<ul style="list-style-type: none"> <li>Develop and implement a commissioning plan to ensure <b>Residential Placements</b> fully meet the needs of children and young people with learning disabilities and/or autism including seeking opportunities to provide more care closer to home</li> </ul>	<p>SRO: Director of Integrated Commissioning / Director of Transformation, Planning &amp; Delivery CRO: Dr Martin Abbas</p>
C7	<p><b>CAMHS</b> – implement the NHS England funded Trailblazer schemes 'Mental Health in Schools', to increase capacity for early identification and management of mental health concerns within schools, and '4 week wait', to reduce waiting times for CAMHS to within 4 weeks</p>	<p>SRO: Director of Integrated Commissioning / Director of Transformation, Planning &amp; Delivery CRO: Dr Martin Abbas</p>

Ref	Priorities 19/20	Accountable
C8	<p><b>Mental Health Crisis Pathway</b> – implement the key recommendations of the crisis review and ensure commissioning plans meet the ambitions in the Long Term Plan, including: explore alternative approaches to the delivery of the crisis line and crisis houses; strengthen the Crisis Resolution and Home Treatment teams</p>	<p>SRO: Director of Integrated Commissioning / Director of Transformation, Planning &amp; Delivery CRO: Dr Jonathan Levy</p>

## Objective D. Integrate and enable local services to deliver the right care in the right setting at the right time

### PRIORITIES

Ref	Priorities 19/20	Accountable
D1	<b>North Central London Integrated Care System (ICS) Development</b> - represent Camden member, staff and resident priorities in NCL ICS planning during 2019/20, via participation in NCL SMT, change events and emerging decision-making and governance structures	SRO: Chief Operating Officer CRO: Dr Neel Gupta
D2	<b>Develop a borough based Integrated Care Partnership (ICP)</b> – work with the Local Care Delivery Board and partners across the system to develop a borough based partnership to deliver early integration priorities for 2019/20	SRO: Director of Integration / Director of Transformation, Planning & Delivery CRO: Dr Sarah Morgan
D3	Deliver the key priorities for <b>Primary and Community</b> including:	
D3.1	<ul style="list-style-type: none"> <li><b>Long-Term Conditions</b> – work with local stakeholders to understand the needs of our local population and develop a long-term conditions strategy and approach to delivery that improves quality, furthers integrated working and reduces inefficiency and duplication; produce a business case to confirm the preferred way forward and commission in line with this where there are clear benefits. Aim to implement from April 2021</li> </ul>	SRO: Deputy Chief Operating Officer & Director of Primary and Community CRO: Dr Kevan Ritchie / Dr Sarah Morgan
D3.2	<ul style="list-style-type: none"> <li><b>Adults Integrated Care</b> – ensure primary care, community health services &amp; social care teams work together to deliver more effective care for patients with long term conditions or those requiring complex care; to include the alignment of services around GP Neighbourhoods/Primary Care Networks; the delivery of effective multi-disciplinary teams (MDTs) and achievement of significant activity shift in the system</li> </ul>	SRO: Director of Integration CRO: Dr Kevan Ritchie / Dr Sarah Morgan / Mags Heals

Ref	Priorities 19/20	Accountable
D3.3	<ul style="list-style-type: none"> <li>• <b>Neighbourhood Development (linked to the new GP Contract Framework)</b> – continue to develop neighbourhood / PCN level working and Federation support to at scale working including: confirm and embed the neighbourhood / PCN configurations; work with providers to embed the roles within the new GP contract such as social prescribing link workers, clinical pharmacists, physiotherapists; support the new PCN Clinical Directors; operational alignment of staff/teams from community services, social care and mental health at neighbourhood or PCN level; deliver refreshed extended access offer; achieve refresh the neighbourhood outcomes and build on these achievements</li> </ul>	<p>SRO: Deputy Chief Operating Officer &amp; Director of Primary and Community</p> <p>CRO: Dr Kevan Ritchie / Mags Heals</p>
D3.4	<ul style="list-style-type: none"> <li>• <b>Quality Improvement Support Teams (QISTs)</b> – facilitate the sharing and development of quality improvement approaches between providers; build a community of practice; ensure QISTs are supporting practices to deliver key outcomes (including neighbourhood outcomes); further develop our approach to quality improvement and population health management</li> </ul>	<p>SRO: Deputy Chief Operating Officer &amp; Director of Primary and Community</p> <p>CRO: Dr Kevan Ritchie / Mags Heals</p>
D3.5	<ul style="list-style-type: none"> <li>• <b>Primary Care Mental Health</b> – embed and oversee the implementation of primary care mental health teams aligned to neighbourhoods across the borough</li> </ul>	<p>SRO: Director of Integrated Commissioning / Director of Transformation, Planning &amp; Delivery</p> <p>CRO: Dr Jonathan Levy</p>
D3.6	<ul style="list-style-type: none"> <li>• <b>Integrated Paediatric Service</b> – deliver an integrated care approach for children by embedding paediatric specialist outreach clinics in primary care comprising of referral triage, paediatric clinics in primary care and a monthly MDT for each Neighbourhood facilitated by a paediatrician</li> </ul>	<p>SRO: Director of Integrated Commissioning / Director of Transformation, Planning &amp; Delivery</p> <p>CRO: Dr Martin Abbas</p>
D3.7	<ul style="list-style-type: none"> <li>• <b>Complex Wound Care</b> – review need and activity to identify whether increasing resource in this area will improve patient care and outcomes and reduce secondary care activity; if so, develop a business case and appraise delivery models and seek to commission</li> </ul>	<p>SRO: Deputy Chief Operating Officer &amp; Director of Primary and Community</p> <p>CRO: Charlotte Cooley</p>

