

REPORT TO THE TRUST BOARD: PUBLIC
25 July 2019

Title	Strategic Activity Update
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Purpose of the report

<p>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. It is structured to provide information on:</p> <ul style="list-style-type: none"> • The national context • Our partnership working in local integrated care systems • Progress in delivering the Trust strategy
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Summary of key issues

<p>NHS England & NHS Improvement have issued the NHS Long Term Plan Implementation Framework. The framework sets out the priorities against which Sustainability & Transformation Partnerships & Integrated Care systems are required to submit five year plans, in draft by 27 September 2019, and in final form by 15 November 2019.</p> <p>Following the publication of the new GP contract guidance earlier in the year, Primary care networks are required to be in place across England by July 2019, with significant new investment available over the 5 years, including to fund new PCN based posts, and new national service specifications for PCN services. PCNs are now in place across the majority of the Trust.</p> <p>The Inner North East London System Transformation Board has developed draft content for the Long Term Plan, “A collaboration across local systems and providers to address our most significant health and care challenges”, which lays out the four priorities which will be delivered across City & Hackney and Waltham Forest & East London, including urgent & emergency care, outpatient transformation, provider collaboration on surgery, neuro-rehabilitation and mental health, and people who are homeless.</p>

Strategic priorities this paper supports

Improved experience of care	<input checked="" type="checkbox"/>	This paper covers the Trust’s strategic planning process and strategy development, and therefore supports all of the Trust’s strategic priorities.
Improved population health outcomes	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	

Committees/meetings where this item has been considered

Date	Committee/Meeting
	This report is routinely submitted to the Executive Service Delivery Board

Implications

Equality Analysis	The Trust strategy has specific goals to address health inequalities, and this will be a focus of both our population health and equalities workstreams.
Risk and Assurance	The developments in this report provide assurance that the Trust is effectively engaging with external partners, developing services to improve patient care and outcomes, and maintaining value for money.
Service User/Carer/ Staff	The service developments in this report should have a direct beneficial impact on service users and carers.
Financial	The acquisition of additional income has positive financial benefits for the Trust.
Quality	Service developments are specifically designed to improve quality.

Supporting documents and research material

N/A

Glossary

CCG	Clinical Commissioning Group
STP	Sustainability & Transformation Partnership
ELHCP	East London Health & Care Partnership
NELCA	North East London Commissioning Alliance
BLMK	Bedfordshire, Luton & Milton Keynes
5YFV	Five Year Forward View
CQC	Care Quality Commission
INEL STB	Inner North East London System Transformation Board
FYFVMH	Five Year Forward View Mental Health
IHI	Institute for Healthcare Improvement
ICS	Integrated Care System
PCN	Primary Care Network
Place based system	The Trust works with six place based systems: BLMK: Bedford Borough, Central Bedfordshire, Luton ELHCP: City & Hackney, Newham, Tower Hamlets

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 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.
- 1.3 The Trust is part of two Sustainability and Transformation Partnership (STP) footprints: North East London; and Bedfordshire, Luton & Milton Keynes (BLMK, which is a "first wave" Integrated Care System). 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 STPs for accelerating the implementation of the NHS Long Term Plan

1.4 Following a major engagement exercise (“the Big Conversation”) The Trust Board approved a 5 year strategy in April 2018, which aligns with the national policy direction and the ambitions of our local system partners. The Trust has a detailed programme to ensure effective implementation of the strategy.

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

2.1 NHS Planning

NHS England & NHS Improvement have issued the NHS Long Term Plan Implementation Framework. The framework sets out the priorities against which Sustainability & Transformation Partnerships & Integrated Care systems are required to submit five year plans, in draft by 27 September 2019, and in final form by 15 November 2019.

The Implementation Framework lays out a number of must-do “critical foundations for wider change”, these include:

- Transformed “out of hospital care” including fully integrated community based care, with a national specification for community health services to be delivered around Primary care networks and a new “funding guarantee” for primary medical and community health services
- Improving mental health services, including significant new investment into further stretch targets through to 2023/4 against Five Year Forward View for Mental Health priorities and new investment into community services for people with serious mental illness
- Increasing the focus on population health – moving to Integrated Care Systems everywhere, with the expectation that all STPs become “mature” Integrated Care Systems by 2021.
- Reducing pressure on emergency hospital services
- Giving people more control over their own health and more personalised care
- Digitally enabling primary care and outpatient care
- Improving cancer outcomes
- Shorter waits for planned care

The Trust is working with both STP/ICSs to develop five year plans, including engagement with service users and communities. It is expected draft plans will be presented to the Board for consideration in October 2019.

