

REPORT TO THE TRUST BOARD IN PUBLIC
27 January 2022

Title	Integrated Care & Commissioning Committee 12 January 2022 – Chair's Report
Committee Chair	Richard Carr, Non-Executive Director and Chair of Integrated Care and Commissioning Committee
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Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the Integrated Care and Commissioning Committee meeting held on 12 January 2022.

Key messages

At its meeting on 12 January 2022, the Committee considered a range of items and wished to draw the Board's attention to:

- **New Models of Care: North Central and East London CAMHS Provider Collaborative:** The quarterly performance report highlighted:
 - The achievement of significant positive outcomes of this collaborative including reducing the current rate of admissions by 34%, reducing out of area placements by 73%, a reduction in admissions for children living with Autism Spectrum conditions by 50% and reducing lengths of stay by 43%
 - The provision of significant investment opportunities going forward, based on evidence from the Strategic Needs Assessment priorities
 - Procurement process currently underway for an Eating Disorder Hospital at Home service and the investment for winter preparedness plans for three NCEL Crisis Pathways with the aim of potential admission avoidance
 - Plans for next year include understanding culture issues around PICU admissions for culturally diverse people, working across tri-borough partnerships to improve escalation processes and a wellbeing strategy for staff
 - Key risks include:
 - Demand pressures around Covid in both CAMHS and Community Services and the impact on staffing, providing difficulties for future planning
 - Possible constraint of investment funds and ability to carry forward any surplus.
 - The Committee was pleased to note:
 - the involvement of young people and clinical team which has been important and impressive
 - the extremely positive feedback received and the high regard in which this provider collaborative is held nationally
 - the clear demonstration of the benefits of new models of care.

- **New Models of Care Update:** The update report focused on the activities and complexities of the two other collaboratives the Trust is part of: East of England (EoE) and North London Forensic Consortium (NLFC) which differ in approach and culture as well as geographically:
 - NLFC has been innovative and resilient around delivery during the pandemic with the trust between partners allowing for challenging conversations and good outcomes for service users
 - EoE is still evolving, with some challenges around leadership development, culture and clinical leadership in the delivery of objectives, as well as some hesitancy around risk.

- **Trust Five Year Strategy Execution:** The report highlighted:
 - The engagement of people and teams is key to operationalise the strategy; there is a range of ideas to achieve this
 - The strategy will be progressed incrementally with each directorate having its own single plan to bring together their priorities

- A high level Trust-wide plan will be developed to track and monitor progress articulating the key areas of work/priorities and deliverables, with regular reports back to the ICCC. Indicators will be used to track progress against the four key priorities
 - The Committee suggested a clear overarching benefits plan would help with monitoring progress.
- **Marmot Trust:**
 - The Trust is working towards becoming the NHS' first Marmot Trust working in collaboration with the Institute of Health Equity (IHI), London Borough of Newham and Luton Borough Council. There is encouraging enthusiasm and energy from partners.
 - Aim is to adopt all six Marmot Trust principles but with an early focus on children and young people in Newham and employment in Luton which is becoming a Marmot town
 - The Trust is reviewing where as an NHS organisation we can influence and make a real difference, and how this can be aligned to partners who are already working on social determinants
 - Next step is to map stakeholders and assets in Luton and Newham, and will apply QI methodology and the Triple Aim where applicable, to capture learning and develop metrics to monitor progress.
- **Population Health Outcomes Indicators:** An update on the development of population health outcomes indicators for the Trust's strategy was shared:
 - The strategy commits to improving population health outcomes through six strategic objectives
 - To understand and measure progress against these objectives, a set of outcomes metrics (or indicators) will need to be identified which describe what success looks like
 - Proposed principles that inform the selection of indicators have been developed
 - The challenges include data availability, ability to influence on social determinants, and whether to use stretch/aspirational indicators which may not be easy to achieve in the timeframe
 - The engagement process to develop the indicators will be iterative and will be co-developed by service users, staff and communities as much as possible
 - The Committee acknowledged the complexity of this work which charts new territory for an NHS provider with the aim of using metrics to measure ambition and highlighted the value of individual's stories which provide qualitative insights.

Board Assurance Framework – Risks 1, 2 and 9

Risk 1: *If the Trust does not build and sustain the right organisational capability and capacity to support integrated care this may impact adversely on our ability to deliver our strategic objective to improve population health*

Risk 2: *If the Trust does not build and sustain effective partnerships with other health, care, voluntary sector and other key organisations, this may impact adversely on our ability to deliver the Trust strategy*

Risk 9: *If the Trust does not effectively manage its commissioning responsibilities and associated risks as a lead provider or lead commissioner, this will impact on the quality and experience of care for service users and patients*

- The Committee agreed no changes to the risk scores, and received assurance that appropriate controls are in place and operating effectively.
- The Committee received assurance that the mitigation on risk 1 is informed by the provision of national funding to focus on establishing virtual wards which will be a capacity enhancer, and reflecting discussions at the Audit Committee further consideration be given to whether the right mitigations are in place to impact on the residual risk scores.

Previous Minutes: The approved minutes of the Audit Committee meeting held on 10 November 2021 are available on request by Board Directors from the Director of Corporate Governance.