Ref	Priorities 19/20	Accountable
D4	Work jointly with providers to deliver <b>Outpatient Transformation</b> with the aim to reduce face-to-face outpatient appointments by 30% over the next 5 years; specifically for 19/20 identify priorities and develop a roadmap on the next steps. Areas to explore include: advice and guidance triage, automatic referrals, patient initiated follow ups, group consultation	SRO: Director of Transformation, Planning & Delivery CRO: Dr Matthew Clark
D5	<b>Self-care and Prevention</b> – implement the self-care action plan including: embed self-care in the Local Care Strategy initiatives and existing contracts; implement the Directory of Services; research and develop proposals for commissioning self-care apps/digital solutions; develop the prevention elements of the Long Term Conditions and Falls Pathway; develop a plan for rolling out the Patient Activation Measure tool within primary care	SRO: Director of Integration GB sponsor: Kathy Elliott
D6	<b>Social Prescribing</b> – improve the impact and take up of the current Social Prescribing contract and explore if it is fit for the Long Term Plan commitments and roll out; explore how we can align mental health social prescribing with the core social prescribing contract	SRO: Director of Integration GB sponsor: Kathy Elliott
D7	<b>Workforce</b> – we will work with providers to: baseline our current workforce and introduce new roles under the GP Contract; offer an education programme and inter-professional development linked to frontline needs and development of commissioned services; facilitate the development of emerging provider partnerships; attract additional resource to workforce projects; host the Camden Training Hub (previously CPEN) which will oversee our projects delivering key priorities (staff retention, multidisciplinary working, new roles, functions and skills (e.g. QI), training and apprenticeships). Our role will be increasingly strategic as provider leadership of the workforce development and training programme evolves.	SRO: Deputy Chief Operating Officer & Director of Primary and Community CRO: Dr Sarah Morgan

Ref	Priorities 19/20	Accountable
D8	<p><b>Digital Strategy - Improving Interoperability of Systems within the Camden Health and Care economy:</b></p> <p>Stage 1: Community services clinical system – enable GPs and CNWL services to use the same IT system (EMIS), share real time data, referrals, prescribing and care plans</p> <p>Stage 2: Primary Care Mental Health – enable GPs and C&amp;I services to use the same IT system (EMIS), share real time data, referrals, prescribing and care plans</p> <p>Stage 3: Shared care records &amp; data - share real time data (Health Information Exchange (HIE) and population health management (HealthIntent) (extends into 2020)</p> <p>Stage 4: Primary Care and NELIE – enable the flow of Primary Care data into NELIE enabling a new approach to risk stratification and planning</p> <p>Stage 5: Primary Care Online – introduce patient facing online platforms, which utilise digital technology (apps/websites) to assist service users by providing alternative methods of accessing health care</p>	<p>SRO: Deputy Chief Operating Officer &amp; Director of Primary Care and Community</p> <p>CRO: Dr Neel Gupta</p>
D9	<p><b>Estates Strategy</b> – complete the local estates data pack capturing place data (supply and demand) and the neighbourhood-level place plans to identify estates opportunities (new sites and facilities, improved utilisation, improved condition, an efficient estate); seek affordable fit for purpose estates solutions in priority areas; further develop strategic estates planning and joint working with Camden Council via the Local Estates Forum (Commissioners, Planning, Regeneration and Housing); work with stakeholders to identify affordable and sustainable estate opportunities that support current and future models of health and care provision; continue to lead the Moorfields Eye Hospital consultation including helping refine the proposals and inform the future development of the site</p>	<p>SRO: Deputy Chief Operating Officer &amp; Director of Primary Care and Community</p> <p>CRO: Dr Martin Abbas</p>
D10	<p><b>Continuing Healthcare (CHC)</b> – achieve and maintain compliance with the NHS CHC National Framework and achieve associated performance targets; deliver quality and efficiency initiatives to improve CHC care and assessments; become fully compliant with the new Liberty Protection Safeguards; engage with the NCL CHC transformation programme to enable standardization and reporting systems</p>	<p>SRO: Director of Quality &amp; Clinical Effectiveness</p> <p>CRO: Dr Birgit Curtis</p>

