

**REPORT TO THE TRUST BOARD: PUBLIC  
13 MARCH 2019**

<b>Title</b>	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"> <li>• The national context</li> <li>• Our partnership working in local integrated care systems</li> <li>• Progress in delivering the Trust strategy</li> </ul>
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**Summary of key issues**

<p>In relation to the national context, the key issue for noting is that delivery of the Long Term Plan would be driven by local Integrated Care Systems, rather than through national programmes. This places much greater emphasis on the development of integrated care systems where ELFT provides services, and our input into those forums. It also links to the intention to create a legal duty of collaboration.</p> <p>Linked to this, our local systems have developed draft Single System Operating Plans, with final plans being submitted in April. These plans aim to ensure that there is clear agreement between providers and commissioners regarding activity and financial projections and plans.</p> <p>In relation to the Trust strategy, there have been recent successful sessions to develop our work, including a Board development session in relation to improving population health, and a Directorate Management Team away day about improving staff experience. A session at the DMT away day involved a discussion about how we might improve the population health of our staff, and resulted in many rich and powerful discussions about the work that the Trust could do to improve the health and wellbeing of staff. As a result, two population groups have been selected for more detailed work; staff aged 16-31 and menopausal women.</p>
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**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
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## Glossary

CCG	Clinical Commissioning Group
STP	Sustainability & Transformation Partnership
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 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). 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).

1.4 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**

A presentation was delivered to the previous Board meeting on the NHS Long Term Plan. This has also been presented to the Council of Governors and various internal meetings.

The Trust is currently in contract negotiations with commissioners and is seeking to ensure that contracts align with the long term plan and the funding commitments for mental health and community health services.

At a joint board meeting of NHS England and NHS Improvement on 28 February, national leaders of the NHS approved a series of proposals for legal changes which they believe would help local health leaders deliver on the improvements for patients set out in the [NHS Long Term Plan](#).

The suggestions include changing the law to:

- Encourage local health organisations to work more closely together, towards a shared goal of improving the health of the communities they serve, the quality of services, and the sustainability of the NHS;
- Reduce delays and costs associated with current procurement processes, while maintaining patient choice and introducing a new ‘best value’ test to ensure value for money for taxpayers;
- Allow different health organisations – such as hospitals, groups of GPs and voluntary groups and social enterprises – to come together to provide joined-up services which better meet the needs of local people in partnership with local government, and;
- Remove the barriers to greater coordination between the national NHS organisations, creating a single national voice for the NHS and making it easier to work together on the most important issues facing the health service, such as prevention, the workforce, and harnessing the opportunities presented by digital technology.

The proposals are subject to consultation until 25 April.

It is intended that delivery of the Long Term Plan would be driven by local Integrated Care Systems, rather than through national programmes. This places much greater emphasis on the development of integrated care systems where ELFT provides services, and our input into those forums.

### **2.2 National leadership developments**

On 1 March the HSJ reported that the chief executive leadership of NHS England and NHS Improvement would be merged. This follows a recent re-structure of the management structures of both organisations that resulted in joint regional directors and other changes designed to bring the two organisations closer together.

NHS Improvement and NHS England have appointed a Chief People Officer. This new position is part of the NHS Executive Group and will play a leading role in ensuring that NHS in England has enough people, with the right skills and experience to deliver the improvements for patients set out in the Long Term Plan.

A leading GP and one of England's foremost health experts have been chosen to co-chair a new forum which will help oversee the delivery of the NHS Long Term Plan. Following a nationally-advertised recruitment process, Dr Clare Gerada has been appointed as clinical chair, and Professor Sir Chris Ham as non-clinical chair, of the NHS Assembly.

Building on the collaborative approach to developing the NHS Long Term Plan, published on 7 January, the Assembly will bring together a range of individuals from across the health and care sectors at regular intervals to advise the Boards of NHS England and NHS Improvement on implementation of the improvements it outlined.

The Assembly will be formed of around fifty individuals, drawn from national and frontline clinical leaders, patient leaders, staff representatives, health and care system leaders and voluntary, community and social enterprise sector leaders, who will bring their experience, knowledge and links to wider networks to inform discussion and debate on the NHS' work and priorities.

### **2.3 CQC finds improvement in the use of the Mental Health Act**

The Care Quality Commission (CQC) has seen some improvement in the quality of care planning for patients who are subject to the Mental Health Act but continues to be concerned about the quality and safety of mental health wards.

