

REPORT TO THE TRUST BOARD - PUBLIC 14 SEPTEMBER 2017

Title	Strategic Activity Update
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Purpose of the Report:

The aim of this report is to provide the Trust Board with an update on key areas of the trust's strategic decision-making, planning and management.

Summary of Key Issues:

- 1. The Care Quality Commission has published the findings from its programme of comprehensive inspections of specialist mental health services.
- 2. NHS Improvement is currently consulting on proposed changes to the Single Oversight Framework.
- 3. Updates on activity within the two sustainability and transformation partnerships and accountable care systems.
- 4. Update on the 'Big Conversation'.

Strategic priorities this paper supports (Please check box including brief statement)

Improving service user satisfaction	\boxtimes	The Trust's strategic and operational plans are
Improving staff satisfaction	\boxtimes	structured around the three strategic priorities, and
Maintaining financial viability	\boxtimes	therefore include actions to support each one.

Committees/Meetings where this item has been considered:

Date	Committee/Meeting

Implications:

Equality	The contents of this report have no direct implications or impact,
Analysis	positive or negative, upon any of the protected characteristics.
Risk and	The contents of this report do not directly impact upon existing strategic
Assurance	risks but do support the achievement of all three strategic objectives.
Service	The content of this report has no implications for service users, carers
User/Carer/	or staff.
Staff	
Financial	The content of this report has no financial implications.
Quality	The content of this report has no implications for quality or the work of
	the Quality Improvement Programme.

Supporting Documents and Research material

Appendix 1 – The Big Conversation Findings
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Glossary

Abbreviation	In full

1.0 Background/Introduction

- 1.1 The trust operates in an increasingly more complex and diverse health and social care economy which is continually changing and developing the landscape of health and social care commissioning and service provision.
- 1.2 This report includes horizon scanning, which involves the systematic examination of potential threats, opportunities and likely future developments in order to assess the trust's readiness to respond to threats and opportunities and to ensure it remains both resilient and opportunistic.
- 1.3 The external drivers for change place increasing demands upon the trust's capacity for strategic decision making, planning and management. The pace and volume of change is increasing and it is therefore important that senior decision-makers within the trust are kept abreast of strategic developments, both internally and externally. This report aims to fulfil this requirement.
- 1.4 The Trust is part of two Sustainability and Transformation Plan (STP) footprints, i.e. North East London, and Bedfordshire, Luton & Milton Keynes. The footprints are comprised of local NHS providers, Clinical Commissioning Groups (CCGs), Local Authorities, and local other health and care services who together have developed Sustainability and Transformation Plans (STPs) for accelerating the implementation of the Five Year Forward View (5YFV).
- 1.5 The main purpose of STPs is to set out how each local area will, by 2021:
 - Close the health and wellbeing gap.
 - Close the care and quality gap.
 - Close the financial and efficiency gap.
- 1.6 As part of its commitment to the STPs, the trust is required to develop and submit a two year operational plan, aligned to each of the STPs. This is referred to as the Operational Plan 2017-19.

2.0 Update on the National Context: Emerging Themes, Policies and Initiatives

- 2.1 The State of Care in Mental Health Services 2014 to 2017
- 2.1.1 The Care Quality Commission has published the findings from its programme of comprehensive inspections of specialist mental health services. The report combines evidence from inspections and findings from its role in monitoring the use of the Mental Health Act, as well as analysis of data from other sources.

2.1.2 Key findings:

- ➤ 68% of core services provided by NHS trusts were found to be good, with 6% rated as outstanding. Among independent services, 76% were rated as good or outstanding (72% good and 4% outstanding).
- > Some services performed particularly well, especially community services for people with a learning disability or autism and community services for older people.
- ➤ In addition, services that needed to improve have made real progress when they have taken on board the findings and committed to tackle problems proactively and learn from others.
- ➤ There are a substantial minority of NHS trust and independent services that need to improve the quality of care they provide. Thirty-nine per cent of NHS trusts were rated as requires improvement as at 31 May 2017, as did 23% of independent services. And a very small number were rated as inadequate: one NHS trust and three independent services.
- The report identifies several areas of concern:
 - o Concerns about 'locked rehabilitation wards'
 - Great variation between wards in how frequently staff use restrictive practices and physical restraint to deescalate challenging behaviour
 - The impact of staffing shortages
 - o Poor quality clinical information systems
 - o Commissioning of crisis care services

