

REPORT TO THE TRUST BOARD: PUBLIC
23 July 2020

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. It is structured to provide information on national policy developments and our partnership working in local integrated care systems.

Summary of key issues

The Trust is working closely with partners to plan for restoration and recovery in both the Sustainability & Transformation Partnerships in which we work, including how we sustain the benefits of close system working across commissioners and providers during the pandemic to date.

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
WEL	Waltham Forest & East London, i.e. the boroughs of Newham, Tower Hamlets, and Waltham Forest
Place based system	The Trust works with seven place-based systems: BLMK: Bedford Borough, Central Bedfordshire, Luton ELHCP: City & Hackney, Newham, Tower Hamlets South West London: Richmond

1.0 Background/Introduction

- 1.1 The Trust operates in a complex and diverse health and social care environment due to changing population needs and expectations and the move towards more collaboration across organisations, in line with the NHS Long Term Plan.
- 1.2 The Trust is part of two Sustainability and Transformation Partnership (STP) footprints: East London Health & Care Partnership (ELHCP, the North East London Sustainability & Transformation Partnership); 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), and Local Authorities.
- 1.3 COVID-19 has seen providers and commissioners in both STPS working in joint command and control structures to deliver immediate operational change to ensure services are safe and appropriately focussed on ensuring people with the most complex needs are supported and system capacity is available for people who have COVID-19 and require treatment.

2.0 National policy update

Second Phase of NHS Response to COVID-19

- 2.1 NHS England & Improvement published Second Phase of NHS Response to COVID-19¹ on 29/4/20, with a requirement on Sustainability & Transformation Partnerships to prepare recovery and restoration plans, identifying how NHS services will continue to protect service users and staff, whilst restoring services that had been temporarily suspended during the pandemic to date.

¹ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/second-phase-of-nhs-response-to-covid-19-letter-to-chief-execs-29-april-2020.pdf>

- 2.2 The guidance highlights the need for community health services and mental health services to consolidate changes made during the pandemic to date, for example the creation of integrated discharge hubs to support people being discharged from hospital rapidly, and crisis hubs as an alternative to A&E for people with a mental health crisis, and to prepare for a potential surge in demand as lockdown measures ease.
- 2.3 The Trust has been a key partner in recovery and restoration both BLMK and North East London STPs.
- 2.4 It is anticipated that further planning guidance with associated financial regime for Months 5 to 12 will be published imminently.

Provider Collaboration Reviews

- 2.5 The CQC has published its approach the next phase of system reviews², leading on from the Beyond Barriers report (2018). The review process will explicitly consider how NHS and social care providers have worked together during COVID-19, and how they are planning together to prepare for future pressures. The Trust is a partner to one of the 11 review sites in Luton, where the focus will be on how partners have worked together for older people.
- 2.6 The guidance lays out a new approach to sustainability funding through the Financial Recovery Fund, 50% of which will now be paid on organisational financial performance and 50% of which will now be paid on system financial performance.
- 2.7 The guidance introduces “system by default”, laying out the operating arrangements systems should put into place in 2020/1 to be ICS ready by April 2021.

Disparities in the risks and outcomes of COVID-19

- 2.8 Public Health England has published two papers³ summarising available evidence on the differential impact of COVID-19 on particular populations. The findings highlight the fact that COVID-19 has had a significant disproportionate impact on people from Black and Bangladeshi communities, on people living in areas of high deprivation, on men, and on people who work in social care. The Trust has established an inequalities workstream to consider how the Trust can act on these inequalities, and is working with partners, in particular in North East London, to ensure that we are having rapid impact.

² <https://www.cqc.org.uk/news/releases/learning-local-areas-cqc-reviews-will-help-health-care-providers-prepare-future>

³

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

NHS Reset

- 2.9 The NHS Confederation has launched a campaign⁴ to contribute to a debate about what the health and care system should look like beyond COVID-19. The campaign is one strand of a growing debate about what post COVID-19 health and care and beyond might look like, and the role the NHS has to play.

3.0 Sustainability & Transformation Partnerships/Integrated Care System Update

Bedford, Luton and Milton Keynes STP (BLMK)

- 3.1 The BLMK ICS has a new chair, Rima Makarem, and has a partnership board in place, which has now met twice. The ICS is currently reviewing its governance arrangements.
- 3.2 Providers and commissioners across BLMK have been working extremely closely to prepare recovery and restoration plans for the rest of the year and beyond. The planning process has been driven by the East of England Region, through a series of gateways with interim plans having been submitted 15 July 2020, in readiness for further development with the publication of the national planning guidance.
- 3.3 The mental health plans focus in particular on ensuring services are safe (segregation etc.), that digital solutions are deployed where this is appropriate, and in planning for where we anticipate there may be a surge in demand, in particular in children & young peoples mental health services and talking therapies services and community mental health services for people with serious mental illness. Work is underway to determine how the Mental Health Investment Standard will be deployed in year to fund new capacity.
- 3.4 The Trust is working with partners to learn from our experience of how we have worked as systems during the pandemic to date and ensure that this is woven into how we work across the ICS and in the Bedfordshire and Luton Integrated Care Partnership.

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

- 3.5 Providers and commissioners across BLMK have been working extremely closely to prepare recovery and restoration plans for the rest of the year and beyond. The planning process has been driven by the London Region, supported by check and challenge sessions focussing on acute, mental health, primary and community care (referred to as local care) and inequalities.

⁴ <https://www.nhsconfed.org/resources/2020/04/nhs-reset-narrative>

- 3.6 The mental health plans focus in particular on ensuring services are safe (segregation etc.), that services in place during the pandemic to support system effectiveness (eg mental health crisis hubs, digital solutions) are consolidated, that our plans for the Long Term Plan are delivered on, that staff are supported across health and care, and that inequalities are identified and tackled. London planning assumptions include a 20-30% surge in demand, which we are currently working with commissioners to develop plans against, including the deployment of the Mental Health Investment Standard. In particular this will likely include children & young peoples mental health services and talking therapies services.
- 3.7 The Trust is working closely with partners in City & Hackney, and in Waltham Forest & East London to develop our collaborative system approach, in particular how commissioners and providers can continue to work together in a more streamlined way to support preparedness in the event of any increase in the pandemic and to deliver our system transformation priorities.

4.0 Action being requested

- 4.1 The Board is asked to **RECEIVE** and **NOTE** the report.