

**REPORT TO THE TRUST BOARD PUBLIC  
22 FEBRUARY 2018**

<b>Title</b>	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 paper provides an update on emerging national issues. Of particular note is the publication of the Kings Fund report on community health services, which signals a welcome increase in attention in this service area.

An update on developments in each STP area is included. The new commissioning arrangements across North East London are taking shape, with interim Managing Directors appointed for each CCG. Dr. Navina Evans has taken over chairing responsibility for the new WEL System Delivery Board. In BLMK, there is information about the development of primary care home, and the development of partnerships and alliance working. Across both STP areas, there is work being done on the mental health workstream, particularly in relation to workforce. This includes consideration of the current national workforce consultation. A further update will be provided next meeting.

NHS England and NHS Improvement have now published the annual planning requirements for 2018/19. This is set out in section 4.

A separate paper on the development of the Trust's strategy is attached. The Board is asked to approve the new Trust vision, mission and strategic outcomes.

**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
14/2/2018	Service Delivery Board

**Implications:**

Equality Analysis	The development of the Trust strategy set out in the attached paper will have impacts across all of these domains. The impact is being scoped as part of the development of the specific areas of work and outcomes
Risk and	

Assurance	that are expected. This analysis will be included as part of the full report in May 2018.
Service User/Carer/ Staff	
Financial	
Quality	

## 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 NHS 70: Celebrating 70 years of the NHS

July 5<sup>th</sup> 2018 is the 70<sup>th</sup> of anniversary of the NHS. NHS England is encouraging all NHS organisations and local communities to hold an 'NHS Big 7Tea' to celebrate this milestone. The idea is to get staff, retired staff, volunteers, patients, users, carers and local community groups to have a cup of tea and share NHS stories. It is developing a toolkit and brand pack, which will be available from March 2018.

2.1.1 The Trust's Communication Team is developing plans for how the trust will celebrate the 70th anniversary.

## 2.2 The Department of Health and Social Care

After the 2018 British cabinet reshuffle, the Department of Health was renamed to the Department of Health and Social Care. The Health Secretary's title has also changed to Secretary of State for Health and Social Care. It has a single department plan with five main objectives:

- Keep people healthy and support sustainable public services
- Transform out of hospital care to keep people living healthier for longer in their community
- Support the NHS to deliver high quality, safe and sustainable hospital care and secure the right workforce
- Research and innovate to maximise health and economic productivity
- Ensure accountability of the health and care system to Parliament and the taxpayer, and create an efficient and effective Department of Health

## 2.3 Reimagining Community Services: Making the Most of Our Assets

The King's Fund has recently published a report on its research conducted to understand the current state of community services and to explore how the health and care system needs to change to enable these services to meet the needs of the population now and in the future.

2.3.1 The report highlights both variation and complexity in how community health services are provided, who provides them and how they are paid for. Services were found to be often fragmented, poorly co-ordinated, and not well integrated with other services in the community.

2.3.2 The elements of what community services should look like are well understood, and summarised in 10 design principles. How they are applied will vary from place to place depending on the population's needs and how services are currently organised and funded. Many examples of these principles being put into practice are described in the report. The ten design principles are:

- i. Organise and co-ordinate care around people's needs
- ii. Understand and respond to people's physical health, mental health and social needs in the round
- iii. Make the best use of all the community's assets to plan and deliver care to meet local needs
- iv. Enable professionals to work together across boundaries
- v. Build in access to specialist advice and support
- vi. Focus on improving population health
- vii. Empower people to take control of their own health and care
- viii. Design delivery models to support and strengthen relational aspects of care
- ix. Involve families, carers and communities in planning and delivering care
- x. Make community-based care the central focus of the system

## 2.4 The Government Response to the Naylor Review

The Government recently published its response to the independent review of NHS property carried out by Sir Robert Naylor. In response, the Government outlines its vision for the healthcare estate, the NHS's largest asset and summarises the actions that will be taken nationally and locally, to enable local NHS organisations and STPs to take a more strategic approach to estates planning and management by:

