

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**26 May 2022**

<b>Title</b>	Integrated Care & Commissioning Committee 6 May 2022 – Chair’s Report
<b>Committee Chair</b>	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 6 May 2022.

**Key messages**

**ELFT Anchor Strategy**

- The Trust’s Anchor Organisation strategy will pull together the four pillars of the Trust’s anchor work covering employment, sustainability, estates and procurement, and will set out the intentions to achieve this
- Initial focus will be on employment (including social value in procurement) and sustainability as these map directly to the Trust’s improving population health strategic objective
- Suggestion that more ambitious target setting around employment plan and working with partners to identify opportunities for estate sharing or bringing services together, with the potential to release estates to be re-purposed for the benefit of the community
- Working with current suppliers on social values particularly around the payment of the Real Living Wage, and the development of a social value procurement tool for London-wide use
- The Committee commended the work to embed ‘anchor role’ thinking into people’s every day roles and agreed the development of the Anchor Organisation strategy.

**Bedfordshire, Milton Keynes and Luton integrated Care Board (BLMK ICB)**

- Bedfordshire ICS partners are in the process of designing the new system architecture in advance of anticipated “go live” on 1 July 2022
- Constitution is in its final draft form with the proposed membership including three Trust partner members, three members from General Practice and four from local authorities, alongside the statutory membership
- A nominations and appointment process for the Trust partner members is under way; one position will be to represent mental and community health services
- Assurance provided that regular briefing meetings will be held with the mental and community health Trusts within Bedfordshire, Milton Keynes and Luton to ensure full alignment on strategy.

**Bedfordshire Care Alliance (BCA)**

- BCA is a key component of the developing BLMK Integrated Care System (ICS) operating model with the intent that it meets as a committee of the Integrated Care Board (ICB)
- Further work to be undertaken around how delegation works in practice, in particular with regards to the interface with the developing proposals for a BLMK mental health collaborative
- BCA has developed draft priorities for 2022-2023, and is working with the Trust and other partners to refine and build on these including the consolidation of existing programmes as the ICS approach continues to develop
- The Committee fully supported the progress with the development of the BCA governance including the terms of reference, and work plans.

**System Planning**

- System plans have been submitted
- BLMK mental health programme is a collaboration between ELFT, Central & North West London FT and Turning Point (IAPT providers in Luton): plan submitted meets all the NHS trajectories for Bedfordshire and Luton including increasing employment opportunities for people with SMI. Particular achievements and progress include IAPT services, physical health

checks and compliance for perinatal access. Risks on an efficiency target around section 117 placements and an outstanding efficiency against the approved mental health practitioner service

- London plan is largely compliant with the exception of Newham CAMHS access and increasing the numbers of young people seen; a plan is in development to support the service non-recurrently with aim to recover next year. Compliant plan for IAPT submitted; risks remain around workforce and level of demand.
- Working through the detail of the community health services plan and the growth assumptions that can be built in
- New funding for learning disability; working through plans to move out of area placements back into borough.

#### **North Central and East London CAMHS Provider Collaborative: Quarterly Report**

- The work of this collaborative is held up nationally as an example of what can be achieved through collaboration on specialist services
- Continued positive progress on the collaborative aims, e.g. reducing the run rate of inpatients by 40%, from 100 to 60, a number which is being sustained; a reduction in young people being cared for away from home with one person in out of area care
- A key objective to increase capacity by reducing lengths of stay, with the average stay reducing from 189 days to 87, achieved through significant partnership working across the sector
- The realisation of £2.6m for reinvestment into clinical strategy areas, in particular into intensive community services which is expected to achieve further savings by reducing expensive admissions. Also further investment into Home Treatment services.
- Able to roll forward an underspend from one year to the next which had previously been identified as a potential issue
- Received assurance that good observations are shared across the collaborative which includes cross learning and complex case discussion groups
- Consideration to be given to oversight on the quality and financial perspectives of the collaborative at Quality Assurance Committee and FBIC for further assurance.

#### **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*

- Maintenance of the current level of risk due to national investment policy.
- Further consideration will be given when there is greater clarity around our planning environment.

**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*

- This risk focuses on ICS developments and partnerships
- Committee agreed to reduce the current risk score from High 12 to **High 8** (impact being *major* 4 x likelihood 2 *unlikely*) to reflect the progress of ICS mobilisation on collaboration and our active contribution to all design processes.

**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 score for this risk was reduced at the last Committee meeting and the framework remains the same; however, the risk will be reviewed in light of the partnership collaborative relationships with the new models of care
- Considering the impact of partnership imbalances in the system and removing the scope for strategic plans such as investing in staff development.
- The Committee received assurance that appropriate controls are in place and operating effectively for all three risks.

**Previous Minutes:** The approved minutes of the Integrated Care and Commissioning Committee are available on request by Board Directors from the Director of Corporate Governance.