

**REPORT TO THE TRUST BOARD: PUBLIC
12 SEPTEMBER 2018**

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| Title | Strategic Activity Update |
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| Accountable Executive Director | Mason Fitzgerald, Director of Planning and Performance |

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 report includes briefings on NHS guidance to help Trusts learn from deaths, the report on the financial position at Barking, Havering and Redbridge NHS Trust, and articles on self-harming and physical health. These issues are considered at relevant Trust committees.

In relation to Sustainability & Transformation Partnership (STP) activity the East London Health & Care Partnership (ELHCP) CCGs are now meeting jointly as the North East London Commissioning Alliance Joint Commissioning Committee (the Alliance JCC) and is currently developing STP commissioning intentions for 2019/20. In Bedford, Luton and Milton Keynes (BLMK), a single Accountable Officer across the three CCGs has now been confirmed as Patricia Davies, previously Accountable Officer for Dartford, Gravesham and Swanley, and Swale CCGs.

The report also includes an update on the development of the Trust strategy and supporting plans.

Strategic priorities this paper supports

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| 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

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| Equality Analysis | There are no specific equalities implications that have been identified in this report. |
| Risk and Assurance | The developments in this report provide assurance that the Trust is effectively engaging with external partners, developing services to |

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| | 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

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| N/A |
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Glossary

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| CCG | Clinical Commissioning Group |
| STP | Sustainability & Transformation Partnersh |
| ELHCP | East London Health & Care Partnership |
| The Alliance JCC | North East London Commissioning Alliance Joint Commissioning Committee |
| BLMK | Bedfordshire, Luton & Milton Keynes |
| 5YFV | Five Year Forward View |
| CQC | Care Quality Commission |
| BHRUT | Barking, Havering and Redbridge University Hospitals NHS Trust |
| WELSDB | Waltham Forest and East London System Delivery Board |
| FYFVMH | Five Year Forward View Mental Health |
| IHI | Institute for Healthcare Improvement |

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 Partnership (STP) footprints: North East London; and Bedfordshire, Luton & Milton Keynes (BLMK). 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 Five-Year Forward View (5YFV).

- 1.5 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

2.1.1 NHS Publishes Guidance to help Trusts Learn from Deaths

- 2.1.2 The NHS England published “Guidance to Help Trusts work with Bereaved Families and Carers”.

- 2.1.3 Over 70 families and carers worked with NHS England on the guidance which provided advice to hospitals, Mental Health and Community Trusts on how to involve families following the death of a loved one. This followed a Care Quality Commission (CQC) report (*Learning, candour and accountability: A review of the way NHS Trusts review and investigate the deaths of patients in England, published 2016*) which said families’ experiences and insights were a valuable source of learning; and that families and carers should be treated as equal partners to identify opportunities for improvement. NHS England listened to families and their comments have helped shape this guidance through listening events, social media, webcasts and monthly email updates.

- 2.1.4 The purpose of the guidance is to provide advice to NHS Trusts and Foundation Trusts (and services commissioned by NHS specialised commissioning) regarding expected practice on how to engage, and work effectively with families following a death. The guidance does not mandate a ‘one size fits all’ approach in recognition that each family and each Trust is different.

- 2.1.5 The principles set out in the guidance will help Trusts and Commissioners to identify where they can make improvements in how they engage with families; and how they involve families in improving systems and processes.

2.1.6 The Guiding Principles:

- Bereaved families and carers should be treated as equal partners following a bereavement
- Bereaved families and carers must always receive a clear, honest, compassionate and sensitive response in a sympathetic environment
- Bereaved families and carers should receive a high standard of bereavement care which respects confidentiality, values, culture and beliefs, including being offered appropriate support. This includes providing, offering or directing people to specialist suicide bereavement support
- Bereaved families and carers should be informed of their right to raise concerns about the quality of care provided to their loved one

- Bereaved families' and carers' views should help to inform decisions about whether a review or investigation is needed
- Bereaved families and carers should receive timely, responsive contact and support in all aspects of an investigation process, with a single point of contact and liaison
- Bereaved families and carers should be partners in an investigation to the extent, and at whichever stages, that they wish to be involved, as they offer a unique and equally valid source of information and evidence that can better inform investigations
- Bereaved families and carers who have experienced the investigation process should be supported to work in partnership with trusts in delivering training for staff in supporting family and carer involvement where they want to.