2.2 Primary care networks

Following the publication of the new GP contract guidance earlier in the year, Primary care networks are required to be in place across England by July 2019, with significant new investment available over the 5 years, including to fund new PCN based posts, and new national service specifications for PCN services. Within the two STP/ICSs, the following PCNs have been developed:

- Bedford borough: 4 PCNs (to be confirmed)
- Bedfordshire: 7 PCNs (to be confirmed)
- Luton: 5 PCNs
- City & Hackney: 8 PCNs

- Newham: 10 PCNs (to be confirmed)
- Tower Hamlets: 8 PCNs.

2.3 Interim NHS People Plan

The Interim NHS People Plan has been published, with the ambition to make the NHS the best place to work through improving leadership and culture in the NHS, and tackling workforce shortages where they are most acute. A full plan is due following the Autumn Spending Review.

The Trust has been involved in the development of the Plan, and has plans in place to deliver relevant elements of the Plan through the Trusts workforce plan.

2.4 NHS Patient Safety Strategy

NHS Improvement has published a national Patient Safety Strategy, with the vision that the NHS should continuously improve safety, through developing and sustaining a patient safety culture, and patient safety systems.

3.0 Local integrated care systems

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

- 3.1.1 The Inner North East London System Transformation Board has developed draft content for the Long Term Plan, “A collaboration across local systems and providers to address our most significant health and care challenges”, attached. The document outlines four priorities for the next five years across City & Hackney and Waltham Forest and East London (Newham, Tower Hamlets and Waltham Forest) which includes urgent & emergency care, outpatient transformation, provider collaboration on surgery, neuro-rehabilitation and mental health, and people who are homeless.
- 3.1.2 ELHCP is currently undertaking a review of its maturity as a developing Integrated Care System, to support the development of the STP Five Year Plan. Each place-based system within the STP now has a transformation board in place, with key system partners present, including the Trust, with the purpose of planning and delivering improvements to population health outcomes and more integrated care.
- 3.1.2 ELHCP has undertaken a number of successful stakeholder events across the STP, some of which have been in partnership with local Healthwatch within each of the place based systems to support the development of the five year plan.
- 3.1.3 The ELHCP Mental Health workstream has secured new national funding to develop crisis services, for Newham this includes developing our Crisis Resolution & Home Treatment Team to fidelity with national workforce assumptions, and developing/expanding crisis cafés in City & Hackney, Newham and Tower Hamlets.

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

- 3.2.1 BLMK is currently undertaking a review of its maturity as a first wave Integrated Care System, to support the development of the ICS Five Year Plan. Each place-based system within the ICS has a transformation board in place, with key system partners present, including the Trust, with the purpose of planning and delivering improvements to population health outcomes and more integrated care.
- 3.2.2 BLMK ICS has undertaken successful stakeholder events across the ICS in partnership with Healthwatch, and within each of the place based systems to support the development of the five year plan.
- 3.2.2 The BLMK ICS Mental Health workstream has secured new national funding to develop crisis services, including bringing Bedfordshire & Luton Crisis Resolution & Home Treatment Team to fidelity with national workforce assumptions, and developing/expanding crisis cafés in Bedfordshire & Luton.

4.0 **Trust Strategy**

- 4.1 2019/20 priorities have been developed against each of the four strategic objectives of the Trust Strategy, and work is underway to deliver them, as reported in the Integrated Performance & Quality Report.
- 4.2 The Board Population Health Task & Finish Group has met for the first time, finalised its terms of reference and agreed an initial workplan, based on the Trust population health framework.

5.0 **Action being requested**

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

Inner North East London System Transformation Board: a collaboration across local systems and providers to address our most significant health and care challenges

Introduction

The Inner North East London (INEL) partnership covers two of the local systems within the East London Health and Care Partnership: City & Hackney (spanning the City of London and the London Borough of Hackney) and WEL (spanning the London Boroughs of Tower Hamlets, Waltham Forest and Newham). Within INEL there are four CCGs and four NHS trusts: Barts Health, Homerton University Hospital Foundation Trust, East London Foundation Trust and North East London Foundation Trust serving a population of 1.2 million people.

There are a number of challenges shared across the City & Hackney and WEL systems:

- Some of the expected highest population growth in London.
- Amongst the highest levels of mental health need in the country.
- Poor health outcomes including obesity, cancer.
- Healthy life expectancy amongst the lowest in the country.
- Life expectancy lower than the London average.
- A deprived population living for too long with one or more health issues.
- Over-reliance on emergency services, with late diagnosis and variable access to primary (non-hospital) care.

