

**REPORT TO THE TRUST BOARD: PUBLIC
23 MAY 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>In relation to the NHS Long Term Plan, there are no significant updates from national bodies about development or implementation of the plan, although there should be guidance published shortly on how Integrated Care Systems should take forward the plan. NHS Improvement have written to Trusts asking them to review their capital spend for 2019/20. The Trust is not planning to reduce its spend.</p> <p>The NHS Planning Guidance did require each Integrated Care System with a nominated lead provider (ELFT for NEL and BLMK ICS) to review 2019/20 investment plans for mental health against the requirements of the Five Year Forward View for Mental Health. The review determined that there was one risk to delivery of the Five Year Forward View for Mental Health requirements in Bedfordshire, regarding dementia diagnosis rates in primary care. The Trust is working with the Clinical Commissioning Group, GPs and other partners to address this. There were no risks identified in NEL.</p> <p>ELHCP has now finalised plans for the Inner North East London System Transformation Board, a summary of which is attached. The Board will work across City & Hackney, Newham, Tower Hamlets and Waltham Forest to deliver transformation projects where it makes sense to do so at scale.</p> <p>In relation to the Trust strategy, the Board have reviewed progress made in 2018/19 and have also received and discussed presentations from executives on key priorities and risks for 2019/20. Work has been done to incorporate the discussion and the priorities and risks are incorporated into the Integrated Quality and Performance report.</p>

Strategic priorities this paper supports

Improved experience of care	☒	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	☒	
Improved staff experience	☒	
Improved value	☒	

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
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.

There are no significant updates from national bodies about development or implementation of the plan, although there should be guidance published shortly on how Integrated Care Systems should take forward the plan.

NHS Improvement have written to Trusts asking them to review their capital spend for 2019/20. The Trust is not planning to reduce its spend.

2.2 NHS England

NHS England has funded a £2million programme to help 23 areas kick-start or boost leadership development activities to support and inspire workforce in health systems across England from GPs, consultants and therapists to nurses, social workers and managers.

The programme builds on learning from five successful leadership models: Frimley Health and Care 2020 Programme, Surrey Heartlands Academy, Fylde Coast 100 Systems Leader Programme, North Cumbria and Leading Greater Manchester.

Their results have shown the importance of equipping individuals with the right skills necessary to drive change and identify new ways of working and collaborating with health, social care and third sector organisations.

The funding will support systems to develop locally tailored programmes, investing in both newly established and experienced leaders to increase their system leadership capability.

Bedfordshire, Luton and Milton Keynes is one of the areas, and the Trust is an active partner in the programme.

2.3 NHS productivity grows more than twice as fast as the wider economy

A new study by health experts has shown that the productivity of the NHS has improved almost two and a half times as fast than the wider economy over the last 12 years, meaning more care and treatments for patients and better value for taxpayers.

According to the University of York's Centre for Health Economics, hard-working NHS staff provided 16.5% more care pound for pound in 2016/17 than they did in 2004/05, compared to productivity growth of only 6.7% in the economy as a whole.

Their study, [Productivity of the English National Health Service: 2016/17 Update](#), revealed NHS outputs have continuously increased since they began measuring a dozen years earlier.

Some 5.2 million more patients received planned or emergency hospital treatments in 2016/17 than in 2004/05 – an increase of about 42%.

Separately outpatient activity has shot up by 131% since 2004/05, with over 60 million more attendances in 2016/17 compared to 2007/08.

The new research reinforces figures published by the Office for National Statistics in January, which showed that NHS productivity in England in 2016/17 grew by 3% from the previous year, more than treble the 0.8% achieved by the whole economy.

3.0 Local integrated care systems

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

- 3.1.1 ELHCP has developed and submitted to NHS England and NHS Improvement a final Single System Operating Plan (<http://www.eastlondonhcp.nhs.uk/ourplans/>). The Plan includes a high level description of 2019/20 priorities, and provider and commissioner activity and finance plans. Planning is now underway for the development of an STP response to the NHS Long Term Plan, which is due for submission to NHS England & Improvement in the Autumn. The approach will include engagement with service users and citizens and partners in each of the boroughs across the STP.
- 3.1.2 The Planning Guidance required the STP with a nominated lead provider (ELFT for North East London STP) to review 2019/20 investment plans for mental health against the requirements of the Five Year Forward View for Mental Health. The review determined that there were minimal risks to delivery of the Five Year Forward View for Mental Health requirements in the North East London boroughs in which the Trust operates.
- 3.1.3 The STP Mental Health Programme has been successful in securing national transformation funds to roll out Individual Placement Support Services (supporting people with serious mental health problems into work), in particular in City & Hackney where there are currently no such services.
- 3.1.4 ELHCP has now finalised plans for the Inner North East London System Transformation Board, a summary of which is attached. The Board will work across City & Hackney, Newham, Tower Hamlets and Waltham Forest to deliver transformation projects where it makes sense to do so at scale. It will work closely with borough based transformation boards, City & Hackney Transformation Board, Newham Wellbeing Partnership Board, and Tower Hamlets Together.