2.2 NHS Improvement consultations

- 2.2.1 NHS Improvement is currently consulting on proposed changes to the Single Oversight Framework, including incorporation of the new use of resources assessment and various changes to indicators. There are some proposed changes to mental health indicators (i.e. the addition of a target for out of area placements), and the possibility of additional indicators being included in the future.
- 2.2.2 The Trust is responding to the consultation both directly with NHS Improvement and via NHS Providers. The revised framework will take effect from Quarter 3 (October to December 2017).
- 2.2.3 NHS Improvement has now published their assessment framework for use of resources. The assessment is intended to understand how providers are using their resources including finances, workforce, estates, technology and procurement. The framework will initially apply to acute trusts, and will be implemented for mental health/community trusts after April 2019, once further metrics are developed as part of the Model Hospital workstream.
- 2.2.4 The Trust will carry out an initial assessment of relevant parts of the framework in order to prepare for its introduction. This work will be reported to the Audit Committee.

3.0 Update on Sustainability and Transformation Partnerships (STPs)

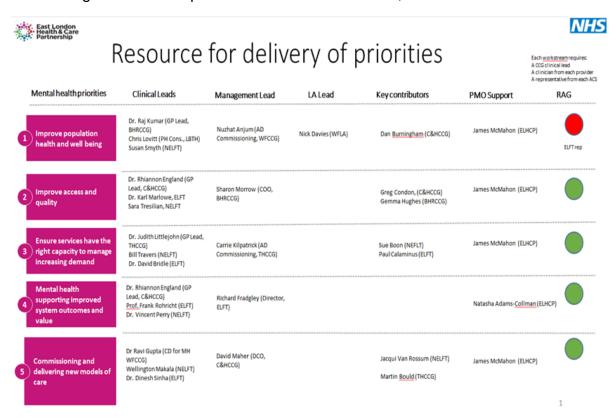
3.1 East London Health & Care Partnership (North East London STP)

3.1.1 The EHLCP Board met on 26 July, when the main item was the ELHCP mental health delivery plan. The minutes of the discussion will appear here in due course: http://eastlondonhcp.nhs.uk/board-meetings/.

The Board supports the direction of travel laid out in the mental health delivery plan. The discussion focussed on the differences in resourcing and operating models between INEL and ONEL, opportunities for managing demand more effectively, and on the need for a focus on wider determinants including local authority involvement. The Joint Overview & Scrutiny Committee considered the ELHCP mental health delivery plan on 26/6/17, and similarly, was supportive of the plans. Papers are available here:

Inner North East London Joint Health Overview & Scrutiny Committee

3.1.2 The mental health delivery plan is currently being tested/refreshed by small clinical and managerial leadership teams from across the STP, as below.



- 3.1.3 As per the press release (June 2017 HSJ), the 7 CCGs within the ELHCP are currently considering the creation of a single accountable officer across the 7 CCGs. It is currently expected that this proposition is considered by CCG Boards in their September meetings.
- 3.1.4 Waltham Forest, Tower Hamlets & Newham Delivery System

Within the NEL STP, there are three "accountable care systems" described: Barking Havering & Redbridge (BHR), Waltham Forest, Tower Hamlets & Newham (WEL) and City & Hackney. Work is underway across Waltham Forest, Tower Hamlets & Newham to determine what aspects of an accountable care system may function across the three WEL CCGs/boroughs, and what may be undertaken within the three WEL CCGs/boroughs. It is anticipated that a proposition will be taken to CCG and provider Boards in September/October outlining a proposed approach.

Within the Newham system, work has begun across the CCG, ELFT, Bart's Health, Newham Health Collaborative and the London Borough of Newham to scope the arrangements of a borough based ACS including provider collaboration.

Within the Tower Hamlets system, work is underway to design transitional "shadow ACS" governance arrangements, in which commissioners and providers work in a more aligned way to plan for and manage good system performance and efficiency. It is anticipated that a proposed governance structure will be shared with commissioner and provider boards in September/October.

3.1.8 City & Hackney Accountable Care System

City & Hackney "shadow ACS" arrangements are largely in place. The Unplanned Care Board has agreed to take forward the development of the "enhanced primary care" model, effectively multidisciplinary, multiagency working around a practice population of 30-50,000, meaning there will be eight neighbourhood teams. The work is currently at the concept development phase, with resources available to partners to fund clinical and project time to take forward.

Providers, including the GP Confederation, ELFT, the Homerton, and the London Borough of Hackney, have begun to meet to consider how best to organise our collaboration in the context of the developing ACS.