Local authority and health partners working within our two local systems have come together in a new partnership to support collaboration across providers on some of the most significant health and care challenges for our population.

This is being coordinated by the new **INEL System Transformation Board (INEL STB)**.

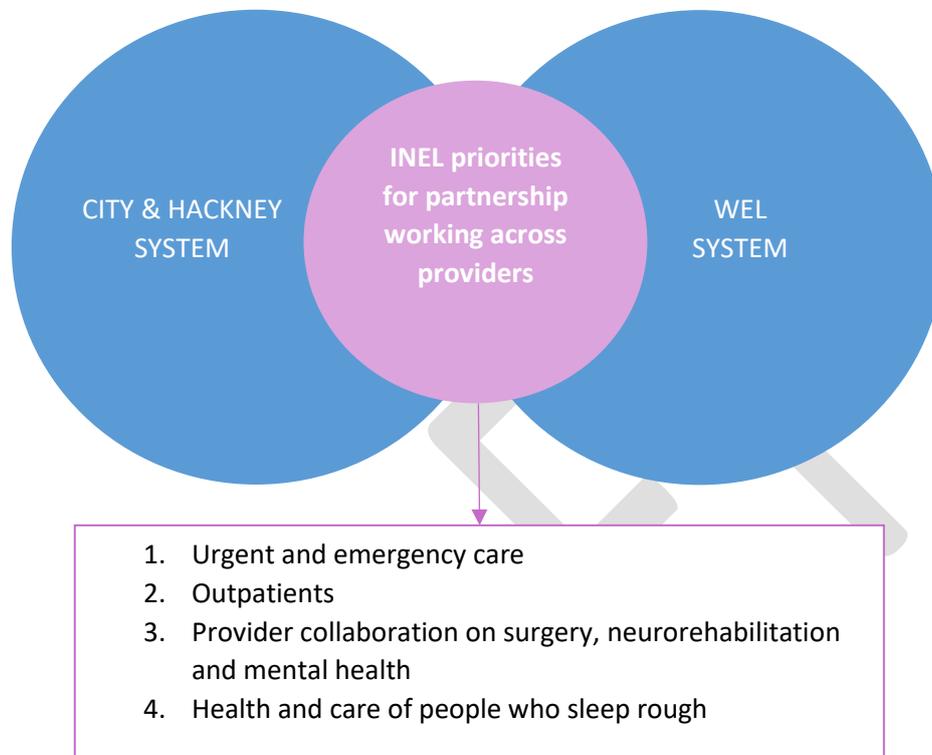
The INEL STB is focusing on the significant challenges that are common across partners, building on the existing work of place-based partnerships within and across boroughs, ongoing collaboration between trusts, community organisations, councils and commissioners.

There are a number of cross cutting issues underpinning this work:

- A growing population with an increasing number of long term conditions means we need to continue to strengthen prevention and support healthier lives including mental wellbeing.
- We need to improve our urgent-care system, ensuring patients are seen in the right setting; continue to improve how people are referred from one service to another; and more services need to be provided in the community, closer to people's homes.
- Our workforce needs to reflect these changing demands, with relevant skills and roles in relevant settings.
- We need to carry on tackling inefficiencies, particularly in IT systems and estates, all in the context of continued financial challenge and the need to make the system as sustainable as possible.

Four priorities for collaboration across inner north east London

With our cross cutting issues in mind, following a number of conversations with partners to discuss how to tackle these issues, and where working together across INEL is able to deliver the biggest impact, we have confirmed the following four priority areas:



Urgent and emergency care

Ensuring people get the best urgent and emergency care when they need it is a critical challenge in our two local systems, where the pressure on urgent and emergency services is immense and growing, and services can be fragmented.

The INEL System Transformation Board will build on the work being undertaken at a north east London, borough and hospital site level to:

- Deliver an improvement in performance and patient experience of the local urgent care system, in the context of increasing demand.
- Drive transformation in areas where the partnership will have the most impact through working together.

There are four areas where INEL partners have agreed to work together across the City & Hackney and WEL systems:

- **Mental health** – to improve visibility and management of mental health capacity, ensuring timely access to mental health support and supporting high intensity users.
- **Health seeking behaviours** – delivering a consistent message across INEL regarding urgent care and undertaking more detailed work to understand the health seeking behaviours of our residents.
- **London Ambulance Service demand management** – work collaboratively with NEL colleagues and LAS to drive a reduction in ambulance conveyances.