2.1.7 The guidance is only one part of the Learning from Deaths programme and complements other guidance developed as part of the broader programme being led by NQB. The guidance has the potential to produce the dramatic change CQC proposed, reducing trauma to the bereaved and give real meaning to the term 'learning from deaths' and ensures that a consistent, quality approach to engagement with families is in place across England.

2.2 Report on Barking, Havering and Redbridge University Hospitals NHS Trust

2.2.1 NHS Improvement published an independent review and commissioned Deloitte UK to carry out the effectiveness of board leadership and governance at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) in London. The Trust was placed in special measures for Finance in February 2018.

2.2.2 Deloitte's review concluded that there were a number of factors that contributed to the Trust's financial situation. These included low levels of transparency in financial reporting; poor escalation of risks; silo working at an executive director level; weaknesses in Board oversight; and an absence of proactive chief executive leadership. The Board has now appointed interim Chief Executive, Chris Brown, to take over following the resignation of Matthew Hopkins last month in light of the report highlighting the need for new leadership within the Trust.

2.2.3 The Trust must now deal with the important task of stabilising finances, ensuring it is fully and actively engaged in making progress, and most importantly, maintaining and continuing to improve the quality of care for patients. It was noted that the Trust is working at pace to exit special measures for Finance while continuing to make quality improvements and that Deloitte's will continue to work closely with the Trust to support them.

2.3 Girls admitted to hospital for self-harming nearly doubles

2.3.1 NHS figures show girls aged 18 and under were admitted to hospital 13,463 times in 2017 - up from 7,327 times in 1997. Common reasons behind self-harming

include depression, bullying, pressure at school, emotional abuse, grieving or having relationship problems with family or friends, according to the NSPCC.

2.3.2 The same rise was not reflected in boys, however, with figures showed admissions of around 2,000 have stayed the same in the last 20 years. The NSPCC said the figures were "heart-breaking" but "sadly unsurprising". Chris Cloke, Head of Safeguarding in Communities, also believed social media is a contributing factor as to why more girls are being admitted than boys.

2.3.3 A Department of Health spokesman said an extra £300m will be invested to provide extra help in schools, including training staff to support children faster.

2.4 Regular exercise best for mental health

2.4.1 A study published in The Lancet Psychiatry Journal, the largest of its kind to date, that physical activity is the cause of improved mental health (but it cannot confirm this). The large US study suggested that regular physical activity lasting 45 minutes three to five times a week can reduce poor mental health - but doing more than that is not always beneficial. A total of 1.2 million people reported their activity levels for a month and rated their mental wellbeing.

2.4.2 People who exercised had 1.5 fewer "bad days" a month than non-exercisers, the study found. Team sports, cycling and aerobics had the greatest positive impact. All types of activity were found to improve mental health no matter people's age or gender, including doing the housework and looking after the children.

2.4.5 The findings backed up Government guidelines recommending that people should do 150 minutes of physical activity per week. It was noted the study had some limitations as it was based on self-reporting, which is not always accurate, and that there was no way of measuring physical activity. The link between exercise and mental health had been difficult to pin down as the study strongly suggested that there was a definite association between the two and indicated that social and "mindful" exercise was particularly good for mental health - but not if it is overdone.

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

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

The ELHCP CCGs are now meeting jointly as the North East London Commissioning Alliance Joint Commissioning Committee and is currently developing STP commissioning intentions for 2019/20.

3.2 Waltham Forest and East London System Delivery Board (WELSDB)

The WEL System Delivery Board and Transforming Services Together Programme Board are currently merging, bringing together clinical and managerial leadership across Waltham Forest, Newham and Tower Hamlets to direct and have oversight of and planning for transformational change where there is value in taking a cross-

borough approach into 2019/20. Dr. Navina Evans will chair the new single WEL Transformation Board.

3.3 Mental Health Workstream

The ELHCP mental health workstream has been invited by NHS England to submit expressions of interest to become Children & Young Peoples Mental Health trailblazer sites for City & Hackney and Tower Hamlets. The Trust is fully involved in developing the ELHCP response.

