

Report to:	Board of Directors
Date of Meeting:	31 May 2012
Section:	Strategy
Report title:	Chief Executive's Report
Report written by:	Chris Slavin
Job title:	Chief Executive
Lead officer:	Chris Slavin
Board Action Required:	To receive
For Assurance (Yes or No):	Yes

Purpose of the Report

The Report is intended to provide a high level overview of key national and local issues that may impact on Trust strategy, annual plans and priority setting. A summary of any key national policy documents, legislative changes and consultations are also highlighted.

Key corporate risks are identified and details of actions being taken to mitigate the identified risks alongside periodic progress summaries of key operational priorities.

Key Issues, Options and Risks

1. REGULATORY

There is currently no indication of the date(s) that the Care Quality Commission intends to carry out a planned inspection of Prison Healthcare Services within the Lincolnshire Prisons.

2. DETERMINATION OF STRATEGY

A further joint strategic workshop of the Board of Directors and Council of Governors took place on 24th April where the following key topics were the focus on discussion and debate:

- Confirmation of the enactment of the Health Bill into the Health and Social Care Act 2012 and the implications for the Governance of Foundation Trusts was explained.
- A further review of progress and consideration of the Trust's review of clinical strategy.
- To receive a presentation from the Local Public Health Team as part of a wider consultation process to inform the development of a Health and Wellbeing Strategy for Lincolnshire.

As always there was a high level of interaction with considerable contributions made by Governors.

An update on the clinical strategy, confirmed that, the main priorities were:

- 1) Single point of access or contact centre
- 2) 24/7 Assistance line for more intensive support
- 3) Strengthen Crisis Teams and focus on home treatment
- 4) Improve dementia services (currently working closely with United Lincolnshire Hospitals NHS Trust)

- 5) Specialist services: Rehab – explore next phase of future services following build of Discovery House
- 6) Continue to consolidate the Managed Care Network and Shine

At the April Council of Governors' meeting, two additional themes were identified:

- 1) Trust reception areas in some services – work in place to address both PHC and Boston Archway receptions for further consideration on 2 May 2012
- 2) Discharge of patients from services

Additionally, it was intended that further work would be taken forward on personality disorders.

Senior officers from the Public Health Department carried out a consultation exercise on the Joint Health and Wellbeing Strategy for Lincolnshire. The meeting stressed the need for a more proactive approach to the inclusion of mental health as an essential element of well-being.

3. ENVIRONMENTAL CONTEXT

a) National

Following the State Opening of Parliament on 9 May 2012, the Queen's speech set out the Government's priorities in Parliament over the next year. There were a number of pieces of proposed legislation which are relevant to the health service. These are set out below although at the time of writing, the Government has yet to indicate when it expects to publish these bills.

Draft Care and Support Bill

This draft bill is looking to modernise adult care and support in England, setting out what support people could expect from Government and what action the Government would take to help people plan, prepare and make informed choices about their care.

Draft legislation normally receives scrutiny from a specially established select committee although it does not proceed through Parliament in the same way as a non-draft bill would (for example no second reading) and is normally subject to other public scrutiny.

As the bill will be in draft, actual legislation is unlikely to be published on this issue until after May 2013.

The Government states that the main benefits of the draft bill will be:

- modernising care and support law to ensure local authorities fit their service around the needs, outcomes and experience of people, rather than expecting people to adapt to what is available locally
- putting people in control of their care and giving them greater choice, building on progress with personal budgets
- consolidating the existing law by replacing provisions in at least a dozen Acts with a single statute, supported by new regulations and statutory guidance
- simplifying the system and processes, to provide the freedom and flexibility needed by local authorities and social workers to allow them to innovate and achieve better results for people
- giving people a better understanding of what is on offer, to help them plan for the

future and ensure they know where to go for help when they need it.

The main elements of the draft bill will be:

- modernising the legal framework for care and support, to support the vision of the forthcoming white paper on care and support
- responding to the recommendations of the Law Commission, which conducted a three-year review into social care law
- establishing Health Education England as a non-departmental public body
- establishing the Health Research Authority as a non-departmental public body
- creating a London Health Improvement Board.

Draft Local Audit Bill

A draft bill will be published setting out measures to close the Audit Commission and establish new arrangements for the audit of local public bodies.

Children and Families Bill

Among other issues, this bill will require that local authorities and health services jointly plan and commission the services that children, young people and families need.

Enterprise and Regulatory Reform Bill

This bill is intended to create a single Competition and Markets Authority (CMA) by bringing together the Competition Commission (CC) and the competition functions of the Office of Fair Trading (OFT).