- allowing NHS organisations to retain receipts from land sales, on condition that they are reinvested in the NHS estate to deliver local priorities and STP strategies
- requiring STPs to regularly update their estates strategies, which span acute, primary, community and mental health care, to "future-proof" the estate so that it accommodates the requirements of changing clinical service strategies and supports STPs' visions for local clinical excellence and financial sustainability
- encouraging NHS providers to give greater prominence to estates matters in Board discussions, particularly when undertaking significant reconfiguration or estates development projects
- encouraging STPs and NHS providers to work with local government and other public sector organisations as part of the One Public Estate programme, which is designed to maximise the potential of our collective assets
- supporting the NHS to develop surplus land for NHS staff and other residential housing
- supporting the NHS to realise £3.3 billion of additional capital from the disposal of surplus land, holding them to account against locally-developed and agreed targets

## 3.0 **Update on Sustainability and Transformation Partnerships (STPs)**

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

The new commissioning arrangements across North East London are taking shape, with interim Managing Directors appointed for each CCG, as follows:

- Barking, Havering & Redbridge: Ceri Jacob
- City & Hackney: David Maher
- Newham: Selina Douglas
- Tower Hamlets: Simon Hall
- Waltham Forest: Jane Mehta

Les Borrett has been appointed to a new interim Director of Commissioning post across the 7 CCGs.

#### 3.1.1 Waltham Forest and East London System Delivery Board (WELSDB)

Dr. Navina Evans has taken over chairing responsibility for the new WEL System Delivery Board. The system delivery board will be responsible for supporting the Transforming Services Together Programme Board to deliver the significant transformation required to improve quality and ensure financially sustainable health services across Newham, Tower Hamlets and Waltham Forest.

### 3.1.2 Mental Health Workstream

On 1/2/18, NHS England issued an invitation to bid for first wave IPS sites, with up to £350k available to each STP which has an existing IPS site with fidelity, and which can mobilise additional resource to support rapid progress against the national target. The STP mental health workstream is currently developing its response.

In late November 2017, Health Education England published a mental health workstream diagnostic specific to each STP across the country, with a requirement on STPs to provide an initial response by 15/12/17. The NEL STP response is now available. HEE held a workshop to consider London STP responses and plan next steps on 30/01/17. The STP is now required to submit a more detailed local workforce plan by 15/3/18.

### 3.1.3 City & Hackney

City & Hackney Transformation Board has agreed to develop a neighbourhood model of care, and is currently beginning a design process. The trust has received some funds to support clinical and programme leadership to support us, and mental health partners, to respond to the neighbourhood model.

### 3.1.4 Newham

Newham providers (Barts Health, Newham Healthcare Collaborative, the Trust, and Newham Council) have begun to meet as an alliance, with a memorandum of understanding in the process of being signed. Newham provider partners have recently worked together to submit an alliance bid for an urgent treatment pathway tender issued by the CCG.

### 3.1.5 Tower Hamlets

Tower Hamlets Together is currently in the process of transitioning from the vanguard programme, which comes to an end on 31/03/18, to a new governance framework which will bring commissioners and providers together to plan and deliver services in a more integrated way.

## 3.2 Bedford, Luton and Milton Keynes STP (BLMK)

The BLMK STP has recently agreed a programme of support with the National Association of Primary Care to roll out the Primary Care Home approach across the STP. The 18 month programme will be targeted at all practices, and their associated community and mental health services, though there may be a smaller number of first wave practice clusters who develop at a greater pace.

### 3.2.1 Mental Health Workstream

The BLMK Mental Health workstream is working with South West Commissioning Support Unit and Healthcare Decisions to undertake a demand, capacity and flow modelling exercise for CAMHS, which, using a range of analytic techniques, helps systems to model and understand how to configure pathways to best meet the activity and waiting times requirements of FYFV and the green paper.

On 01/02/18, NHS England issued an invitation to bid for first wave IPS sites, with up to £350k available to each STP which has an existing IPS site with fidelity, and which can mobilise additional resource to support rapid progress against the

national target. The BLMK STP Mental Health workstream is currently developing its response.