3.4 City & Hackney

City & Hackney Integrated Commissioning Board is undertaking a review of the system governance arrangements, with a report and recommendations due by Christmas. The Trust a key partner to the City & Hackney Transformation Board, and will participate in the review.

3.5 Newham

The Newham Wellbeing Board is currently undertaking a three month review of partnership governance, with the intention of developing a proposal for partner organisations to consider by September 2018. The Trust is fully engaged in the review.

3.6 Tower Hamlets

Tower Hamlets Together is continuing to develop its post-Vanguard approach to integrated working. In line with the Trust strategy, the Trust is supporting Tower Hamlets Together with three triple-aims, population-health improvement projects, one in each of the partnership workstreams for children and young people, mostly healthy adults, and complex adults.

3.7 Bedford, Luton and Milton Keynes STP (BLMK)

A single Accountable Officer across the three CCGs has now been confirmed as Patricia Davies, previously Accountable Officer for Dartford, Gravesham and Swanley, and Swale CCGs.

3.8 Mental Health Workstream

The BLMK STP mental health workstream is currently working with system partners to develop recovery plans for key areas of Five Year Forward View for Mental Health which are at risk, including dementia diagnosis rate in Bedfordshire, children and young people's mental health access in Luton, and physical health checks for people with serious mental illness across the STP.

3.9 Bedfordshire

The Trust continues to work with Cambridge Community Services NHS Trust, the CCG and partners to mobilise the community health services contract. In line with the Trust strategy, the Trust is working with Central Bedfordshire partners to

develop a triple aim population health improvement project aimed at people with dementia, which will support delivery of the Five Year Forward View Mental Health (FYFVMH) dementia diagnosis requirements.

3.10 Luton

The Trust continues to work with Luton partners to develop the Luton Provider Alliance. Work continues to scope the potential for an Alliance Local Incentive Scheme focussed on improving outcomes for people with complex needs.

4.0 **Update on the Trust Strategy**

4.1 Work continues to develop the Trust's new 5 year strategy and associated operating and supporting plans.

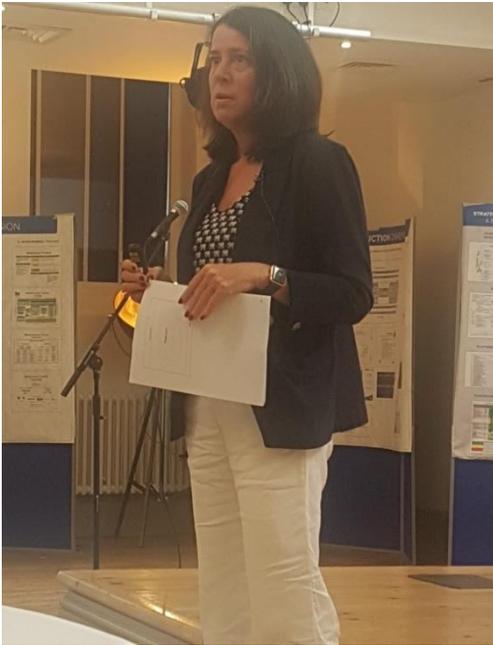
4.2 A summary of developments is set out below:

- The Council of Governors have received a detailed response to their feedback
- Work is underway to develop supporting plans for Infrastructure (Information Technology and Estates), Equalities and Organisation Development
- Reviews of the performance and risk management frameworks continue, in order to ensure alignment with the strategy
- Communications and engagement activity has been revised to align with the new strategy. Publication material has been refreshed, and sessions on the strategy are incorporated into staff induction and development programmes
- Directorate operating plans for 2018/19 have been developed. A Directorate away-day was held on 6 July in Bedfordshire, and provided an opportunity for directorates to share their progress with local plans that are aligned to the strategy.



4.3 A visit from Chris Woleske, Chief Operating Officer for Bellin Health (a large integrated healthcare provided in the United States, and IHI Strategic Partner) was held during the week of 13 August. This provided the executive team with a

valuable opportunity to learn about the Bellin approach to delivering high quality integrated care, consider the progress we have made and next steps. Approximately 100 people met with Chris during her visit to learn about Bellin's approach, and also to share some of the Trust's innovative integrated care models and improvement work.



5.0 Action being requested

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