Pensions Bill

The bill will reform the state pensions system, creating a fair, simple and sustainable foundation for private saving.

The Secretary of State has written to Professor Malcolm Grant, chair of the NHS Commissioning Board Authority, to outline the four strategic objectives against which the Government will hold the Authority to account. He also confirmed that these objectives will apply to 'the whole transition stage of developing the new commissioning structures' so will retain relevance when the Board is fully established from October. The Government is aiming to consult on its mandate for the Board, to apply from April 2013, this summer.

- transferring power to local organisations
- establishing the commissioning landscape
- developing specific commissioning and financial management capabilities
- developing excellent relationships.

These objectives flow from the Authority's role to prepare for the establishment and operation of the NHS Commissioning Board. The objectives will need to be delivered in the context of the Board's responsibility to contribute to the achievement of:

- improvements in health for the whole population
- better quality of care and outcomes for all patients
- increased value for the taxpayer through robust financial management and

improved efficiency and productivity.

Of interest the letter also covers other matters including:

- The letter notes that clinical senates and networks will be in place 'to provide leadership and insight rather than oversight and compliance.'
- CCGs will be afforded complete freedom in relation to securing commissioning support, with an assurance given that 'there will be no topslicing for this purpose.' It is also stressed that the Board 'will not have a long-term role in providing or hosting' such services.

See Appendix A for new NHS structure diagram.

The appointments to the four regional director's positions have been announced by the NHS Commissioning Board Authority (NCB). The directors will work with PCT clusters to finalise plans for its local area offices. The NCB has also begun the process of recruiting senior managers to run commissioning support organisations. The four regional directors for the North of England, Midlands and the East, London and South of England will provide strategic leadership for the NCB in each region, including co-ordination and oversight of local area teams. The regional directors are:

- Richard Barker for the North of England, who is currently Chief Operating Officer of NHS North of England.
- Dr Paul Watson for the Midlands and the East, who is currently Chief Executive of NHS Suffolk.
- Dr Anne Rainsberry, for London, who is currently the Chief Executive of NHS North West London and deputy chief executive of NHS London.
- Andrea Young for the South of England, who is currently Chief Operating Officer / Deputy Chief Executive for NHS South of England.

They will be part of the senior leadership team of the operations directorate of the NCB and report directly to the Chief Operating Officer Ian Dalton.

In a letter issued by Ian Dalton to primary care trust leaders he has indicated that the NCB is rethinking the structure of its local offices to avoid "crowding out" clinical commissioning groups. There will be fewer than the 50 previously mooted. The letter said the Board's thinking on its Local Area Teams had changed, as there will be fewer CCGs than had earlier been expected. The final configuration of local area teams will be decided at the NCB Board's next meeting, on 31 May. It will not reflect the current configuration of 50 PCT clusters, as had been previously thought. It is said that the rethink was mainly due to changes to the development of CCGs, which have fallen in number over the past three months.

The letter also said: "Current thinking is that each local area team should relate to a minimum of three CCGs." Some PCT clusters contain fewer than three CCGs although if this benchmark remains in place Lincolnshire may well continue to have a Local Area Team (replacing the current PCT Cluster).

Sir Peter Carr, currently Vice Chair NHS North of England has been confirmed as Chair of

NHS Trust Development Authority (NTDA) the new organisation that will support NHS Trusts to achieve foundation status, when it is established in June 2012. The NTDA will be accountable for the performance management of NHS Trusts, driving up quality and delivering value for money, while developing and supporting NHS organisations to achieve foundation trust status.

Sir Keith Pearson, currently Chairman of the NHS Confederation has been appointed as Chair of Health Education England, the organisation that will provide national leadership to the new system of education and training in healthcare, when it is established in June 2012.

There has been a recent press release from the Mid Staffordshire inquiry team to confirm that the Chair, Robert Francis QC, will provide his report to Parliament after the summer recess on 15 October 2012 with the exact date of publication left to Parliament to determine. Individuals and organisations that are likely to be criticised within the report will be sent a warning letter before the report is finalised.

b) NHS Midlands and East

There are no immediate matters to report from the NHS Midlands and East SHA Cluster. It is expected the detail of the local implementation of the evolving national guidance, referred to in the previous section, will be shared with Chairs, Chief Executives, Medical Directors and Directors of Nursing at a “Clinical Summit” event planned for 23rd May 2012. A verbal report will be provided to the meeting.

c) Lincolnshire

The Trust Executive fully contributed to the visit of the NHS Chief Executive, Sir David Nicholson, to the County on 4th May 2012 playing a full part in the morning of the event. That was then followed by a “closed meeting” to which Senior SHA Cluster, PCT and CCCG managers and clinicians attended which, from PCT Colleagues’ feedback, it is understood went well.