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### 3.2.2 Bedfordshire

The trust continues to work with Cambridge Community Services NHS Trust, the clinical commission group and partners to finalise due diligence for the community health services contract.

### 3.2.3 Luton

Luton providers (Luton & Dunstable Foundation Trust, Luton Council, Cambridgeshire Community Services NHS Trust, the trust, and the 4 GP clusters) have begun to meet as an alliance, with a memorandum of understanding in the process of being signed.

## 4.0 **Update on the Operational Plan 2017-19**

4.1 On 2 February 2018 NHS England and NHS Improvement issued the 2018/19 planning guidance.

4.2 The Trust is required to refresh its 2 year operational plan, including finance, workforce, activity and triangulation returns alongside an update to the existing two-year plan narrative.

4.3 Draft plans need to be submitted by 8 March 2018 and final plans by 30 April 2018.

4.4 The Trust has been issued with its control total (expected level of financial surplus), and the Board are considering the implications of this.

4.5 The guidance indicates a change in terminology and approach to local health systems, with the term “Integrated Care System” now being used instead of “Accountable Care System”. It is expected that Integrated Care Systems will replace Sustainability and Transformation Partnerships over time.

4.6 The guidance also makes it clear that the mental health investment standard (parity of esteem) continues, and that there should be no exceptions to this standard being met by each CCG.

## 5.0 **Action being requested**

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

## **ELFT Strategy development**

### **1.0 Background**

The Trust Board has been considering, for the last 18 months, the vision and mission for the Trust in light of the changing national and local context.

A key driver for these discussions has been the national policy context of integration, and the Trust's own ambition to make a positive difference to people's lives, regardless of our specific role in providing services.

The creation of Sustainability & Transformation Partnerships, and more recent progress towards the development of Integrated (Accountable) Care Systems, provides the partnership infrastructure for this new ambition.

The Trust's strategic partnership with the Institute of Healthcare Improvement (IHI) has exposed the Trust to organisations with vast experience of delivering integrated care at scale, as well as the benefit of the IHI's own expertise in relation to the "Triple Aim" of improving the patient experience of care, improving the health of populations and providing value for money.

The Trust Board has decided to expand the range of community services provided by the Trust, with the integration of Tower Hamlets community health services on 1 April 2017, and being selected as the preferred provider of Bedfordshire community health services.

The Big Conversation exercise has engaged staff and stakeholders in this discussion, and provides solid support for a new focus.

The Trust is highly regarded as a provider of high quality healthcare, evidenced by the Care Quality Commission (CQC) rating of outstanding and staff and patient survey results. The Trust is also increasingly being seen as an effective collaborator and a system leader. It is therefore in a good position to progress its ambition.

