

To: Meeting of the Joint Committee of Barking and Dagenham, Havering and Redbridge CCGs

From: Ceri Jacob, Managing Director

Date: 30 July 2020

Subject: Corporate Objectives 2020/21

Executive summary

Barking and Dagenham, Havering and Redbridge (BHR) CCGs have shared a set of corporate objectives for the past five years, reflecting our collaborative approach. We usually agree these in March/April but were unable to do so this year due to the impact of Covid-19.

This year our health and care system faced an unprecedented challenge in response to the Covid-19 pandemic. We came together across Barking and Dagenham, Havering and Redbridge (BHR) and as a north east London (NEL) system to manage this, and to ensure we had the right level of services and capacity in place to support our population and keep our patients and staff safe.

Our response to the Covid-19 pandemic has accelerated integrated care system working across BHR and has been supported by the system operational command group (SOCG) which has oversight of the recovery and restoration of services within BHR.

Following the development of our NHS Financial Recovery Plan (FRP), with our partners we have improved our system financial position through strong partnership working and sharing risk. Through delivery of projects within the FRP, we moved the BHR CCGs back to financial balance. In our last meeting we discussed our overall achievements against last year's objectives, noting the significant progress we had made in terms of transforming care and improving our financial position.

Our objectives build on those agreed last year, but have been refreshed in light of the Covid-19 pandemic and are as follows:

- **High quality, safe and compassionate care** for all commissioned services – delivering better outcomes for local people
- **Recovery and restoration following the impact of Covid-19**, also ensuring that we are fully prepared for winter and any potential further waves of Covid-19
- **Establish our BHR Integrated Care Partnership** within the NEL ICS, with **primary care as the foundation** of a system delivering **improved health and wellbeing and tackling inequalities**, through strong borough partnerships
- **Transform the way that care is delivered** and **secure financial sustainability** through the work of our multi-agency transformation boards and delivery of our joint NHS system financial plans including the recovery of positions where they are at risk

Recommendations

The Joint Committee is asked to:

- Consider, discuss and agree the corporate objectives.

1.0 Purpose of the report

1.1 To seek approval for the corporate objectives, which are common across the BHR CCGs.

2.0 Introduction

2.1 Each year the CCGs agree corporate objectives that set out what we hope to achieve over the coming 12 months. We usually do this in March/April but were unable to do so this year given the impact of the pandemic.

2.2 For the past five years we have agreed collaborative objectives for the BHR CCGs given our joint working arrangements. The objectives have generally covered common themes – financial sustainability, quality care, meeting constitutional standards, transforming care in mental health, urgent and planned care, primary care development, organisational development and integrated/accountable system working.

2.3 This year our health and care system has faced an unprecedented challenge in response to the Covid-19 pandemic, therefore an additional objective will be recovery and restoration of services in BHR.

2.4 We have made real progress in tackling our challenges, and have focussed much of our energies on financial recovery over the past three years, but in 2020/21 we have begun to work on more fundamental transformation of care following the establishment of a number of transformation boards. We have accelerated development of our integrated care partnership (ICP) in BHR and wider NEL integrated care system (ICS).

2.5 We report on our achievements against our objectives in the annual reports discussed at the May governing bodies meeting-in-common and in our AGMs.

2.6 We know that for our system to be truly sustainable and delivering quality care for local people, within the resources available, that we must work in partnership with our local partners. Our effective collaboration with partners in response to the pandemic demonstrates the strength of our partnership in adversity.

3.0 Objectives for 2020/21

3.1 The proposed objectives for 2020/21 build on last year's and are summarised in the section below. It should be noted that the information in this report is high level and more detailed delivery plans to support each objective are being developed by director and clinical leads.