3.2 Bedford, Luton and Milton Keynes STP (BLMK)

- 3.2.1 BLMK has developed and submitted to NHS England and NHS Improvement a final Single System Operating Plan (to be published). The Plan includes a high level description of 2019/20 priorities, and provider and commissioner activity and finance plans. Planning is now underway for the development of an STP response to the NHS Long Term Plan, which is due for submission to NHS England & Improvement in the Autumn. The approach will include engagement with service users and citizens and partners in each of the boroughs across the BLMK ICS.
- 3.2.2 The Planning Guidance required the ICS with a nominated lead provider (ELFT for BLMK ICS) to review 2019/20 investment plans for mental health against the requirements of the Five Year Forward View for Mental Health. The review determined that there was one risk to delivery of the Five Year Forward View for Mental Health requirements in Bedfordshire, regarding dementia diagnosis rates in primary care. The Trust is working with the Clinical Commissioning Group, GPs and other partners to address this.
- 3.2.3 The ICS Mental Health Programme has been successful in securing national transformation funds to roll out Individual Placement Support Services (supporting people with serious mental health problems into work), in particular in Luton, where there are currently only minimal IPS services.

4.0 **Trust Strategy**

- 4.1 Board Development sessions in March and April have focused on reviewing progress in year 1 of the Trust strategy (2018-19) and identifying priorities for year 2.
- 4.2 The Board identified three main areas to review and improve its strategic planning framework:
- Engagement – improving how we engage out staff, service users, carers, partners and local communities in both the development and implementation of our plans
 - Measurement – ensuring that we have a balanced approach to measurement that enables the Board to monitor progress, and particularly measures that impact across several or all outcomes of the strategy
 - Assurance - ensuring that the Board and its sub-committees have the right information and discussion in order to gain assurance from the executive
- 4.3 The Board received and discussed presentations from executives on key priorities and risks for 2019/20. Work has been done to incorporate the discussion and the priorities and risks are incorporated into the Integrated Quality and Performance report. The report will also report on 2018/19 priorities that are continuing.
- 4.4 The next Directorate Management Team 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.



INNER NORTH EAST LONDON SYSTEM WORKING

TRANSFORMATION BOARD

BRIEFING NOTE ON THE EMERGING ARRANGEMENTS TO SUPPORT TRANSFORMATION ACROSS CITY & HACKNEY, NEWHAM,
TOWER HAMLETS AND WALTHAM FOREST

MARCH 2019

INTRODUCING THE INEL SYSTEM TRANSFORMATION BOARD

Health and care partners across City & Hackney, Newham, Tower Hamlets and Waltham Forest have agreed to set a framework and narrative to develop arrangements for working together, stressing the importance of borough/place arrangements, with a clear acknowledgement that we need to strengthen our partnership across INEL.

A strengthened INEL partnership will focus on:

- Developing a case for change so we have a common understanding of the challenges we face.
- Delivering some initial significant strategic programmes.
- Building on the work of borough-based systems, ensuring that providers and commissioners work together more effectively across INEL to improve outcomes for populations where it makes sense to do so at scale, as well as understanding system implications and interdependencies of local work.

Through this we will build trust, openness and faith that we can make improvements by working in this way. The system transformation board (STB) will promote the development of positive system leadership and culture, and ensuring alignment in delivery of coordinated care across health and social care in INEL.

INEL SYSTEM TRANSFORMATION BOARD PRIORITIES

At our March Board meeting, four strategic programme high level plans were agreed. These programmes will be developed in more detail over the next two months with identified leadership and resources:

Outpatients – delivering the LTP commitment to reduce outpatient face to face contacts by a third.

Urgent care – taking responsibility for the urgent/emergency pathway and collective impact of interventions, ensuring consistency of the offer for local residents to reduce unnecessary ED attendances through the development of same day urgent care, models for primary urgent care etc

Health and well-being of rough sleepers and homeless people - to scope and confirm through partnership workshop.

Clinical configuration and provider collaboration – continue the development work being undertaken across INEL looking at surgical configuration across sites, mental health provision and associated moves to improve utilisation of local capacity (East Ham Care Centre, Homerton East Wing), maximise capital opportunities and drive transformation.

The STB is taking responsibility for the INEL contribution to the Long Term Plan, starting with the 19/20 planning process through its emergent governance arrangements to signal the scale of our ambition. The System Operating Plan will be the sum of a number of constituent parts but will also be an opportunity to ensure alignment so we reflect that we are developing individually and as a collective. The Board will be producing a paper setting out its plans as a contribution to the Long Term Plan refresh (May 2019).

