

**1: Camden Local Care Delivery Board****2: 11 March 2019**

<b>Chair of Committee</b>	Robin Douglas
<b>Report author</b>	Tom O’Gorman
<b>Report summary</b>	This report presents a brief summary of the LCS Delivery Board meeting held on 17 January 2019
<b>Strategic Objectives of Committee</b>	The CCG strategic objectives this work relates to are: <ul style="list-style-type: none"> <li>• Commission the delivery of NHS constitutional rights and pledges</li> <li>• Improve health outcomes, address inequalities and achieve parity of esteem</li> <li>• Integrate and enable local services to deliver the right care in the right setting</li> </ul>
<b>Recommendation</b>	CPPEG Members are asked to note the report.

<b>Items of Business Discussed</b>	<p><b>1. LCS and LC Delivery Board – Next Steps</b></p> <p>On the 20 September 2018, members of the Camden Local Care Delivery Board came together for a workshop to review and discuss:</p> <ul style="list-style-type: none"> <li>• Progress against the Local Care Strategy</li> <li>• Whether the Board/ partners across Camden are focusing on the right priorities within the Strategy.</li> <li>• The effectiveness of the Board in progressing the plan and the associated work on integration</li> </ul> <p>At the Board meeting on the 17<sup>th</sup> January, members discussed the future role of the board and ongoing priorities. The board agreed to the following:</p> <ul style="list-style-type: none"> <li>• Board to set out and agree overall strategy on developing an ICS and ICP including NCL element following the Inter-Great event.</li> <li>• Outcomes monitoring – review the reporting framework to make it easier to access and ensure it provides the board with assurance of progress on the full strategy.</li> <li>• Priorities focus – board to have a stronger focus on and own the delivery of priorities.</li> <li>• Accountability and ownership – increase accountability of the Delivery Board by nominating sponsors for each priority area of work and support ownership.</li> <li>• Patient focus – find ways to increase the patient voice, feedback and impact on patients in the LCS programme and in board discussions.</li> </ul> <p>The board also discussed the need to nominate a new chair from within the membership to enhance ownership. This will be worked up by a sub group and then finalised at March LC Delivery Board meeting.</p> <p>Further it was agreed that the LCS would need to be reviewed in the light of the recently published 10 year plan.</p>
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## **2. LCS Performance Report**

The board considered a high level performance report and were asked to note the RAG alerts and reasons for red and ambers on the following initiatives:

- Teledermatology - delayed due to NCL time taken to agree the final model to be tested and subsequently provider delay in signing the contract variations. Progress is now being made and implementation has started.
- Primary Care Mental Health – Delayed due to recruitment difficulties now expected to come on stream in April 2019
- Integrated Care Teams – Delays in agreeing the model and implementation approach with partners and insufficient joint capacity to implement. This is progressing but at a slower pace than originally expected and associated savings have been reduced for 2018/19 as a result.

## **3. Simplified Discharge: Learning and next steps**

The Board were presented with a report outlining the successes and lessons learned of implementing the Simplified Discharge – Discharge to Assess Pathways across Camden.

This was a collaborative item (Camden CCG, CNWL, UCLH and ASC) and included patient feedback, which had been captured by Healthwatch.

Highlights included:

- Success of the D2A pathways is due to strong provider leadership and cross-organisational relationships and a clear national mandate.
- Patients have experienced some confusion as to who is responsible for what within the care pathway, and what D2A means. CNWL and UCLH have reviewed the information provided to patients in hospital and have strengthened the information given to patients at home in response to this feedback
- Nurses are now engaging with patients at the beginning of the assessment to identify what each patient expects, and recording this in the discharge summary.
- Work is being shared at a wider NCL level to standardise the approach across the STP footprint.
- The team felt this work would benefit from being linked more strongly with the Admissions Avoidance work and they will be making these connections going forward.

## **4. Digital Workstream Update**

The board were provided with an update on the Digital Workstream, which is one of the strategy's key enablers.

The Board were asked to note:

- The resource to deliver workstreams had reduced but there is concurrently a requirement to adjust delivery to a larger scale ie STP footprint.
- There is collaborative work being delivered with UCLH and CNWL to migrate the Trusts to new patient care systems and use of EMIS to support integration.

	<ul style="list-style-type: none"> <li>• Implementing the digital aspects of the Urgent and Emergency workstream is a significant risk due to different partners using different systems.</li> <li>• Going forward there is a priority across NCL to implement a bespoke Nelie solution to support future population health work and the introduction of Health Information Exchange (HIE) to replace the local CIDR system by 2020?</li> </ul>
<b>Decisions made</b>	<ul style="list-style-type: none"> <li>• Next Steps on LCS and LC Delivery Board agreed by the board with the addition of a review to update the LCS to reflect the 10 year plan.</li> <li>• To update and agree the Board's Term of Reference (ToR) at the next meeting in March to reflect the changes made and present the TOR of the population delivery groups at the same time.</li> <li>• For nominated board members: SMac, S Morg, MO, RL to propose a way of chairing the meetings moving forward. To be consulted on before the next meeting and agreed at March meeting.</li> </ul>

<b>CPPEG Representative comments (El Collis)</b>	<p>The Board agreed that it was time to look at some new ways of working as a Board and across the wider provider landscape.</p> <p>Patient focus was stressed and I made the board aware that a wide reach was required to assure broad-ranging views were gathered and heard. I highlighted that it was the role of the CPPEG Representative to assure transparency – not to stand as a single access point for patient views, opinions and voice. All board colleagues interact with patients and have patient bodies of their own. Collaborative working provides and exciting opportunity for effective patient engagement.</p> <p>Updating the TOR of the board will facilitate the boards ability to assure the Local Strategy (under review as part of the 10-year plan). I have shared my view that we need to consider, work with and hear about, as a board, priorities we are struggling to deliver as the landscape shifts and changes.</p> <p>It was a great pleasure to hear of the hear the cross-provider team's presentation on Simplified Discharge – an experience, at first tricky, that came good and created a genuine sense of warmth in the possibility of shared goals, working practices, respect, recognition and achievement.</p> <p>Likewise, it was helpful to hear the efforts of the team towards technological systems that work together to underpin service delivery and play their part in the delivery of both priority and quality services.</p> <p>I would like to extend my thanks to our outgoing chair Robin Douglas and look forward to the next phase of the board's journey towards delivery of the Local Care Strategy.</p>
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