- **High quality safe and compassionate care** for all commissioned services – delivering better outcomes for local people

This will be achieved through:

- Collaboration with and close oversight of our providers, linking with regulators and partners such as the Care Quality Commission (CQC) and Healthwatch
- Moving to a more partnership approach through the establishment of our new BHR system quality and performance committee
- Developing early warning systems and agreed ways of working in the context of increased collaboration with partners through further development of our ICS
- Optimising care for children and young people and ensuring that care is integrated across settings to improve the overall outcomes, especially access to child and adolescent mental health services
- Focussing on ensuring high quality mental health services for adults as well as children
- Continuing to work with our partners to implement BHR wide effective arrangements for safeguarding children and child death review processes

- Improving the experience of patients who are discharged from an acute setting, ensuring that all discharges are safe
 - Improving end of life care and increasing the number of people who die in their preferred place of death
 - Retaining focus on the reduction of community acquired pressure ulcers
 - Optimising medication usage through working to reduce wastage and improve decision making, increasing the number of patients who have an annual medication review
- **Recovery and restoration**, also ensuring that we are fully prepared for winter and any potential further waves of Covid-19

This will be achieved through:

- Capturing and reviewing the lessons learnt and service changes from the response so far to embed in service models
 - Working as a system on those things that we need to do together for recovery and restoration
 - Developing a community-based care model to address inequalities at a borough partnership level
 - Ensuring future system resilience, winter planning and planning for the future peak/s.
 - Reviewing Transformation Boards to optimise their effectiveness and embed learning from the Covid-19 pandemic.
 - Ensuring that we continue to develop our digital platforms and systems for patient care and collaboration, including addressing any issues impacting on effectiveness
- **Establish our BHR integrated care partnership** within the NEL ICS, with **primary care as the foundation** of a system delivering **improved health and wellbeing and tackling inequalities**, through strong borough partnerships

This will be achieved through:

- Continued collaboration with partners through our Integrated Care Partnership (ICP) and borough partnerships, putting these on more of a formal footing
- Supporting the merger of NEL CCGs to support 'leaner commissioning' and to facilitate integrated care across organisations in BHR
- Ensuring that prevention and early intervention are prioritised
- Working with partners on the Barking Riverside development to test new models and ways of working, providing truly integrated health and care for local people
- Provider development: ongoing development and maturity of both Primary Care Networks, GP Federations and resilience of individual GP practices, leading to a sustainable primary care model to underpin the ICP.
- Quality improvement (QI): continuation of our primary care QI programme, further embedding a culture of QI at a practice and network level to reduce variation between practice performance, enabling practice efficiencies and improved health outcomes and increasing patient satisfaction
- Primary care workforce: implementing recruitment and retention schemes for the primary care family and developing new roles and leadership capacity to work in primary care and across an integrated care partnership
- Working with estates to make best use of the health and care estate to provide services from fit for purpose premises, and maximising opportunities under the NHS digital programme
- As delegated commissioners, the CCGs will proactively work with NHS England to improve practice performance and individual competencies to support improved CQC ratings and practice achievement against health outcomes and patient feedback.

- **Transform the way that care is delivered and secure financial sustainability** through the work of our multi-agency transformation boards and delivery of our joint NHS system financial plans including the recovery of positions where they are at risk

This will be achieved through:

- Collaborative working through our BHR ICS finance group which provides a forum for NHS and local authority partners to discuss how we plan collectively to address the financial position.
- Focus on transformation through our transformation boards which should in time drive further efficiencies.
- Strengthening clinical leadership across organisational boundaries to drive the cultural change required to deliver the work of our transformation programmes and in turn meet our financial aspirations.
- A joined-up approach to finance and mutual aid where possible through local and NEL commissioning alliance risk share arrangements
- Continued participation in the NEL wide programmes of work and exploration of new ways of operating
- Continued commitment to and delivery of the mental health investment standard and improving parity of esteem across physical and mental health services

3.2 The relevant committees and this BHR CCGs' Joint Committee will receive regular update reports so that members can be assured on delivery.

4.0 Resources/investment

4.1 There are no specific resource requirements arising from this report.

5.0 Equalities

5.1 There are no specific equalities implications arising from this report.

6.0 Risks

6.1 The CCGs cannot deliver this level of change alone. We rely on collaboration with our local partners and stakeholders, so our continued focus on a system rather than organisation first approach, supported by both sets of regulators, will help to mitigate this risk.

7.0 Conflicts of interest

7.1 There are no conflict of interest considerations arising from this report.

Author: Anne-Marie Keliris, Company Secretary and Marie Price, Director of Corporate Affairs, NELCA

Date: July 2020