

REPORT TO THE TRUST BOARD - PUBLIC

19 OCTOBER 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:

- The government has published its Health Service Safety Investigations Bill
- The Prime Minister has announced a review of the Mental Health Act
- NICE has published its new quality standard: Transition between inpatient mental health settings and community or care home settings (QS159)
- The Health Secretary has announced his National Nursing Workforce Reforms
- The annual CQC State of Care report has been published
- North East London CCG Boards have approved a proposal to create a single Accountable Officer across the 7 CCGs
- Luton & Dunstable Hospital and Bedford Hospital have announced the intention to merge
- CCGs provide their commissioning intentions for 2018/19

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

Improving service user satisfaction	<input checked="" type="checkbox"/>	The Trust's strategic and operational plans are structured around the three strategic priorities, and therefore include actions to support each one.
Improving staff satisfaction	<input checked="" type="checkbox"/>	
Maintaining financial viability	<input checked="" type="checkbox"/>	

Committees/Meetings where this item has been considered:

Date	Committee/Meeting

Implications:

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

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 Health Service Safety Investigations Bill

The bill, recently presented to Parliament, will establish and enshrine in law the powers of the Health Service Safety Investigations Body (HSSIB). The bill forms a key part of the Health Secretary's plan to develop a more open, learning culture across the NHS.

- 2.1.1 It will take forward the work of the current Healthcare Safety Investigation Branch (HSIB), which came into operation in April 2017 as a division of NHS Improvement. Under the proposals, it will be independent of the NHS and at arm's length from government. It will have far-reaching access to investigate serious safety incidents or risks to patient safety. After each investigation is completed, the HSSIB will publish detailed reports which will:
 - make recommendations for system-wide learning across the NHS
 - help develop national standards on investigations
 - provide advice, guidance and training to improve investigative practice across the health service

2.1.2 A key feature of the HSSIB would be its new approach to investigations, which will protect the information it holds from disclosure. The aim is to create a ‘safe space’ in which participants, including patients, families and staff, can share information in the knowledge that it will not be disclosed except in limited circumstances, or by order of the High Court.

2.1.3 The draft bill also proposes to give the HSSIB the power to establish an accreditation system across the NHS – supporting trusts who receive accreditation to conduct safe space investigations. This will further reduce unsafe and costly practice, improve investigations, and embed a culture of learning and improvement throughout the health service.

2.1.4 The implications for the Trust will be discussed at the Quality Committee.

2.2 Mental Health Act Review

The prime minister announced that the former president of the Royal College of Psychiatrists, Professor Sir Simon Wessely will lead an independent review of the Mental Health Act. It follows her pre-election announcement to rip up and replace the “flawed” act to tackle the fact that too many people are being detained under the legislation. This is partly in response to detention rates under the act being too high and disproportionately affecting black people as well as a concern that the existing mental health legislation passed more than three decades ago is leading to shortfalls in services and is open to misuse.

2.2.1 The government’s aim of replacing the Act with a new bill is to tackle the injustice and stigma associated with mental health. The bill will enshrine parity of esteem for the mental health sector by:

- Revising the thresholds for detention, to prevent it being overused
- Introducing new codes of practice to reduce the disproportionate use of mental health detention for minority groups
- Improving safeguards so that when people with mental health problems have the capacity to give or refuse consent, they can never be treated against their will.

2.2.2 The review is expected to be completed by the end of 2018. The trust will seek opportunities to be involved in the review.

2.3 NICE Quality Standard (QS159): Transition between inpatient mental health settings and community or care home settings

NICE has recently published this quality standard which covers transitions for children, young people and adults between mental health hospitals and their own homes, care homes or other community settings. It includes the period before, during and after a person is admitted to, and discharged from, a mental health hospital. It describes high-quality care in priority areas for improvement.

2.3.1 The standard includes four quality statements:

1. Statement 1: People admitted to an inpatient mental health setting have access to independent advocacy services.
2. Statement 2: People admitted to specialist inpatient mental health settings outside the area in which they live have a review of their placement at least every 3 months.

3. Statement 3: People discharged from an inpatient mental health setting have their care plan sent within 24 hours to everyone identified in the plan as involved in their ongoing care.
4. Statement 4: People who have a risk of suicide identified at preparation for discharge from an inpatient mental health setting are followed up within 48 hours of being discharged

2.3.2 The Trust is carrying out a review of services in line with the new standards. The outcome will be reported to the Quality Committee.

