

Council of Governors' Meeting: 7th January 2016**B****Chief Executive's Report****1. Welcome and Introduction**

- 1.1 This paper provides an update to the Council of Governors on the current issues for the Trust. I will be happy to respond to questions Governors may have on these or any other issues.

2. Performance & Governance

- 2.1 The Trust achieved its planned Financial Sustainability Risk Rating and Green Governance Rating for the quarter ended 30th September 2015, and expects to maintain its planned position for 2015/16.
- 2.2 The Council of Governors' Finance, Planning & Performance Sub Group continues to review the Trust's performance, including key operational targets.
- 2.3 The financial position remains challenging. We are continuing to develop our transformation and cost improvement programmes (CIPs). Contract negotiations are taking place with commissioners, the outcome of which will clearly inform our 2016/17 financial plan.
- 2.4 Every year, commissioner and provider organisations are required to participate in the Annual Planning Review (APR) process by the national leadership teams of NHS England, Monitor and the Trust Development Agency (the regulators). At the time of writing, the regulators have not issued written guidance on the APR process for 2016/17. However, verbal guidance received from Monitor suggests that NHFT will need to make four submissions, in two phases, this year:

Phase One due in April 2016

1. NHFT's Operational Plan for 2016/17
2. A 'Place Based' Operational Plan for 2016/17

Phase Two due in 'summer' 2016

3. NHFT's Five-Year Strategic Plan 2016/17 to 20/21
4. A 'Place Based' Five-Year Strategic Plan 2016/17 to 20/21

Whilst not yet explicitly defined, 'place based' is understood to refer to a natural, geographical community and to have a strong focus on health, but also involve local authorities, the third sector and other partners.

As in previous years, Governors and members will be involved in the shaping of the Plan, with the Finance, Planning & Performance Sub Group taking a lead in this area.

3. CQC Action Plan update

3.1 You will recall back in early February 2015 the CQC undertook a five day routine comprehensive inspection of the Trust. We received our rating 'Requires Improvement' in August. Following this, an action plan was developed to address the issues raised from the CQC inspection. The Trust identified a total of 201 actions:

- 126 actions have been achieved and signed off by Deputy Directors
- 75 are still in progress and 73 expected to be completed by January
- The remaining two actions will be completed by 1 April

Julie Shepherd, Director of Nursing, AHPs and Quality and I met with one of our previous CQC inspectors, Peter Johnson and our new relationship manager Helen Abel recently. At this meeting we shared our CQC action plan and our position to date. This was well received and they were assured of the robustness in our approach. Peter and Helen have a copy of the Trust's action plan and will advise us if we need to supply any further information or evidence of compliance. It is not clear if the trust will be inspected again by the CQC as they are currently consulting on this nationally. As soon as we know, I will of course let you know. A follow up meeting between the CQC and the Trust will take place in January 2016. Further updates will be shared to keep you informed.

4. Local Developments

4.1 *Healthier Northamptonshire update*

The programme's objective is to secure a clinically and financially sustainable health and social care economy. It currently consists of three workstreams comprising Integrated Care Closer to Home (ICcH), Clinical Collaboration and Collaborative Resource Management. There is strong engagement across the system. GP federations and super practices now attend the Clinical Leaders Group and Implementation Steering Group which is a positive step forward. The programme is focusing on ensuring that the health

economy is shaped around the patient and recognises the need to deliver both in terms of scale and pace of change.

4.2 *Integrated Care Closer to Home (ICcH)*

Integrated Care Closer to Home (ICcH) is one of the key programmes within Healthier Northamptonshire system-wide initiative and brings together the 'Out of Hospital' and 'Health & Social Care Integration' workstreams.

Whilst the programme is currently being reviewed in light of current system pressures and priorities, the programme comprises a range of schemes across three main workstreams:

- Active Community Management
- Crisis & Escalation
- Safe & Effective Discharge and Support

Current schemes being focussed on include:

- Collaborative Care Teams
- Care Homes
- Acute Hospital Liaison Psychiatry
- Discharge to Assess approach (NGH)
- Reconfiguration of Twywell & Lamport to support new facilitated discharge (KGH)

Whilst the initial focus has been on the reduction of Non-Elective Admissions (NELs) to KGH and NGH, other areas of focus include:

- Delayed Transfers of Care (DToC)
- Residential Admissions
- Reablement (patients at home after 90 days)
- Patient/Service User Experience
- Injuries due to falls
- Reduced re-admission rates

An important area of success has been a significant reduction in NELs in the 85+ year old age group.

The current review of the Healthier Northamptonshire programme provides an opportunity for increased system alignment with the bringing together of the Better Care Fund priorities with ICcH creating a single 'story' and focus, and an alignment to the new, emerging models of care in relation to 'Integrated Care', the Voluntary & Community Sector and Wellbeing & Prevention.

4.3 Integrated Care Models for north and south Northants

In order to deliver ICCtH, the Trust is starting to develop strategic partnerships with both Kettering General and Northampton General Hospitals.