### **2.0 The proposed strategic planning framework and cycle**

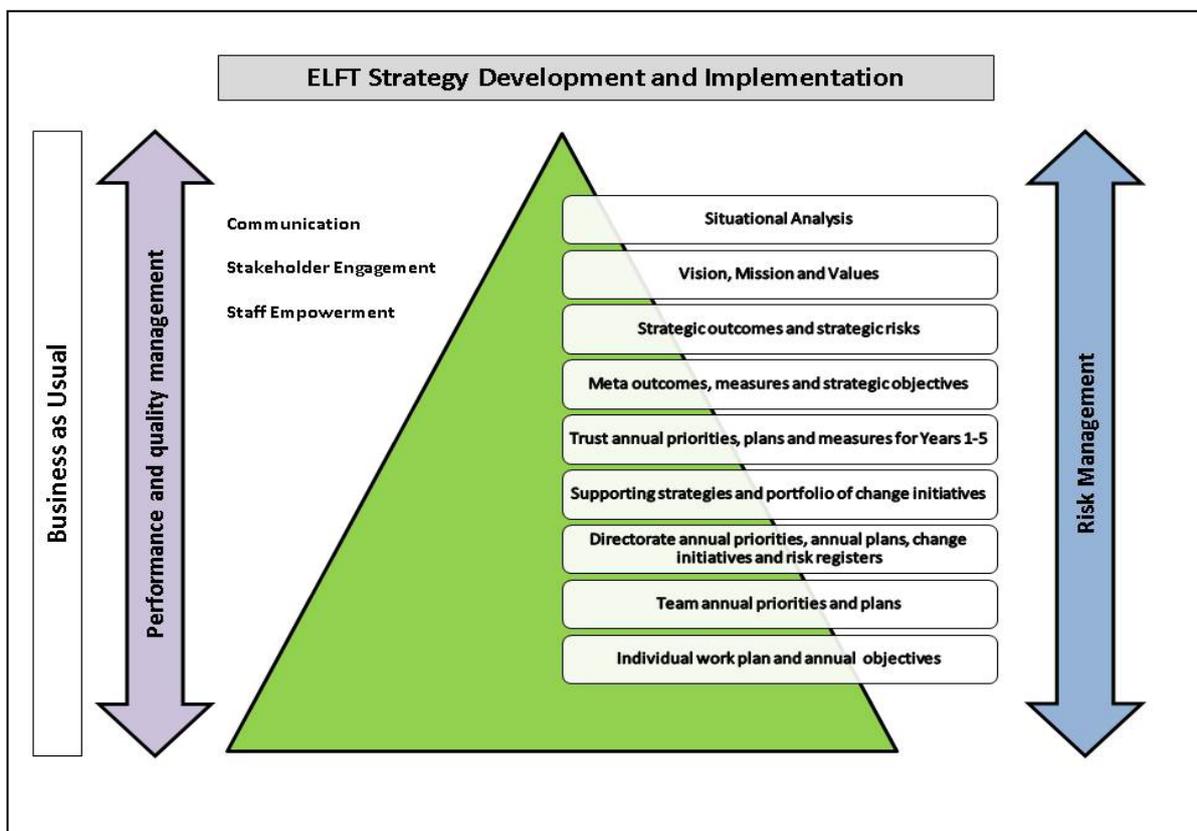
Historically, the Trust has complied with the NHS Improvement requirements for strategic planning. The downside of this approach is that the requirements often change from year to year, and is largely focused on meeting national priorities and financial requirements.

Whilst the Trust must still comply with NHSI requirements, it is proposed that the Trust enhances this planning framework to reflect our strategic focus and our ambitions for the communities we serve.

The proposed framework draws heavily on our experience of engagement and improvement methodologies, with the following key principles:

- Effective engagement of staff, service users, carers and stakeholders in the development of plans
- Ensuring strategic alignment throughout the organisation, with all functions and plans contributing towards the overall aim
- Utilising a clear measurement framework
- Displaying planning information in a clear, highly visual way that encourages engagement
- Regularly bringing together the senior leadership team to review progress and plan ahead

Figure 1 below provides an outline illustration of the trust’s new framework for developing and implementing strategy.



### 3.0 Refresh of the mission and strategic objectives, including the Big Conversation



In 2017, the Trust commenced in a strategic planning exercise in order to review and refresh the mission of the Trust. During July and August, the Big Conversation engaged over 800 people (staff, service users, carers and Governors) in understanding what we do well, what we're proud of, what the opportunities might be for the future, and what our core purpose should be.

A Directorate Management Team away day, involving approximately 150 senior leaders from across the Trust, was held on 12 October 2017 in order to consider the feedback from the consultation and consider its impact. This helped to narrow down the choice of mission statement for the Trust, as well as providing feedback on what we should focus on to progress the mission.

This event coincided with the IHI Annual Visit, which also focused on the Trust's ambitions and provided the opportunity to learn from their experience in implementing the Triple Aim. The executive discussed using the Triple Aim as both strategic framework and the method with which to conduct improvement work for defined population segments.

This work was discussed in detail at a Board Development Event meeting held on 30 November 2017, which was also attended by Derek Feeley, IHI President. The Board discussed the outputs of the Big Conversation exercise and agreed to use the IHI Triple Aim as its strategic framework.

The Council of Governors have continued to be engaged in the work, with regular reports at Council meetings.

#### 4.0 Revised Trust vision, mission and strategic outcomes

The Trust's vision is '*To improve the quality of life for all we serve*'.