2.4 National Nursing Workforce Reforms

Health Secretary, Jeremy Hunt has announced wide-ranging reforms to increase nurse training places and retain staff. A 25% increase in training posts for nurses is part of a range of measures to:

- ensure the NHS meets current and future nursing workforce needs
- improve working conditions
- provide new routes into the profession

2.4.1 The government will provide funding for the clinical placements required for an additional 5,170 pre-registration nurse degrees from 2018. This builds on the commitment to 10,000 more training places for nurses, midwives and allied health professionals announced in August this year.

2.4.2 A further 5,000 nursing associates will be trained through the apprentice route in 2018, with an additional 7,500 being trained in 2019. Nursing associate is a new role which provides a work-based route into nursing for existing health and care staff or new recruits who may not be able to give up work to study full-time at university.

2.4.3 A new shortened nurse degree apprenticeship route will also be introduced for qualified nursing associates who wish to work towards full Nursing Midwifery Council registered nurse status.

2.4.4 The Board receives updates on issues affecting the nursing workforce.

2.5 Care Quality Commission State of Care Report

2.5.1 This year's CQC [State of Care](#) report – published on 10 October shows that thanks to the efforts of staff and leaders, the quality of health and social care has been maintained despite very real challenges and the majority of people are receiving good, safe care. However, it also warns that the health and social care system is at full stretch and struggling to meet the more complex needs of today's population, meaning that maintaining quality in the future is uncertain.

2.5.2 The report sets out analysis of the quality of health and social care across the country based on the first full round of rated inspections covering almost 29,000 services. It shows that as of 31 July 2017, 78% of adult social care services were rated good as were 55% of NHS acute hospital core services; 68% of NHS mental health core services and 89% of GP practices and that many services originally rated as inadequate have used the findings of our inspections to make changes and improve their rating.

2.5.3 But, there are also clear warnings from the changing nature of demand – increasing numbers of older people who are physically frail, many with dementia, more people with long term complex conditions – all of which is placing unprecedented pressure on the system.

2.5.4 The full report is available on the CQC website.

3.0 Update on Sustainability and Transformation Partnerships (STPs)

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

3.1.1 North East London CCG Boards have approved a proposal to create a single Accountable Officer across the 7 CCGs, who will also act as the East London Health and Care Partnership Lead Executive. The creation of a single Accountable Officer will allow for the transfer of Sustainability & Transformation Funds and specialised commissioning monies.

3.1.2 The NEL STP has completed an engagement exercise on the future of the payment system for health care, to which ELFT have responded.

3.1.3 Within the North East London STP footprint there are three identified delivery systems, Barking, Havering & Redbridge, City & Hackney, and Waltham Forest and East London. ELFT is a partner to the latter two delivery systems, and is currently in this context engaged with partners in working to develop locally based accountable care systems, in line with Five Year Forward View Next Steps. For WEL, this includes a place based focus within Newham and Tower Hamlets, with a proposition that some aspects of clinical strategy and ACS activation are delivered across the WEL footprint. The detail of these arrangements is currently being considered, with a Board level discussion planned for later in October.

3.2 Bedford, Luton and Milton Keynes STP (BLMK)

3.2.1 Luton & Dunstable Hospital and Bedford Hospital have announced the intention to merge, with work underway to prepare a full business case by December 2017.

3.2.2 The BLMK Mental Health Workstream has now been established, reporting into the STP Priority 2, Primary, Community and Social Care. The Workstream, which comprises provider and commissioner partners from across BLMK, has identified seven priority areas for action, which include planning for the delivery of the Mental Health Five Year Forward View through to 2021. Programme support has been part-funded by the East of England Clinical Network.

4.0 Update on the Operational Plan 2017-19

4.1 The trust has received commissioning intentions from clinical commissioning groups in relation to commissioning priorities for the 2018/19 financial year. As the Trust has two year contracts with commissioners, any proposals will need to be agreed through a contract variation process, which is expected to be completed by December 2017.

4.2 A summary of the proposals will be included in the report for the December Board meeting.

5.0 Big conversation

5.1 Feedback received from the 'Big Conversation' exercise was discussed at a trust-wide meeting held on 12 October. Further consultation with stakeholders is taking place before a final draft of the Trust's mission is presented to the December Board meeting.

6.0 Action being requested

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