Working with Kettering General Hospital NHS Foundation Trust (KGH), NHFT is developing a new model of care for adults with long-term conditions and all older people registered with a north Northants GP. Since the approval of the business case earlier this year, the two Trusts have formed an integrated care delivery group (ICDG) to lead the change and have now started to deliver improvements to patient pathways.

One such improvement is the Facilitated Early Discharge (FED) Model, which is designed to improve the pathway for patients within the hospital awaiting discharge. Analysis shows that frail, older patients typically spend an average of 13.4 days in hospital per episode and often require further support on discharge. Evidence shows that discharging many of these patients early into a 'hospital at home' model, where they receive an intensive rehabilitation programme, can significantly reduce their length of stay and leave them more independent and satisfied.

The ICDG launched the FED Model at the beginning of October and is now working to optimise the model.

NHFT has recently started work with Northampton General Hospital NHS Foundation Trust (NGH) to develop an integrated care model for patients registered with a south Northants GP. Like the model for north Northants, the model in the south will introduce a new, improved model of care for adults with long-term conditions and older people living in the south of the county. Following an initial scoping workshop, NHFT and NGH will be working with key health and social care stakeholders to co-design the model.

4.4 Working with GP Organisations

In parallel with the development of integrated care models with the acute sector, NHFT has also been in discussion with GP organisations across the county – on integrated models of primary and community care.

4.5 The Wellbeing Community Interest Company (CIC)

NHFT is working with Northamptonshire County Council (NCC) and the University of Northampton (UoN) to form a Wellbeing Community Interest Company (CIC). The full business case and NCC Cabinet paper was formally passed by Cabinet on 10th November. The CIC regulator has approved the Wellbeing CIC and the company is now registered with Companies House. NHFT is working with its partners in constructing the partnership board and on the transition to the new delivery model.

4.6 *Integrated Health and Social Care Delivery Body*

Last year, NCC set out an ambitious plan to “evolve into a Next Generation Council seeing a far smaller retained organisation, right-sourcing and commissioning services and outcomes from a new set of accountable organisations and social enterprises, which may be owned, managed and run by current council staff” (The Council Plan 2015-16 to 2019-20).

On 6 October 2015, NCC cabinet indicated an intention to move towards forming an integrated health and social care delivery body with NHFT to provide out of hospital care. Integrating Health and Social care remains a national topic and I am pleased NHFT has an opportunity to play a significant role in shaping this agenda which ultimately is designed to provide better services for local people. How this will be taken forward or how it will evolve is not yet clear or certain. Updates will be provided as detail or considerations emerge.

4.7 *Northamptonshire Health & Wellbeing Board*

The Trust continues to play an active role in the work of the Health & Wellbeing Board. A countywide strategy development session recently took place, and it was anticipated that a clear ten to fifteen year countywide health and wellbeing strategy would be produced by April 2016. I am happy to expand further on this development at the meeting.

5. National Developments

5.1 I thought it would be helpful to use my report to also highlight to Governors developments in national policy which are relevant to the Trust. I know this is something that a number of Governors had also requested.

5.2 *National Institute for Health and Care Excellence (NICE) Guideline: Care of dying adults in the last days of life*

NICE published in December 2015 a guideline covering the clinical care of adults (18 years and over) who are dying, during the last 2 to 3 days of life. It aims to improve end of life care for people in their last days of life by communicating respectfully and involving them, and the people important to them, in decisions and by maintaining their comfort and dignity. The guideline covers how to manage common symptoms without causing unacceptable side effects and maintain hydration in the last days of life.

The guideline includes recommendations on:

- recognising when people are entering the last few days of life
- communicating and shared decision-making
- clinically assisted hydration
- medicines for managing pain
- anticipatory prescribing

5.3 *Hundreds of schools to benefit from £3 million investment in mental health in schools*

NHS England and the Department of Education (DE) have launched a multimillion pound joint mental health pilot scheme for hundreds of schools. The [Mental Health Services and Schools Link Pilots](#) will test having a named single point of contact in 255 schools and in 22 pilot areas, meaning more joined-up working between schools and child and adolescent mental health services. This has been backed by £1.7 million funding from NHS England and £1.5 million from Department for Education. 27 CCGs are each working with at least 10 schools to trial this new way of working. As a result, children and young people will have better, consistent access to local, specialist mental health services.

5.4 *CQC publish annual Deprivation of Liberty Safeguards monitoring report*

The Care Quality Commission has published its sixth [annual monitoring report](#) on how hospitals and care homes in England are using the Deprivation of Liberty Safeguards (DoLS). Part of the Mental Capacity Act, DoLS protect the rights of people who are deprived of their liberty so that they can be given necessary care and treatment. CQC inspection regime data shows that there is variation between providers, meaning people are not consistently receiving the protections of the DoLS. The report recognises that some positive practice is occurring, however calls for providers to take action to meet the requirements of the Mental Capacity Act including the DoLS, to make sure that they are being used effectively and consistently. The report includes recommendations for providers that the CQC will focus on in its inspections going forwards.

6. Recommendation

6.1 The Council of Governors is asked to receive this report.

Angela Hillery
Chief Executive
16th December 2015