

Council of Governors' Meeting: 5th July 2016

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 continues to deliver its required Financial Sustainability Risk Rating and Green Governance Rating. The Trust has now agreed its control total target with NHS Improvement. This requires the trust to achieve a planned surplus of £1.34 million in 2016/17. Whilst the target is challenging, the Board believes this to be deliverable.
- 2.2 I've previously reported the ongoing challenge of meeting the Improved Access to Psychological Therapies (IAPT) six week access target. This compliance issue, which now also features on the Trust's Organisational Risk Register, remains on NHS Improvement's radar and we are continuing to focus on plans designed to ensure the target is consistently achieved going forward. A recently published National Audit Office report referenced later in my report also provides a useful national perspective on IAPT.
- 2.3 The Council of Governors' Finance, Planning & Performance Sub Group continues to review the Trust's performance, including key operational targets.

3. Local Developments

3.1 *Sustainability and Transformation Plan (STP)*

NHFT is continuing to work with statutory and voluntary sector leaders from across the Northamptonshire care economy to develop a five year Sustainability and Transformation Plan (STP), which describes how local leaders will close three widening gaps by March 2021. The three areas of focus are:

- health and wellbeing
- care and quality
- funding and efficiency.

Although not due for completion until the end of June the STP is forming around three programmes of work (multi-speciality community providers, acute services transformation and urgent care) and four care pathways (prevention and wellbeing, scheduled care, complex care and urgent care). Delivery of the STP will see the system 'get serious about prevention', shifting from a reactive to proactive model of care; realise improvements in performance against key operational standards, such as

the four-hour transit time and referral to treatment time; and bring the care economy back into financial balance by 2021. I know Richard McKendrick, Chief Operating Officer, provided more detail on the STP development at the Council's May meeting. I will be happy to provide a further verbal update at the July meeting.

3.2 Partnership Working

Partnership working very much underpins the development and delivery of the STP. The Trust remains heavily involved in a range of partnership working initiatives and these remain pivotal to the successful delivery of its strategic objectives. Current work continues to focus on building strategic alliances with primary care and with acute and voluntary sectors partners. I'm very happy to expand on these developments if the Council wishes me to do so at the meeting.

3.3 Ofsted Report

Ofsted published its report on the Inspection of services for children in need of help and protection, children looked after and care leavers and Review of the effectiveness of the Local Safeguarding Children Board on 27th April 2016.

Northamptonshire's services were rated as 'requires improvement' and NHFT is working with Northamptonshire County Council and partner organisations on learning and actions as a consequence of the report. The Quality and Governance Committee held a workshop on the OFSTED report earlier in May 2016 to which a number of Governors were invited.

3.4 Northamptonshire Children and Young People's Referral Management Centre

9 June 2016 will mark two years since the trust opened the doors to its Children and Young People's Referral Management Centre (RMC). During this time the RMC have worked to ensure that over 20,000 referrals for children and young people have been clinically screened and routed to the service or services best able to meet the needs of the child or young person.

Since its launch there has been considerable change and development in the range of services that the RMC now facilitate referrals for. The RMC is continually increasing its range of partners and maintains its purpose to create inclusive, integrated and individual access for families to services for their children and young people.

The next phase of development within the RMC will see the introduction of an online referral system for professionals which will replace paper and emailed referrals (Electronic referrals through SystemOne will remain). This development will allow the RMC to streamline processes further and optimise the time taken from referral to

screening outcome. In addition to this the RMC are delighted to be working in partnership with CAMHS to develop an on-line LIVE Chat function for children, young people and their parents/carers to access Emotional Wellbeing and Mental Health support. This development will subsequently lead to facilitated self-referrals to this pathway for young people and their parents.

I am aware that the Patient Safety and Experience sub group received a briefing on the RMC at their March 2016 meeting and I understand this was well received.

3.5 *Chronic obstructive pulmonary disease (COPD) health foundation project with Northamptonshire Carers*

I am pleased to report that the bid we submitted to be one of the national rollout sites for the new Patient Activation Measurement (PAM) software has been successful. Patient activation is a behavioural concept. It captures a number of core components of patient involvement, each of which is important for active engagement and participation. It is defined as 'an individual's knowledge, skill, and confidence for managing their health and health care'. We will be using this in our joint work with Northamptonshire Carers.

3.6 *Appointment of Director of Strategic Partnerships*

I am delighted to announce that we have appointed Lucy Dadge as our new Director of Strategic Partnerships. Lucy has most recently been working with two Nottinghamshire CCG's as the Director leading the development of their system transformation projects which has involved her working with providers in the acute, community and mental health sectors and also with social care. Prior to this she was the Director of Strategic Planning at Sherwood Forest Hospitals NHS Foundation Trust responsible for embedding their clinical and development strategies. We are planning for Lucy to start with us in Mid-August.

4. National Developments

4.1 *NHS England Business Plan 2016/17*

NHS England has published its business plan for 2016/17. It continues 10 priorities:

- 1) Improving the quality of care and access to cancer treatment
- 2) upgrading the quality of care and access to mental health and dementia services,
- 3) transforming care for people with learning disabilities
- 4) tackling obesity and preventing diabetes
- 5) strengthening primary care services
- 6) redesigning urgent and emergency care services
- 7) providing timely access to high quality elective care
- 8) ensuring high quality and affordable specialised care
- 9) transforming commissioning
- 10) controlling costs and enabling change

Within these priorities NHS England sets out a number of commitments including:

- Developing and implementing a new national implementation programme for mental health to 2020/21, building on the recommendations of the independent Mental Health Taskforce and the Dementia Implementation Plan.
- By March 2017, working with partners to increase provision of high quality mental health care for children and young people to ensure an extra 70,000 have access by 2020, including prevention and early intervention.
- By March 2017, setting out how areas will ensure that children and young people with an eating disorder commence treatment with NICE-approved care within clear waiting times for both urgent and routine cases
- During 2016/17 increasing the number of people with a learning disability having an annual health check.
- During 2016/17 strengthening the monitoring of the quality of services accessed by people with a learning disability and their mortality rates.