The Trust's mission is that '*By 2022, we will build on our success and lead on the delivery of integrated care. ELFT will do this by working purposefully in collaboration with our communities and our partners, always striving towards continuous improvement in everything we do*'.

The Trust's strategic outcomes can be described as follows:

*Staff will be empowered to meet the needs and support the aspirations of those we serve with respect, compassion and determination. Together we will ensure fulfilment at work.*

*Together with patients and residents we will:*

1. *Improve experience of care*
2. *Improve outcomes*
3. *Improve value*

For planning purposes, these are therefore divided into four areas as follows:

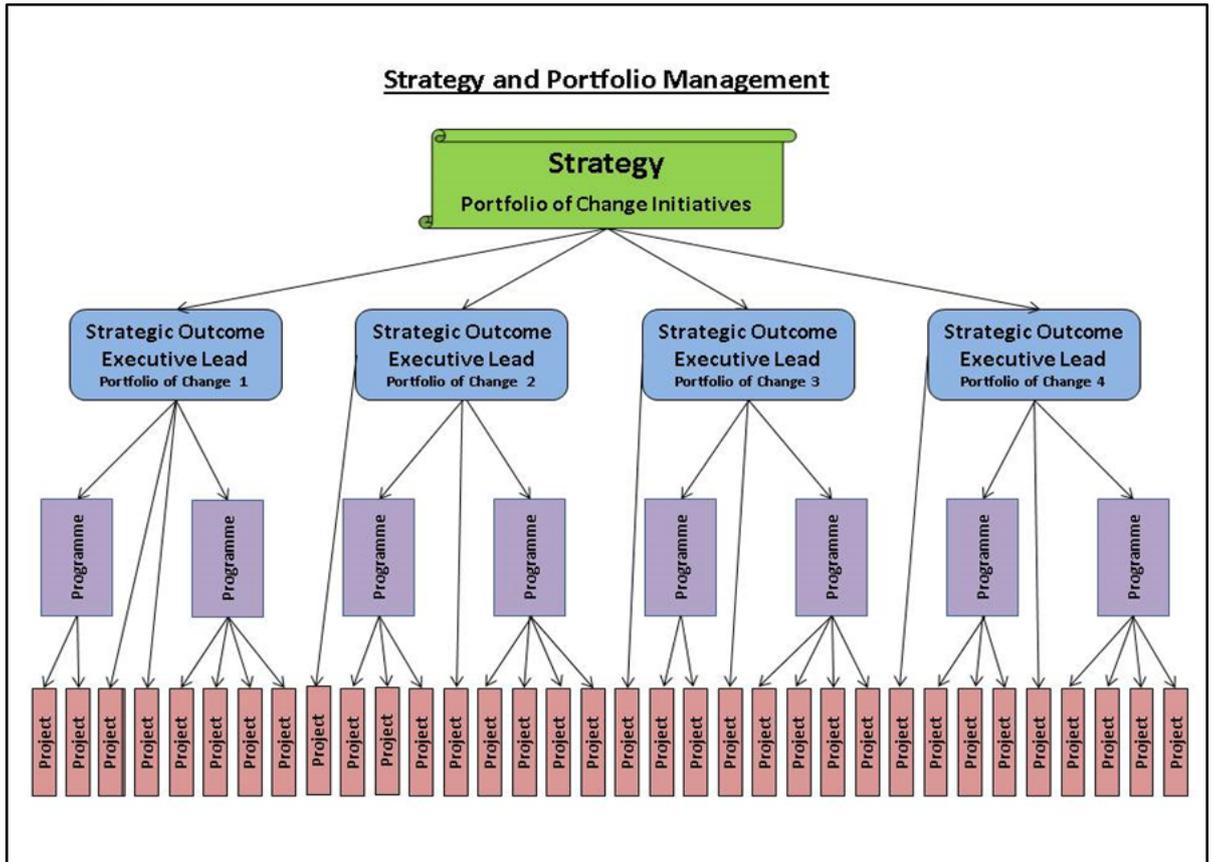
- i. Improving the experience of care*
- ii. Improving outcomes*
- iii. Improving value*
- iv. Improving the experience of staff*

The series of local, annual planning consultation events for trust members is now underway and due to be completed by the end of March. The feedback from members on local services will supplement that from the twenty sessions that took place across all areas of the trust as part of the Big Conversation in the summer of 2017, which many service users and carers attended. A separate focus group for service users and carers was also held in November 2017.