Common framework for integrated care delivery and planning in north east London (March 2019)

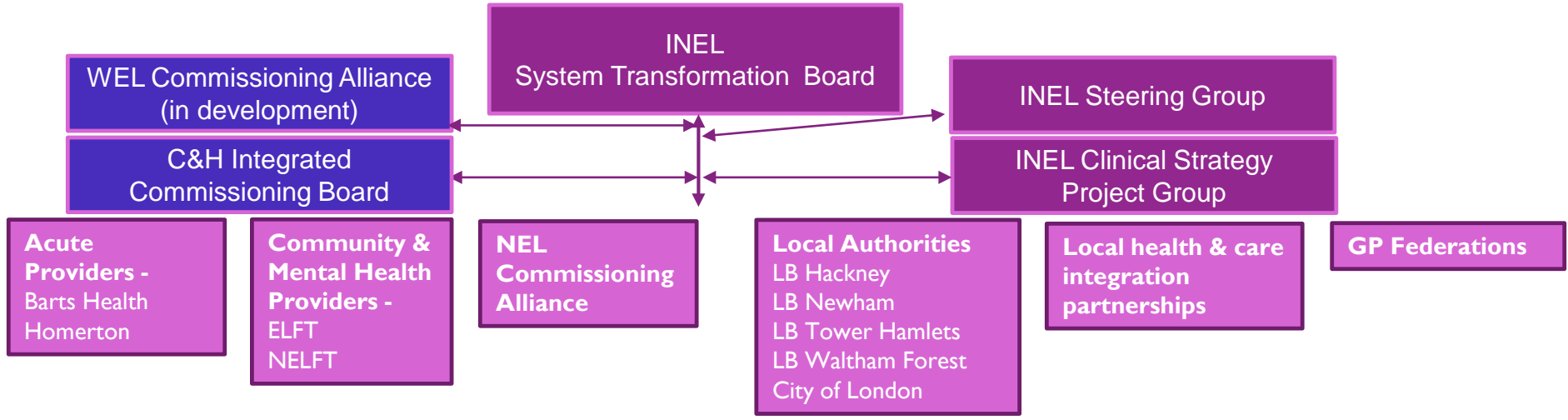
<p>Neighbourhood Network/ Locality</p>	<ul style="list-style-type: none"> • Understanding local need, including predictive analysis • Coordinating care for the defined population of local people • Improving service access and quality of care for local people • Addressing inequalities and unmet need • Co-producing and co-designing health services with patients and the public • Helping local people to stay healthy to include the wider determinants of health and positive mental wellbeing • Using personalised interventions to support care navigation, e.g. social prescribing/personal health and care budgets • Mobilising community assets to improve health and wellbeing • Primary care networks, delivering enhanced services (e.g. long-term condition management at GP practice/group level) 	<p>Multi-borough</p>	<ul style="list-style-type: none"> • Strengthen system support for local health and care integration partnerships and plans • Enable and support greater provider collaboration, increasing utilisation of existing capacity and resource and the development of provider alliances • Develop and enable a collaborative approach to tackling significant system challenges • Delivery of key clinical strategies best planned across multi-borough footprint (e.g. frail elderly pathway, homelessness, planned care/outpatients, prevention) • Achievement of key performance standards (e.g. cancer diagnostic standard, mental health investment standard) • Delivery of networked services (e.g. diagnostics)
<p>Borough/ Place</p>	<ul style="list-style-type: none"> • Developing local health and care plans to integrate health, social care and voluntary and community services at neighbourhood/network and borough level to address key challenges and improve outcomes for local people • Ensuring borough-based service commissioning and delivery, linked to place based strategies • Supporting the development of neighbourhoods and networks and to hold them to account • Addressing inequalities within and between neighbourhoods/networks • Focus on effective use of resources across the system, improving outcomes and service quality for local people • Delivery of local community-based services (e.g. Children & Young People's services, IAPT) 	<p>ELHCP</p>	<ul style="list-style-type: none"> • Oversight and support of system development and 'once for north east London' infrastructure development (e.g. Discovery) • Delivering on enablers to support system development including digital, workforce, estates and financial sustainability • Holding systems to account for delivery of outcomes-based care for local people • Leading transformation programmes best planned across the north east London footprint (cancer, maternity, mental health) • Providing strategic overview and direction for multi-borough and place-based transformation programmes (e.g. end of life care, primary care, prevention, personalisation) • Leadership of clinical strategy for north east London through the Clinical Senate (e.g. neuro-sciences)
		<p>NELCA</p>	<ul style="list-style-type: none"> • Strategic commissioning development around key priorities and outcomes • Development and agreement of commissioning strategy to support the ELCHP transformation plan • Commissioning governance and decision making • Future responsibility for specialised commissioning