4.2 *A new national framework for nursing, midwifery and care staff - Leading Change, Adding Value*

In May 2016, Professor Jane Cummings, Chief Nursing Officer for England, launched [Leading Change, Adding Value - a framework for nursing, midwifery and care staff](#). The framework sets out how to lead on delivering better outcomes, better experiences for patients and staff, in addition to making better use of resources. The framework is also intended to help staff close the three gaps identified in the NHS Five Year Forward View - the health and wellbeing gap, the care and quality gap, and the funding and efficiency gap.

4.3 *A focus on Carers*

Carers week is an annual campaign (this year running from 6-12 June) to raise awareness of caring, highlighting the challenges carers face and to recognise the contribution they make to families and communities throughout the UK.

Key facts include:

- Every year over 2 million people take on new caring responsibilities
- 6,000 people become carers everyday
- Almost 1.3 million people aged 65 and older are carers

Within the UK there is 6.5 million people caring unpaid for an ill, frail or disabled family member or friend. These people are called carers but would probably say they are just a wife, husband, mum, dad, son, daughter, friend or a good neighbour.

In NHFT, Learning and Development, the Involvement Team and Carers from within Northamptonshire have worked collaboratively to co-produce carers awareness training

which will launch in July 2016. The voice of the carer is important as they help us to continue to provide high quality care to their loved ones, and carers will be asked to share their own personal experiences.

Continuing with the Carers' theme, NHS England has published a toolkit to help health and social care organisations work together in identifying, assessing and supporting the wellbeing of carers and their families. An integrated approach to identifying and assessing carer health and wellbeing has been developed in collaboration with NHS England's partners and forms part of NHS England's ongoing commitment to carers. The toolkit explains what is expected of NHS organisations under the Care Act 2014 and the Children and Families Act 2014 and includes examples of work that have been successful in supporting carers and their families.

4.4 A different ending: addressing inequalities in end of life care

The Care Quality Commission has published a report examining people's experiences of end of life care across England. The report highlights many examples of good practice, but shows that the quality of care for some people at the end of their life is still not good enough. It finds that where commissioners and services are taking an equality-led approach, responding to individuals' needs, people receive better care. The report also contains recommendations for commissioners, a good practice case studies document, and detailed findings of the ten specific groups that the review studied.

4.5 Improving Access to Mental Health Services: National Audit Office (NAO) Report

This report looks at the preparations the Department of Health, NHS England and other arm's-length bodies are making for improving access to mental health services. It is the first output in what the NAO expects to be a long-term programme of work on mental health in the coming years, covering both the health system's progress in improving support for people with mental health problems and how mental health issues are tackled more widely across government.

The Department and NHS England have made a clear commitment, supported by action, to improve mental health services for people who need them. In October 2014, they set, for the first time, standards for the access to some mental health services that people should expect and how long they should have to wait for treatment. The Department and NHS England initially made specific undertakings to improve three particular services: improved access to psychological therapies (IAPT); early intervention in psychosis; and liaison psychiatry.

Implementing the access and waiting time standards depends on action by many local commissioners and providers working in a complex system. Estimates of the full cost of implementing access and waiting time standards vary widely, and most of the cost will be met from clinical commissioning groups' existing budgets.

Nationally, the access and waiting time standards for IAPT are already being met but performance varies substantially between different areas. 83 of the 211 clinical commissioning groups (39%) did not achieve the six-week standard.

A survey of acute hospitals in July 2015 indicated that 7% had a liaison psychiatry service operating 24 hours a day, seven days a week. This is the minimum standard NHS England considers all hospitals should be providing.

The report concludes that the Department of Health and NHS England are making progress, particularly in setting priorities and national leadership, but significant risks to implementing the access and waiting times programme remain. It goes to highlight the following particular challenges that will need to be addressed:

- Ensuring there are enough staff with the right skills in the right locations to provide better access to mental health services.
- Generating accurate and up-to-date information so that all parties understand what is happening on the ground and the extent of the performance gap.
- Better integration of mental and physical health services, within and across health and social care services, to meet all the needs of people with mental health problems.
- Identifying the funding to support better access to mental health services, particularly given the financial pressure that many local commissioners and providers are facing.

4.7 *Making choice work in mental health*

NHS Improvement has published a guide for people using mental health services on their legal right to choose a provider that best suits their individual needs and preferences. When patients and services users are referred by a GP to a consultant or specialist in mental health, they have the right to choose the organisation that provides their care. NHS Improvement is responsible for making sure that providers and commissioners follow the regulations governing patient choice for NHS healthcare services. The guide offers practical advice based on four key principles that can make sure that choice in mental health works: the right to choose the provider that best meets individual needs; choosing any provider of the services needed; when choice isn't appropriate for an individuals' care needs; how commissioners and healthcare professionals should be proactive in facilitating choice.

5. Recommendation

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

Angela Hillery
Chief Executive
28th June 2016