Throughout 2017/18, CQC carried out visits to mental health wards to meet patients, review their care and speak to staff on the frontline to inform its annual report to Parliament on how health services in England are applying the Mental Health Act.

In its [Monitoring the Mental Health Act in 2017/18](#) report published on 26 February, CQC has concluded that there has been an overall improvement in some aspects of care in 2016 to 2018, compared with findings in 2014 to 2016. They found:

- Some improvement in the quality of care planning and patient involvement. A higher proportion of care plans are detailed, comprehensive and developed in collaboration with patients and carers. However, there is still considerable room for further improvement.
- The provision of information about legal rights to patients and relatives is still the most frequently raised issue from visits. In many cases, patients may struggle to understand information given to them on admission because they are most ill at this point.
- The greatest concern from Mental Health Act monitoring visits is about the quality and safety of mental health wards; in particular acute wards for adults of working age.

As part of its work to monitor the Act, CQC carried out 1,165 visits to mental health wards in 2017/18 and spoke to thousands of patients and their representatives to discuss how the Mental Health Act and its Code of Practice (national guidance that explains how professionals should carry out their responsibilities under the Mental Health Act) were being applied to them.

As well as this, CQC received 2,319 complaints and enquiries about the way the Mental Health Act was applied to patients and CQC Mental Health Act Assessors requested 6,049 actions required from providers to change the way care was being delivered to patients.

CQC's Second Opinion Appointed Doctor service carried out 14,503 visits to review patient treatment plans, and changed treatment plans in 27% of their visits.

This year's report presents data that has been collated in two-year periods to more closely reflect CQC's Mental Health Act review visiting patterns, where all wards in psychiatric units that detain patients under the Mental Health Act are visited at no more than two-yearly intervals.

The Trust's Quality Assurance Committee discussed an item on the use of the Mental Health Act within the Trust at its meeting on 28 February.

### **3.0 Local integrated care systems**

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

ELHCP has developed and submitted to NHS England and NHS Improvement a draft Single System Operating Plan. The SSOP includes a high level description of 2019/20 priorities, and provider and commissioner activity and finance plans. Following feedback from the regulators, ELHCP will submit a final 2019/20 plan by April, and is currently developing its response to the NHS Long Term Plan, due to be submitted in the Autumn.

The Waltham Forest & East London Transformation Board, which brings together CEOs of NHS providers, Councils and the North East London Commissioning Alliance to manage transformation schemes which warrant a footprint focus larger than the borough based partnerships, has identified its initial priorities. These include:

- Outpatient transformation, including the NHS Long Term Plan ambition to reduce out-patient attendances by one third
- Urgent care, in particular the delivery model for Urgent Treatment Centres, and moderating demand
- Homelessness, to be further scoped, but likely a whole system response to tackling homelessness
- Clinical configuration and provider collaboration, including options for meeting future demand of a range of services.

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

The BLMK ICS has developed and submitted to NHS England and NHS Improvement a draft Single System Operating Plan. The SSOP includes a high level description of 2019/20 priorities, and provider and commissioner activity and finance plans. Following feedback from the regulators, the ICS will submit a final 2019/20 plan by April, and is currently developing its response to the NHS Long Term Plan, due to be submitted in the Autumn.

Luton Council have formally withdrawn from the BLMK ICS partnership. Officers of the Council continue to work closely with Luton partners including ELFT.

Bedfordshire CCG has confirmed the appointment of Mike Thompson as Chief Operating Officer.

## 4.0 Trust Strategy

4.1 A Board Development session was held in February 2019 and was facilitated by Derek Feeley, IHI President and CEO. The session focused on the Trust's ambition to improve population health, and the implications for the Board. As a result, there will be a review of the Trust's governance framework to ensure that there is proper focus and scrutiny on this objective. This discussion will be followed up at the March Board Development event.