In addition to the new strategy framework, we are also introducing a system of portfolio management and to improve the governance around the selection, prioritisation and delivery of all change initiatives (projects and programmes), to ensure they align with, and provide the capacity to deliver our strategic outcomes.

Figure 2 below provides an outline illustration of the Trust's proposed approach to portfolio management, with the intention of maintaining focus and energy on the major programmes of work that are designed to deliver the strategy.

**Figure 2**



There are already many workstreams in place across the Trust that will remain relevant to the new strategy. A mapping exercise of programmes and projects is currently taking place. A gap analysis and prioritisation exercise will then be completed in order to ascertain the programmes required to deliver the strategic outcomes over the course of the strategy.

### **Meta outcomes, measures and strategic objectives**

As set out above, it is important for the strategy to have a clear measurement framework so that progress can be monitored. The Trust has not previously had any robust measurement system for strategic objectives, with measurement focusing largely on operational performance.

The principles of a new measurement system are as follows:

- To integrate strategic and operational measures so that all staff are engaged in both the delivery of high quality services and the development of services in line with the Trust's vision and mission
- To choose measures that are most relevant to the vision and mission, impact across all strategic outcomes, and link to our portfolios of work.

- To select a small number of measures that are regularly monitored at Board, committee and Trust operational meetings, with other measures being monitored and reported by exception
- To utilise the way we view data in line with quality improvement methodology
- We will have the right balance between task, process and outcome measures
- Recognise that not all measures we need will currently exist, and that these will need to be developed over time
- To use measures as indicators of progress, rather than absolute targets, and use other sources of quantitative and qualitative of information to assess overall progress
- To balance the requirements of regulatory and contractual targets

Work on developing the meta outcomes and associated measures is currently taking place. The initial thinking is set out below.

This work will be subject to discussion and consultation, with a view to select approximately 20 measures, making them more specific (i.e. to improve from x to y by z), and ensuring that they align with a dedicated programme of work.

In designing this system, there is a significant challenge to meet the requirements of the strategy, as well as all regulatory and contractual requirements that apply to the Trust. The outcome will be the new Integrated Quality and Performance report.

The proposals will be discussed at the upcoming Board sessions in March and April 2018.

## **Draft – work in progress**

### **Domain 1: Improving the experience of care**

*Meta outcomes (what will we do and what will good look like in 5 years time?):*

- We will improve access to services
- We will improve the patient experience and outcome of care
- We will improve recovery
- We will increase the number of people involved in the Trust
- We will improve patient safety and reduce harm
- We will reduce inequity in experience

*Measures (how will we know whether we are making progress?)*

- We will improve access to services
  - Reduction of waiting/treatment times
  - Increase the number of integrated assessments and care plans
- We will improve the patient experience and outcome of care
  - Increase the number of people recommending our services (through the friends and family test question)
  - Increase the aggregated patient outcome score
- We will improve recovery
  - Increase psychological wellbeing in our communities
  - Increase recovery rates
- We will increase the number of people involved in the Trust
  - Increase the number of service users, carers, and members participating in Trust activities
- We will improve patient safety and reduce harm
  - Increase the proportion of service users who feel safe within an inpatient setting
  - Reduce pressure ulcers
- We will reduce inequity in experience
  - Reduce the proportion of BME service users who experience restrictive practice

*Strategic objectives (the main programmes of work that will be used to deliver the strategic outcomes)*

- Quality improvement (improving access & flow, reshaping recovery, violence reduction)
- Quality Assurance programme (patient experience, NICE guidance, clinical audit, CQC compliance)

## ***Draft – work in progress***

### **Domain 2: Improving outcomes**

*Meta outcomes (what will we do and what will good look like in 5 years time?):*

- We will improve key wider determinants of health, and increase protective factors
- We will improve prevention including healthy lifestyles
- We will reduce health inequalities
- We will deliver a more integrated health and social care support offer