3.2 <u>Bedford, Luton and Milton Keynes STP (BLMK)</u>

- 3.2.1 The BLMK STP CEO Group received an update on the development of a mental health delivery plan on 27 July. A workshop was held with representatives from the commissioning and provider mental health community on 31 July to refine the proposed mental health delivery plan, with some key themes tested at a large clinical congress on 3 August. A task and finish group has now been formed, the purpose of which is to develop a final detailed implementation plan, by October 2017.
- 3.2.2 Work to develop the accountable care system concept for BLMK continues, with a requirement to submit a detailed proposition to the regulators in the New Year, for how the BLMK ACS as a first wave ACS will work. Building on work done to date, three primary task and finish design groups are currently being established with a requirement to complete by November, including strategic commissioning, system integration and ACS supply side.
- 3.2.3 Within the Luton system, Luton Borough Council and the CCG have announced their intention to develop a joint commissioning approach and work has begun across ELFT, CCS, Luton & Dunstable FT and Luton Borough Council, with the four GP Cluster Chairs, to consider opportunities for collaboration. It is likely that an initial focus will be on improving the care of people living in care homes.

4.0 Big conversation

- 4.1 Feedback received from the 'Big Conversation' exercise is being collated and analysed. The exercise involved 20 sessions and over 700 staff.
- 4.2 Slides setting out the initial analysis are attached as Appendix 1. The analysis will be discussed at a Trust workshop on 12 October, and a further update will be submitted to the October Board meeting.

5.0 Action being requested

5.1 The Trust Board is asked to **RECEIVE** and **DISCUSS** the findings of the report.





Analysis



- Attendees worked in groups to answer the questions
- Thematic analysis was then used on individual responses
 - Two analysts independently identified themes for each response
 - A clinician then reviewed the case study responses and identified themes
 - The analysts and clinician then met to compare themes identified and collectively agreed upon one theme for each response
 - The themes were then tabulated
 - Themes that received 2% or more of the responses were then included in the bubble chart for the question
 - Over 2000 responses thematically analysed











- 1. What are our strengths as a Trust?
- 2. What are you most proud of in your day-to-day work?
- 3. What aspects of the way we work together and deliver care should we build on?

- 4. What aspects of support and recovery should we be responsible for?
- 5. What aspects should we leave to other agencies?
- 6. What aspects should we take joint responsibility for?



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"Willingness to work under pressure"

"Going the extra mile"

"Diversity of skillsets and backgrounds"

"Visible leadership"

"Respond well to change and challenges"

"QI methodology (thinking outside the box)"



"Hard working staff"

"Service user and carer involvement"

"Co-produce with service users and carers"

"Continuously improving"





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"Staff commitment to delivering high quality services"

"I can be creative in how I deliver a service"

"QI methodology, giving staff ownership of change"

"Staff supportive of each other"



"Rated outstanding by the CQC"

"Lack of blame culture"

"Seeing service users grow"

"Positive feedback from services users and carers"

"Treatment & Recovery in the community is improving"

"Putting patients and carers first"





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"Communication from top down"

"Communication between services"

"Learning and sharing from incidents and experiences"

"Strengthen IT services"



"Relationships with other trusts - working in partnership"

"How we measure performance"

"Feedback from the top"

"Staff to be representative of community population"

"Trust needs to put more effort into staff recruitment & retention"

"Reduce blame culture"