The Chief Executive and Director of Strategy, Performance and Information will be meeting with the County Council’s newly appointed Assistant Director of Social Care on 30th May 2012 where topics for discussion will include services for people with a learning disability and dementia as well as the current Section 75 Contract. A verbal update will be provided to the meeting.

The patient flow workshop referred to in my last report was held in Lincoln on 10th May 2012 and had over 60 senior managers and clinicians in attendance from across the main primary and secondary care health and social care organisations. Presentations at the event included feedback of the analysis of the recent health and social care partnership delayed transfers of care audit programme. Each of the health and social care organisations provided a high level overview of key opportunities and constraints within the current system to set the context for the workshop sessions where issues, constraints, priority order, allocation of actions was discussed and agreed across 7 different multi-organisational workshop group teams. Some of the agreed key themes emerging from the group work included:

- Development of 7 day working across primary and secondary health and social care
- Further development of dedicated integrated discharge teams
- Integration of health and social care strategic commissioning and service provision
- Development of trusted assessor principles across health and social care

- Simplified referral processes utilising a 'referral hub' for professionals to support both admission avoidance and timely discharge

All organisations agreed to commit to dedicate senior representation to drive forward the programme of change and the first meeting of the leads is planned to be held in June. This work is currently being led on behalf of the Trust by the Director of Strategy, Performance and Information.

4. CORPORATE RISKS

Key risks are comprehensively covered in the Risk Report and there are no significant risks that I would wish to highlight this month.

5. KEY CORPORATE ISSUES UPDATE

i) Sycamore Assessment Unit (SAU)

Project arrangements are now in place to manage the temporary closure and associated transfers and discharges of service users, redeploy the staff and ensure that Ashley House is able to accommodate MoD admissions including a full point of ligature risk assessment. All admissions (apart from MoD) to the Unit have now ceased.

ii) Progress of Managed Care Network and the Shine Mental Health Support Network

A further comprehensive update on the progress in developing the Managed Care Network and Shine Support Network has been provided by the Trust's Associate Director of Social Care as follows:

The Trust has made further progress in establishing the two mental health support networks.

- The SHINE Mental Health Support Network has been established as an independent, unincorporated association of groups and organisations interested in supporting people with mental health problems and their carers. Membership of the SHINE Network currently stands at over 200 individuals, groups and organisations. An Annual General Meeting will be held in July at which a Steering Group will be elected to oversee the SHINE implementation plan.

The Implementation Plan includes the establishment of a website directory of support and information which will be directly linked to the Adult Social Care micro site, and the Trust's own website. Work will also be progressed on media and communications, and generating income for member organisations to support people with mental health problems.

- The Managed Care Network is being developed through the Mental Illness Prevention Fund. The Fund will help people who have already experience of mental health problems, or who are having their first experience of mental illness. Unlike personal budgets, people will not need to be eligible under fair access to care criteria. This scheme will be reviewed in March 2013.
- The first wave of investment attracted 68 applications totalling £1.197m for the £200k of available funding. A second wave of investment will commence in September 2012.
- The Investment Plan for the first Wave of investments has now been completed and

Investment Agreements have been drafted. The Plan comprises:

- 33 projects which will involve at least 64 groups and organisations;
- 30 separate groups & organisations will manage the investment;
- 22 contracts and 11 small grants are being awarded;
- 12 of the projects are county wide;
- 10 projects include an aim to establish, develop & support local groups (thus increasing both the number of beneficiaries and the geographic spread of projects).

The initial estimate of the number of people who will be helped is 1,700 although it is expected that this number will increase through the ten projects which aim to develop local support groups.

To maximise the value of Mental Illness Prevention Fund investments, an investment 'club' is being established to work jointly on such projects as staff and volunteer support and development, reaching sparsely resourced areas, and sustainability.

6. NHS EMPLOYERS – EQUALITY AND DIVERSITY PARTNERS PROGRAMME 2012/13

The Trust has recently been informed it has been selected as 1 of 12 Trusts nationally to become an Equality and Diversity Partner for 2012/13. A detailed application was prepared and submitted to become a Partner and the panel was impressed with the evidence provided by the Trust. The feedback included the following statement; *“this evidence was informative and demonstrated the enormous commitment of your Trust to embedding equality, diversity and human rights into the core business of your organisation”*.