- **Primary urgent care model** – deliver a consistent set of principles for primary urgent care, and scope the benefits of a cross borough approach to GP out of hours home visiting in order to deliver more resilient services.

Outpatients

Rising demand in INEL is increasingly putting outpatient services under pressure, with many specialties experiencing long waiting lists and patients unable to access advice and treatment on a timely basis. This in turn has a knock-on effect on primary care, with some patients accessing their GP practice multiple times to support them with managing their conditions.

Building on learning from our work to date, we now want to reduce face to face outpatient attendances by one third over the next five years through:

- Redesigning clinical pathways with patients, working with a number of specialties to design and implement new models of care which avoid the need for outpatient attendances, support the provision of care closer to home and use alternatives such as telephone or online access to advice and diagnosis.
- Improving access to diagnostics and reducing diagnostic over-testing in secondary care.
- Using technological solutions to improve patient access to advice and help patients to manage their conditions in a way that suits them.
- Increasing the availability of electronic Advice & Guidance to all appropriate specialties and increasing GP uptake to reduce the need to refer patients to hospital for specialist advice.
- Developing a multi-professional learning and education programme to support knowledge sharing across primary and secondary care.

Provider collaboration on surgery, neuro-rehabilitation and mental health services

This work is about organising hospital care in the best way across all organisations and sites, maximising existing buildings and collective resources to give the best possible experiences and outcomes for patients. Barts Health, Homerton University Hospital Foundation Trust and East London Foundation Trust have come together and identified the following as initial areas of focus for this new partnership approach:

- Surgery
- Neuro-rehabilitation
- Mental health

- **Surgery**

There is excellence in surgery across inner north east London, typically where surgery is concentrated in a high volume centre. However, a range of other surgical services are currently dispersed across a number of low volume centres and the workforce, and therefore expertise, are dissipated across sites, resulting in variable quality and outcomes. Waiting lists remain long.

Clinical leads believe the development of centres of specialist expertise should be at the core of the surgery strategy for INEL – creating higher volume centres where all the complex surgical activity is undertaken in one place, enabling improved quality of care and outcomes. They would also like to see the development of networks in some other pathways to improve access to specialist expertise and increase the resilience of 24/7 services.

Five opportunities for improvement in surgery across INEL have been identified:

1. Ensuring all patients are able to access the same high quality care.
2. Tackling the workforce challenges across sites. Staffing levels, experience and skill-mix will help us recruit, train and retain the staff we need to deliver exceptional care.
3. Developing a network approach in some pathways to enable more cross-site and cross-organisational working, thus improving access to expertise and resilience of services.
4. Embedding education and research into our clinical services to drive improvements in patient outcomes and staff development.
5. Aiming for our local NHS hospitals to be the first choice for patients in inner north east London and beyond for all relevant tertiary services.

- Neuro-rehabilitation

Traumatic brain injury is responsible for around 900,000 A&E attendances, and over 200,000 hospital admissions per year in England and surviving patients face a multiplicity of physical, cognitive, emotional and behavioural problems. These problems are compounded by a lack of access to appropriate rehabilitation. At present the management of this clinically complex patient group is fragmented and variable, and associated with poor outcomes.

Clinical leads across Homerton and Barts Health have been reviewing the latest research and evidence to define an optimal neuro-rehabilitation pathway.

Two linked proposals in support of implementing this optimal pathway are now in development for consideration by specialised (NHSE) and local commissioners (CCGs):

1. A new model of care to introduce early neuro-rehabilitation through a Rapid Access Rehabilitation Unit at the bedside for the most critically ill patients while still in the care of the major trauma centre at the Royal London.
2. A proposal to increase access to neuro-rehabilitation for other patients both within hospital (at the Homerton) and in the community through the development of new local services, with the potential to improve patient outcomes and reduce long-term care needs for some patients.

Clinical teams are aiming to improve practice by reassigning responsibility to an 'expert leader' to ensure that admitted patients and outpatients become, and continue to be, primarily the responsibility of a specialist consultant-led interdisciplinary team.

The approach is aimed to:

- Improve patient flows and outcomes.
- Increase cohesion of the care pathway.
- Reduce the cost of preventable disability and length of stay in acute beds.
- Avoid disruption of the overall function of the trauma service.
- Release acute neurosurgical beds for other patients in need.
- Reduce long term disability and care needs, including CHC funded placements and local authority packages of care.
- Form a knowledge-based network that enables trials, research and the implementation of new treatments.