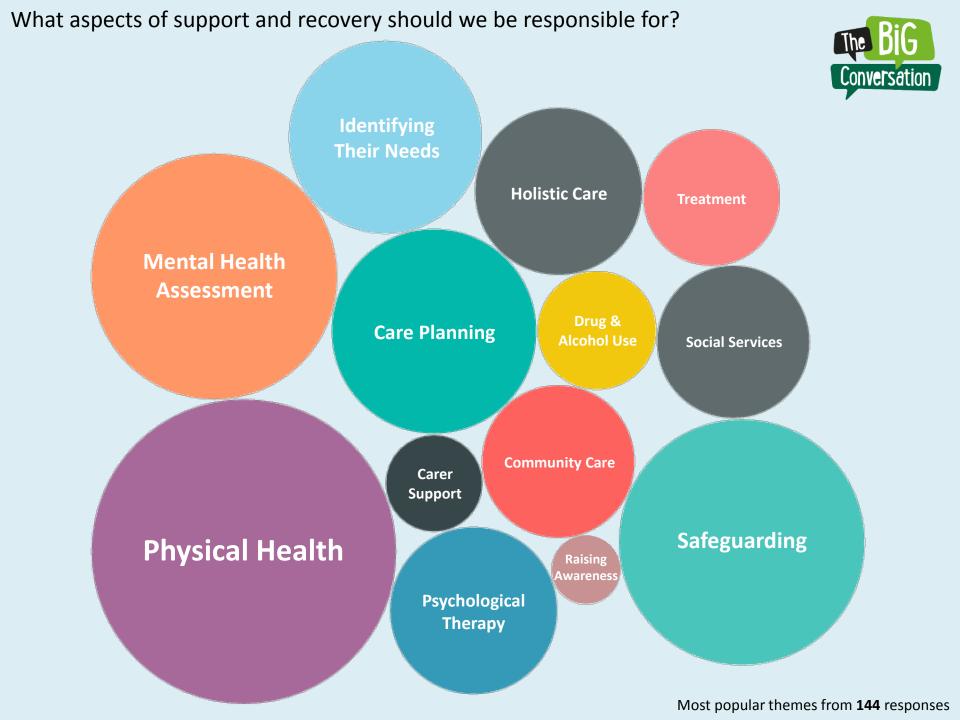
Case Study Questions

The case studies were based on people with complex mental health, physical health and social care needs.



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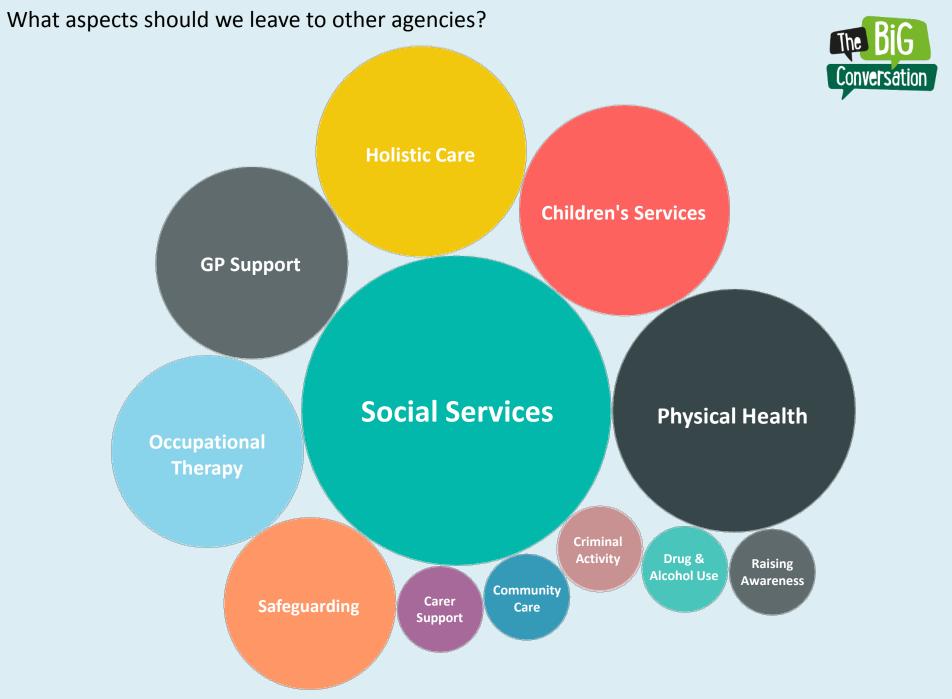
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What aspects should we take joint responsibility for? Conversation Social **Services** Family & Carer Communication **Support** Raising **Awareness** Safeguarding **Psychological Therapy Holistic Care Physical Health** Care **Planning** Recovery **GP Support** Children's Mental **Community Services** Health Care Rehabilitation



Having started as a mental health trust, grown and diversified over time, what do you think we should concentrate on in the future?

What do you think we should concentrate on in the future?







If you were to sum up our core purpose in a single sentence, what would it be?

Key phrases were identified from each response, and tallied in order to identify the diversity and frequency of terms used.

Raise Awareness of MH

Proactive

Responsive

Research

Positive Experience

Advocate **Financial Constraints**



Evidence Based Care

Communication

Empowering Staff Accessible

Independence

Collaborative Working With other Services

Holisitic Respect

Safeguarding

Genuine

Empower

Empowering Inspire

Treatment Integrated Holisitic

Adaptable

Ethical

Meaningful

Non-judgemental

Respectful

Equitable

Responsive

Consistent

Infrastructure

Finance Efficient

Seamless Timely

Transparent

Achievable

Effective

Rehabilitation

Safe

Multicultural

Empathy

Equality Focus on Carer

Prevention

Meeting Demand

Staff Satisfaction

Cost Effective

Leading Providers of MH Care Collaborative Working

Making a Difference

Make a Difference

Compassionate

Innovative

Unconditional Care Reduce Risk

Mental Health Assessment

Supporting the Community

Appreciation

Individualised

Improve the Lives of Service Users

Serving the wider Community