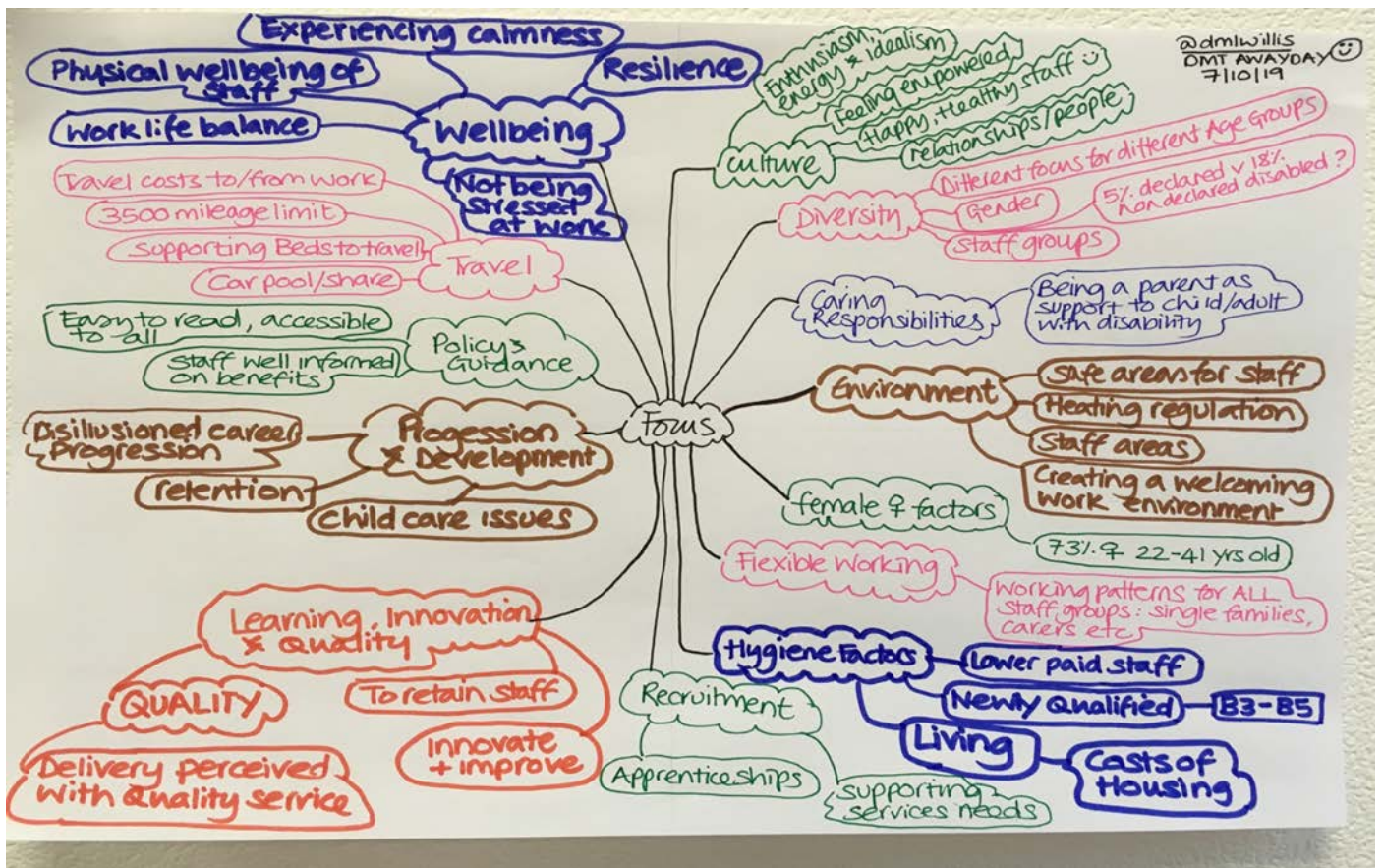
4.2 On 7 February a Directorate Management Team away day took place, with 110 leaders discussing the Trust's objective to improve staff experience.



4.3 The first part of the session focused on learning from the results of the 2018 national staff survey. The word cloud below captures the output of ideas to continuously improve staff experience.



4.4 The second part of the session was spent discussing how we might improve the population health of our staff. This session resulted in many rich and powerful discussions about the work that the Trust could do to improve the health and wellbeing of staff, with many ideas for improvement generated, as illustrated by the mind map below. As a result, two population groups have been selected for more detailed work; staff aged 16-31 and menopausal women.



4.5 The next session in July 2019 will bring together the 2019/20 directorate plans to support the Trust strategy, in order to provide an opportunity to sharing and learning.

**5.0 Action being requested**

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