

Council of Governors' Meeting: 6th November 2013**B****Chief Executive's Report****1. 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

- 2.1 The Trust achieved its planned Financial Risk Rating (FRR) and a Green Governance Rating for the quarter ended 30th June 2013 and expects to maintain its planned position for the remainder of 2013/14.
- 2.2 With effect from 1st October 2013, Monitor's new Risk Assessment Framework (RAF) comes into effect and replaces the Compliance Framework. The Risk Assessment Framework introduces changes to the regulatory regime of Foundation Trusts including the definition and calculation of Risk Ratings. The Board of Directors is scheduled to consider the RAF at its 30th October 2013 meeting. The Board paper providing an overview of the RAF and assurance in respect of arrangements in place to ensure the Trust's ongoing compliance with the RAF will be available on the Trust's website.
- 2.3 The Council of Governors' Finance, Planning & Performance Sub Group continues to review the Trust's performance, including key operational targets.

3. Healthier Northamptonshire

- 3.1 Northamptonshire's health and social care organisations face bigger challenges than ever as we strive to improve health and wellbeing and improve outcomes at a time of ever increasing demand and limited resources.
- 3.2 All of the organisations responsible for planning and delivering health and care services in Northamptonshire have agreed that it is only by working together that the required scale of change can be achieved. The Healthier Northamptonshire programme brings us together with Northamptonshire County Council, Northampton and Kettering general

hospitals, Nene and Corby NHS clinical commissioning groups and the NHS Local Area Team.

- 3.3 Success will rely on making use of all of the county's health and social care resources, developing new and smarter ways of working. We will be working closely with staff as well as service users and patients, carers, stakeholders and members of the public to have a full and open conversation about the challenges we face and opportunities that change presents. The expertise of NHS and social care staff and service users, patients and carers will be vital in the design of potential solutions.
- 3.4 It is clear that radical, transformational change in the way in which services are organised and delivered across the county is needed.
- 3.5 The Healthier Northamptonshire programme is charged with researching, developing and delivering a plan for health and social care sustainability by the end of the current financial year, i.e. March 2014.
- 3.6 The scope of the programme means that the integration of health and care services is under active consideration. There is also an emphasis on delivering services closer to home through community-based multi-disciplinary teams relieving pressure on acute services and allowing hospitals to concentrate on more complex work.
- 3.7 Nine workstreams have been established covering operational areas which are most critical to sustainability and which offer the greatest potential benefits from collaboration. These include:
 - Service efficiency – working with CCGs and other providers to look at how clinically and financially viable services are, and to support areas where activity could be reduced significantly while maintaining health outcomes.
 - Implementation of a Frail and Elderly programme – services delivered by community based multi-disciplinary teams via a crisis hub across Northamptonshire.
 - Commissioning pathway-based care – making sure that care pathways are as effective and efficient as possible and that providers work together to deliver the right care, in the right place.
 - Health and social care integration – developing an integrated health and social care system that enables people to enjoy good health and wellbeing living at home as independently as possible.
 - Acute service collaboration and reconfiguration – identifying clinical and non-clinical opportunities for collaboration and reconfiguration between our local hospitals.

- Prevention – supporting implementation of key health prevention initiatives, in particular the Health and Well-Being Board's priorities relating to breastfeeding and drug and alcohol services.

- 3.8 Clinicians from across the health economy are continuing to participate in clinical working groups investigating new areas of collaboration between the two hospitals which hold the potential for improved quality of service and better patient outcomes.
- 3.9 This is no longer just about acute hospital collaboration but a whole system approach to transforming health and social care. This is reflected in the extended remit of the programme.
- 3.10 The Healthier Northamptonshire Board representing all partners will be updating you regularly regarding this important work. We will also be actively seeking views from clinicians, staff, patients, carers, stakeholders and the public as the programme develops and providing people with a range of opportunities to get involved.

4. Commissioning & Service Developments

4.1 *Peterborough and Cambridgeshire Integrated Older Persons Services tender*

- 4.1.1 The Trust has expressed interest in this tender, the scale of which is substantial. We are currently evaluating the relative benefits and risks of pursuing this service development opportunity before making a final decision as to whether to proceed with a full submission. The implementation date for the new contract is currently scheduled to be June 2014.

4.2 *Residential respite for people with neuro-degenerative conditions and Community Podiatry*

- 4.2.1 Favell House inpatient respite for people with neurological conditions closed on 30 September 2013 following an extensive public consultation. The recommendations of the consultation demonstrated support for people across the county to have an equal opportunity to access care services and an opportunity to make informed decision about their ongoing care needs. People with neurological conditions are now being provided with support and funds, in the form of personal health budgets, to make decisions about who and how their care is provided in the future.
- 4.2.2 In respect of Community Podiatry services, I know that this has been a difficult and challenging time for both patients and staff. The Trust is very aware that the

Community Podiatry service needs to continue to deliver a service to meet the escalating needs of diabetic patients as well as other high risk conditions, and I can confirm the service, as with all our services, will be reviewed to continue to provide clinical assurances that we are meeting the needs of patients and that these can be met within the funding provided.

4.3 *Frail and Elderly Services*

- 4.3.1 The new Frail and Elderly Crisis Hub, which will be staffed by colleagues from NHFT and Olympus Care, officially launches on 5th November 2013. The Crisis Hub, which will be based at Highfield House in Northampton (next to Northampton General Hospital), will act as a single point of access for all referrals in from GPs and other health and social care professionals.
- 4.3.2 Coordinated by the Crisis Hub, Integrated Area Teams (IATs) of physical health, mental health and social care professionals will assess, treat and monitor frail and elderly people in the community, building upon existing teams already in place within this particular pathway. The teams will also work on-site at Kettering General and Northampton General Hospitals.
- 4.3.3 The teams will prevent unnecessary hospital admissions for frail and elderly people during a crisis and enable rapid discharge from hospital to continue recovery outside of the acute setting. Each person will receive a comprehensive assessment to identify their needs and to agree the best possible treatment over a period of up to 14 days.
- 4.3.4 As I said in my previous report, this is an important development for the Trust since it very much focuses on integrated service provision and care pathways and will provide an opportunity to “test and learn” from the project.

4.4 *Childrens Services*

- 4.4.1 NHS Nene CCG and NHS Corby CCG will be re-commissioning a wide range of children and young people community health and community and voluntary sector services during 2014/15. This will entail the de-commissioning of a range of services for children and young people and re-tendering for this provision with new models of service delivery being in place from the 1st October 2014.
- 4.4.2 We will be actively engaged in this process which provides the Trust with both risks and opportunities.

5. Board to Board meeting with NHS Nene Clinical Commissioning Group Governing Body

5.1 A meeting of the respective Boards of NHFT and Nene CCG took place on 23rd October 2013. Items on the agenda included key challenges facing the health economy, developments in Frail and Elderly services, and clinical engagement. It was a positive meeting and provided a useful opportunity to continue to develop our relationship with Nene CCG colleagues.

6. Northamptonshire Health and Wellbeing Board Development Sessions

6.1 On the 27th September 2013 the Health and Wellbeing Board invited a range of service providers, including NHFT, to share and discuss priorities for the future, and this session focussed on mental health and wellbeing. A number of our Clinical Directors attended the event and I am hopeful that more of these opportunities will be forthcoming.

7. Recommendation

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

Angela Hillery
Chief Executive
24th October 2013