- Mental Health: a service model fit for the 21st century

East London has amongst the highest prevalence of people living with serious mental illness in the country. Whilst there has been significant improvement in health outcomes for people with mental health problems over recent years, and the quality of community and inpatient mental has improved, we know from service users and carers that there are opportunities for further improvement. We also know that the population in east London has grown and changed significantly over the last several years, and that this is set to continue, and that serious mental illness in the population has also grown. We therefore need to make sure that our mental health services have the right capacity in the right place to meet current and future demand.

Improving mental health services is a critical foundation of the NHS Long Term Plan. It is one of the seven key building blocks of a new service model for the 21st Century NHS. Alongside maintaining focus on delivery of the Five Year Forward View for Mental Health priorities¹, the Plan emphasises in particular the need to improve the quality and capacity of community mental health services for people with serious mental illness and the need to improve the therapeutic environment for inpatient services.

Across City & Hackney, Newham and Tower Hamlets, health and care partners are working to respond to local and national priorities for developing mental health services. In addition to our existing plans to deliver the Five Year Forward View for Mental Health priorities, we have a significant transformation programme underway to further improve community services, organised around primary care networks, and intend to consider options for the development of inpatient services.

Whilst we are at an early stage in considering options for inpatient services, options will include developing a single site for inpatient services for adults of working age from City & Hackney and Tower Hamlets at Mile End Hospital, and for older adults from City & Hackney, Newham and Tower Hamlets at East Ham Care Centre. It is our aim that people who require inpatient services have the very best support and treatment, in the very best of environments. Any proposals will be required to demonstrate how it will deliver:

- improved service user experience and outcomes
- improved staff experience
- community neighbourhood and crisis services that will support people to remain at home, through more preventative integrated services, including with primary and social care
- an inpatient clinical model that promotes high-quality treatment and support that addresses peoples mental, physical and psychosocial needs, and supports them to return home as quickly as possible
- an improved and modern therapeutic environment, in line with the expectations of the NHS Long Term Plan
- operational effectiveness and value.

¹ The Five Year Forward View for Mental Health priorities include: Children and young peoples mental health services; perinatal mental health services; improving access to psychological therapies; early intervention services, crisis care, and physical health and employment of people with serious mental illness; suicide prevention.

Health and care for people sleeping rough

People who are homeless suffer from higher rates of all physical and mental health problems, and long-term homelessness is characterised by tri-morbidity - the combination of mental ill health, physical ill health, and drug or alcohol misuse. This results in frequent and prolonged unscheduled admissions to hospital with annual costs that are eight times the local average.

Those who sleep rough are at greatest risk of ill health and premature death (the average age of death of a rough sleeper is 47 compared to 77 for the general population). Physical illnesses such as hepatitis C, and chronic chest conditions are more prevalent among rough sleepers – COPD, for example, is 13 times more prevalent than in the next most deprived group.

GLA data shows over 1400 people were seen rough sleeping in INEL in 2018/19.

There are a range of good practice examples in parts of INEL currently including specialist primary care provision, mental health outreach and the 'Pathway' service at the Royal London which was introduced in 2011 to provide specialist support for homeless people presenting in A&E and highlighted in the NHS Long Term Plan.

The multi-disciplinary approach includes GP and nurse time plus links to a social worker and housing team. The team deal with around 900 admissions of homeless people per year.

INEL partners including the five local authorities are keen to work together to improve the health and care of people who sleep rough to improve quality and access as well as enabling smoother transitions across services.

The INEL STB is keen to help identify gaps and determine where current local good practice could be extended; help develop more collaborative pathways across boroughs and healthcare providers; help make the help available, whether that be substance misuse or mental health support, consistent across boroughs; and help standardise assessment timescales. Our aim is to stop some of the most vulnerable people in our population from slipping through the net or being passed around the system.

What happens next?

This document forms part of an ongoing engagement process with partners and stakeholders in the co-design of the INEL programmes.

We are seeking feedback on our initial priorities as set out in this document during summer 2019 – including from local place-based partnership boards, health and wellbeing boards, CCG governing bodies, provider boards, joint health overview and scrutiny committees and HealthWatch groups. Feedback from this process will inform the NEL strategic plan being developed in response to the Long Term Plan, due for submission in late 2019.

Get in touch

Contact the programme team via Atinuke Adepoju atinuke.adepoju@nhs.net