

BAF 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						
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Strategic Priority	Improved population health outcomes	Risk Score 2021/2022							
Review Date	1 March 2022	Residual	Apr/May	Jun/Jul	Aug/Sept	Oct/ Nov	Dec/ Jan	Feb	Target
Executive Lead	Executive Director of Commercial Development	n/a	n/a	16	16 ↔	16 ↔	16 ↔	12 ↓	8
Lead Committee	Integrated Care & Commissioning Committee								

Context
<ul style="list-style-type: none"> Development of CAMHS NMC is a new collaborative commissioned by NHSE with ELFT as the lead in Oct 2020 which is a new experience for the Trust to lead on. Trust is already part of the NMC process with partners for the last three years Some successes in the initial period; however, embedding a culture of partnership across the various parts of the system will take time Resilience of units across provider Trusts involved has been in question at various parts of the operational delivery. The work with Whittington Trust unit has demonstrated cultural differences in the approach taken to inpatient settings Central team working with various provider teams to ensure risk profile of the service is distributed so that workforce issues are considered and serve as a temporary mitigation Work is ongoing with the private sector provider to address clinical pathway and length of stay of service users in the pathway Development of coproduction in commissioning processes is unique and is beyond what has been previously achieved. Leadership of service users has helped enormously in developing a unified strategy that focuses on outcomes and in ensuring a consistent approach across the patch and across various providers Need to recognise the individual sovereignty of organisations that are providing the various CAMHS tier 4 beds and respect their assurance processes within the construct of the CAMHS NMC while supporting the gradual move to improved quality

Gaps in Control or Assurance
<ul style="list-style-type: none"> G1 Relationship with system partners G2 Development of system needs assessment G3 Centralised bed management function G4 Develop a unified pathway for low secure clients G5 Procuring community eating disorder service G6 Developing a SHNA based workplan

Progress		
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What's going well inc future opportunities	What are the current challenges inc future risks	How are these challenges being managed
<ul style="list-style-type: none"> Trust implemented clear structures of accountability and operational management Commissioning support unit established to ensure adequate management span for the process Systems of assurance and engagement developed with partner commissioners and providers Delivery of financial balance Improved CQC rating for partners Better relationships Reduced out of area placements by 42% in 2020/21 Improved involvement of service users in the commissioning process Developing renewed clinical strategy Strategic needs assessment commissioned for whole CAMHS pathway Developing single plan across the system for service development Recommendation current risk score reduced to High 12 (impact 4 major x likelihood 3 possible) to reflect a full year of work with the various partners 	<ul style="list-style-type: none"> Embedding culture of commissioning in Trust Measurement of relationship in the system: embedding culture of partnership across partners Resilience of units in operational delivery inc clinical leadership Coproduction Financial strategy underpinned by clinical strategy Workforce resilience Demand in the system Change in the leadership and consequent impact on relationships 	<ul style="list-style-type: none"> Organisational development Expert by Experience Leadership Clinical strategy development Strategic needs assessment Reinvestment into the NMCs Reinventing the role of commissioner and ELFT Clinical development sessions being commissioned Procurement of community eating disorder services