Ref	Priorities 19/20	Accountable
D11	<b>Personal Health Budgets (PHBs)</b> – contribute to the expansion of PHBs across relevant patient groups in line with the Long Term Plan	SRO: Director of Quality & Clinical Effectiveness CRO: Dr Birgit Curtis

## **Objective E. Work jointly with the people and patients of Camden to shape the services we commission**

### **PRIORITIES**

Working closely with patients, service users and other members of the public is an integral part of our commissioning arrangements and is embedded within the commissioning priorities in Objectives A, C and D.

## **Objective F. Involve member practices and commissioning partners in key commissioning decisions**

### **PRIORITIES**

Engaging with member practices and commissioning partners is an integral part of our commissioning arrangements and is embedded within the commissioning priorities in Objectives A, C and D.



## Objective G. Maintain financial stability and ensure sustainability through robust planning and commissioning of value-for-money services

### PRIORITIES

Ref	Priorities 19/20	Accountable
G1	<b>Financial Strategy</b> – develop and implement NCL’s medium-term financial strategy in line with the revised financial allocation, taking into account cost pressures, investment plans, QIPP plans, demographic growth and other adjustments; develop, maintain and support delivery of the 19/20 QIPP plan	SRO: Director of Finance CRO: Dr Birgit Curtis
G2	<b>QIPP Plan</b> – develop and deliver a sustainable QIPP plan setting out the programme of work and timescales aligning closely with the NCL financial strategy and the Local Care/STP transformation programme	SRO: Director of Transformation, Planning & Delivery CRO: Dr Birgit Curtis
G3	<b>New Contracting Forms</b> – through the North London Joint Commissioning Committee and Local Care Delivery Board, work with providers to further develop system incentives and options for alternative contract forms that better support the new models of care in the Local Care Strategy/Sustainability and Transformation Plan/Long Term Plan to ensure financial sustainability and achieve the relevant transformation of the health and care system	SRO: NCL Director of Acute Commissioning CRO: Dr Neel Gupta
G4	<b>Contracts Review</b> – analyse the non-core contracts/investments in the Commissioned Services Register and other community provider contracts with a view to remove duplication, embed efficiency and effectiveness and ensure value for money across the contract portfolio	SRO: Director of Transformation, Planning & Delivery CRO: Dr Neel Gupta

Ref	Priorities 19/20	Accountable
G5	<p><b>Provider Data Handling and Assurance</b> – ensure that providers are handling data in line with national guidance and making adjustments where necessary for new models of care. This will be through a long term data assurance piece which will be routinely discussed at Finance, Performance and QIPP Committee. This will need to take into account UCLH new Patient Administration System EPIC</p>	<p>SRO: Director of Commissioning &amp; Contracting CRO: Dr Birgit Curtis</p>
G6	<p><b>Management Efficiencies</b> – deliver Camden solutions to the nationally mandated 20% management cost reductions by April 2020 as per Long Term Plan requirements and in line with the NCL financial strategy</p>	<p>SRO: Chief Operating Officer CRO: Neel Gupta</p>
G7	<p><b>CCG Alignment</b> - deliver the Long Term Plan requirement for CCG integration, working with Camden Governing Body, NCL SMT and Camden staff and stakeholders. Complete early work to define the timeline, milestones and desired outcomes and support the development of detailed plans.</p>	<p>SRO: Chief Operating Officer CRO: Neel Gupta</p>

## Objective H. Build a high performing organisation that attracts, develops and retains a skilled and motivated workforce

### PRIORITIES

Ref	Priorities 19/20	Accountable
H1	Continue to embed and integrate the <b>CCG and NCL operating model</b> across CSU, NHSE Primary Care and the CCG teams, as well as strengthening the alignment with NCL functions	SRO: Chief Operating Officer CRO: Dr Neel Gupta
H2	Action the key objectives in the Camden <b>Organisational Development plan</b> by finding ways to address the reoccurring themes in the staff survey and wider staff feedback; offer opportunities to become a well networked, connected and collaborative organisation; improve trust and team dynamics; ensure we are positive about our workplace and the work we do; recognise that working collectively helps us achieve our personal and shared goals; ensure resilience in the face of change.	SRO: Deputy Chief Operating Officer / Chief Operating Officer CRO: Dr Neel Gupta