The Programme for this year will offer the Trust the opportunity to work on Department of Health Equality and Diversity Council priorities with a focus on organisational development, this fits with the Trust OD strategy and People Plan. It will also allow us to influence the national agenda and share our good practice locally, nationally and across the wider public sector.

7. CONSULTATIONS AND PUBLICATIONS / LEGISLATIVE CHANGES

There are five new publications/consultation that I wish to highlight this month:

i. Year of Care Tariffs

The NHS Commissioning Board has sought expressions of interest for health and social care communities to pilot the adoption year of care tariffs, which are considered essential if the service is to meet its £20bn efficiency challenge.

Under the “year of care” tariffs, NHS providers would be paid for caring for a patient for a year, rather than per episode of care such as a hospital admission. Proponents of the system hope it would offer incentives to trusts to deliver the best care for patients and keep them out of hospital, rather than incentivise maximum hospital activity.

Locally the NHS have agreed not to express an interest owing to competing priorities and capacity to support the pilot.

ii. Health Professions Council

The Health Professions Council has issued consultation documents in relation to their proposals to change the profession specific standards of proficiency of the following

professions:

Art Therapists
Dieticians
Occupational Therapists
Orthoptists
Physiotherapists
Radiographers

Stakeholders with an interest in the above have been invited to respond to the consultations and the Trust Deputy Director of Strategy and head of these professional groups is coordinating the Trust response to the consultation which will be submitted by 27th July 2012.

iii. East Midlands Ambulance Service

The East Midlands Ambulance Service has commenced a period of consultation on its proposal to become an NHS Foundation Trust. The period of consultation commenced on 10 April and concludes on 31 July 2012. The Trust Secretary will be coordinating the Trust response.

iv. Strategy for long-term conditions

The Department of Health, in collaboration with other government departments, is developing a strategy for long-term conditions, which can affect many aspects of people's lives, not just their health. The strategy aims to bring together central government, local authorities, health professionals and the voluntary sector to help prevent long-term conditions where possible. It also seeks to improve quality of life and independence for people affected in this way. The aim is to provide a clear direction and vision of how services can work together to:

- help prevent or delay long term conditions where possible
- improve quality of life and independence for people with long term conditions

The Department is asking people to provide their views, ideas and experiences to help create that vision within the long term conditions strategy with a deadline of 15 June 2012 for responses. The Trust's Director of Strategy, Performance and Information would be happy to collate any responses received on behalf of the Trust.

v. General Medical Council

New short guidance has been published from the GMC for consultation until 13 June. A recent review of *Good Medical Practice*, the GMC's core guidance for doctors, revealed a number of areas where further explanatory guidance would be helpful. New drafts include *Financial and commercial arrangements and conflicts of interest*; *Taking up and ending appointments* and *Doctors' use of social media*. The Trust Medical Director is reviewing this on behalf of the Trust.

8. OTHER MATTERS

At the time of writing no further mental health Foundation Trusts have been authorised during the period since my last report.

Executive Analysis

As detailed policy guidance continues to be produced Directors will need to ensure that our strategy and plans continue to be aligned and sufficiently responsive to the “new landscape”.

Nationally there is now a growing momentum around handover and transition into the new organisational forms with the need to maintain a focus on quality, learning the lessons from Mid Staffordshire. Appointments seem to be announced almost on a daily basis and new relationships and networks will need to be formed to ensure strategic insight and the possibility of shaping and influencing the implementation agenda. This will be particularly pertinent to the appointments to the Local Area Teams and following this, to the local Clinical Commissioning Groups.

The completion of the Trust’s Clinical Strategy, and having a clear sense of the future direction for mental health services within the County will enable the Trust to engage confidently in the local agenda and priority setting. Moreover, the forthcoming publication of the joint review of “Transforming Mental Health Services in Lincolnshire” will be the key to the successful ownership and execution of the longer term strategy in conjunction with the new clinical commissioning bodies.

Recommendation (action required, by whom, by when)

Directors are asked to receive and discuss this report and agree any further actions that need to be taken forward by the Trust Executive.

CQC Standards Impacted:	23
Financial Implications:	The proposed clinical strategy review is expected to identify significant savings but the detail has yet to be worked through.
Equality Analysis:	No adverse impact on equality issues
Compliance Impact:	To offer assurance that the Trust is complying across the range of its activities

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