*Measures (how will we know whether we are making progress?)*

- We will improve key wider determinants of health, and increase protective factors
  - Increase the rate of people with mental health problems and/or long term conditions who are in regular employment
  - Increase the rate of people with mental health problems and learning disability living in stable accommodation
  - Increase the proportion of people in touch with Trust services who report that they have as much social contact as they would like, including carers
- We will improve prevention including healthy lifestyles
  - Improve access to talking therapies for BME communities and older people
  - Reduce smoking, alcohol use and obesity in key populations
- We will reduce health inequalities
  - Reduce mortality of people with serious mental illness
- We will deliver a more integrated health and social care support offer
  - Reduce growth in emergency admissions for people who are frail or who have complex needs
  - Reduce admissions for self-harm and deliberate injuries in children and young people
  - Support more people to die in a place of their choice

*Strategic objectives (the main programmes of work that will be used to deliver the strategic outcomes)*

- Quality improvement (Triple aim system work)
- Integrated care programme

## ***Draft – work in progress***

### **Domain 3: Improving value**

*Meta outcomes (what will we do and what will good look like in 5 years time?):*

- We will increase productivity
- We will reduce waste
- We will reduce variation in clinical practice

*Measures (how will we know whether we are making progress?)*

- We will increase productivity
  - Increase the automation of business processes
  - Utilise a single system of data visualisation
  - Increase portfolio management
  - Improve net surplus and liquidity
- We will reduce waste
  - Decrease the number of wasteful activities
  - Reduce agency spend
  - Reduce the ratio of metre square of estates footprint per member of staff
- We will reduce variation in clinical practice
  - Reduction in variation for average length of stay, readmission rates, care pathways delivery etc.

*Strategic objectives (the main programmes of work that will be used to deliver the strategic outcomes)*

- Portfolio management
- Quality improvement (value workstream)
- IT programme
- Estates programme

## ***Draft – work in progress***

### **Domain 4: Improving the experience of staff**

*Meta outcomes (what will we do and what will good look like in 5 years time?):*

- We will develop the skills of our staff to deliver integrated care
- We will increase workforce capacity to deliver integrated care
- We will increase capacity to effectively deliver our programmes of work
- We will improve how we listen to our staff and support them to continuously improve
- We will improve fulfilment at work

*Measures (how will we know whether we are making progress?)*

- We will develop the skills of our staff to deliver integrated care
  - All staff to have a development activity within their personal development plan which links to the delivery of integrated care
- We will increase workforce capacity to deliver integrated care
  - All new service models/service redesign plan for the delivery of integrated care
- We will increase capacity to effectively deliver our programmes of work
  - Reduce the Trust vacancy rate
  - Reduce the volume and improve the phasing of work programmes
- We will improve how we listen to our staff and support them to continuously improve
  - Increase the trust score for staff ability to make improvements at work
  - Increase the percentage of staff reporting that the trust takes action as a result of their feedback
- We will improve fulfilment at work
  - Increase the Trust overall staff engagement score
  - Increase staff wellbeing

*Strategic objectives (the main programmes of work that will be used to deliver the strategic outcomes)*

- Workforce planning and development
- Portfolio management
- Quality improvement
- Staff engagement (joy at work)

## **Next steps**

Further work and consultation will take place to develop the meta outcomes and measures. The portfolio of work programmes will be reviewed in this context.

Work is currently being done with directorates to shape their annual plans in line with the vision and mission. This includes the outcomes of the annual consultation events with members and governors.

The Board will assess the strategic risk associated with the new vision and mission. The outcome of this will be the new Board Assurance Framework.

A communications and engagement plan has been developed. The Chief Executive will focus her time in the next three months to engaging with staff and stakeholders about the new vision and mission.

Discussions will be had at the March and April Board development events. The strategy document and accompanying plan will be presented to the May Board meeting.

### **Action requested:**

The Board are asked to:

- a) APPROVE the new vision, mission and strategic outcomes
- b) NOTE the progress being made to develop the strategy and the next steps