Transformation is happening at three levels – NEL, INEL and borough/place

NEL level – strategic oversight of system development and performance; focus on NEL-wide enablers e.g. digital

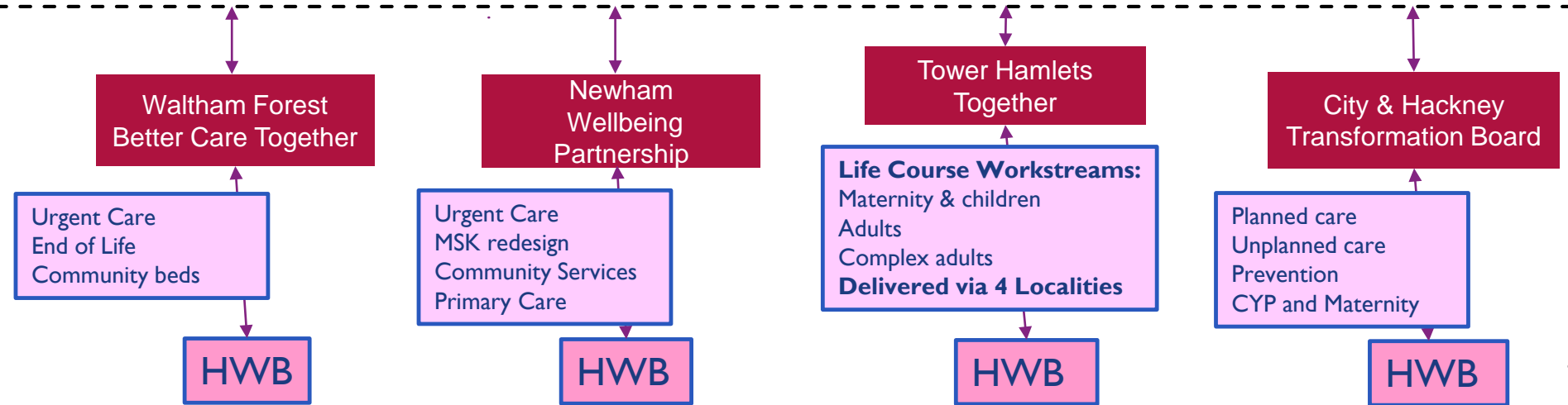


Multi-borough system level – focus on providing a system wide approach to improving outcomes and tackling significant challenges (quality, operational, financial) through support for local integration, provider collaboration and ‘at scale’ transformation



STB priority programmes (in development): Outpatients, Urgent & emergency care, Rough sleepers/homelessness, Clinical configuration & provider collaboration

Borough or ‘place’ level – integrated care partnerships bringing local health and care service delivery together within ‘neighbourhoods’, or localities and leading delivery of local transformation initiatives



INEL SYSTEM TRANSFORMATION GROUPS AND ROLES

INEL System Transformation Board - Chair Navina Evans

Providing a system wide approach to improving outcomes and tackling significant challenges (quality, operational, financial) through support for local integration, provider collaboration and 'at scale' transformation

Members

LAs - Tim Shields (Hackney), Martin Esom (WF), Will Tuckley (TH), Katherine Kerswell (Newham), Simon Cribbens (City)
CCGs – Selina Douglas (WEL), David Maher (C&H)
NHS Providers – Navina Evans (ELFT), Alwen Williams (BH), Tracey Fletcher (Homerton), John Brouder (NELFT)
Local IC partnerships – Wax Naqvi (Newham), Isobel Hodgkinson (TH), Tim Shields (City & Hackney), Ken Aswani (WF)

INEL STB Steering Group - Chair Selina Douglas

Supporting the Board on delivery and currently leading the development work needed to agree the Board priorities including scoping the transformation programmes

Members

LAs – Anne Canning (Hackney), Denise Radley / Warwick Thomsett (TH), Nick Davies (WF), Simon Cribbens (City), Grainne Siggins (Newham)
CCGs – Selina Douglas (WEL), David Maher (C&H)
NHS Providers – Richard Fradgley (ELFT), Ralph Coulbeck (BH), Frances O'Callaghan (Homerton), Jacqui Van Rossum (NELFT)

INEL Clinical Strategy Project Group – Chair Tracey Fletcher

Supporting the Board through leading the development and delivery of collaborative programmes focused on clinical configuration and provider collaboration

Members

Providers – Eugene Jones (ELFT), Ralph Coulbeck (BH), Frances O'Callaghan (Homerton)
CCGs – Les Borrett (NELCA)
ELHCP – Anamaria Icleanu (estates)

INEL SYSTEM TRANSFORMATION TEAM

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