



## HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 18 July 2018

<b>Subject Heading:</b>	Trust Overview - North East London NHS Foundation Trust (NELFT)
<b>CMT Lead:</b>	Mark Ansell, Interim Director of Public Health
<b>Report Author and contact details:</b>	Carol White, Integrated Care Director, NELFT
<b>Policy context:</b>	The information presented summarises the role of NELFT, our core business and the challenges for the organisation and specific to the borough of Havering,
<b>The role of NELFT Financial summary:</b>	No financial implications of the report itself which is presented for information only.

### The subject matter of this report deals with the following Council Objectives

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

## **SUMMARY**

The attached information regarding the core business of NELFT, its provision of health care in Havering and some of the challenges facing NELFT as an organisation and in particular for NELFT services in Havering.

## **RECOMMENDATIONS**

1. That the Sub-Committee considers the information below from the NELFT report and takes any action it considers appropriate.

## **REPORT DETAIL**

The NELFT vision is to improve health and wellbeing outcomes for local communities and deliver the best care by the best people.

NELFT covers a patch across London, Kent and Essex covering 2,914 square miles and having a population within that mileage of 4.3 million

We have over 6000 staff working out of 200 sites. The population we serve is very diverse with some real public health challenges due to the highest ranking deprived areas. We cover London communities and rural communities.

To deliver against such diversity we developed our corporate objectives to align with the CQC domains by which we are governed and measured.

**Safe** - To provide high quality, safe services through strong patient, carer and clinical involvement

**Caring** - To care for our patients, protect them from harm and treat them with dignity and respect.

**Responsive** - To be responsive to our patients needs and to staff and stakeholder feedback.

**Effective** - To support our staff to deliver effective, high quality clinical care.

**Well Led** - To support transformation and deliver improved performance through open and transparent leadership.

Our services: We were recently rated good by the CQC overall, but have areas of service rated outstanding.

The challenges for NELFT overall are:

- Delivering against demographic change and putting the patient first
- Recruiting and retaining good quality staff
- Delivering integrated services
- Delivering and supporting increased system demand
- Delivering consistent quality services against a back drop of austerity
- Delivering innovation through mobile technology and releasing estate

Our approach to the challenges has been:

- Delivering against demographic change and putting the patient/person first

We welcome feedback from our patients through an individual approach to care planning and with our communities. We gain intelligence from these sources to work with commissioners to highlight demographic change and shifts in demand and capacity. We strive to release efficiency to use resources most effectively.

- Recruiting and retaining good quality staff

As a large organisation in an outer London rural patch we face challenges of recruiting and retaining staff. We offer package of staff benefits including training packages, rotations and wide and variable career prospects in a large organisation.

- Delivering integrated services

As a provider of mental health services and community health services NELFT has long been an innovator of integrated services. In 2012 it realigned its management structure to provide a borough focus around integrated services. Each borough has an Integrated Care Director to deliver against the NELFT and borough agenda and develop partnerships.

- Delivering and supporting increased system demand

NELFT will look to provide services for the system to support flow and demand management.

- Delivering consistent quality services against a back drop of austerity

NELFT has seen as with all Health and Social Care organisations a need to deliver efficiency savings for each commissioner and has done so successfully each year.

- Delivering innovation through mobile technology and releasing estate

NELFT has successfully deployed agile working across the whole patch and this has driven up patient care as information can be accessed in real time and draw through efficiencies. Staff satisfaction has also improved as staff have a better work life balance. These same innovations are now supporting delivery of the digital road map.

The NELFT Havering Integrated Care Directorate (HICD) picture; the services are managed by Carol White, Integrated Care Director (ICD). The services directly managed by HICD ICD include, health visiting, school nursing, LAC, paediatricians, CAMHS, CHIS regional, prosthetics, orthotics, integrated community mental health team, OA community mental health teams, memory service, reablement, CHSCS (DN's, ICM, therapy), SLT, N&D, podiatry, and LTC nursing.

There are also a range of services for Havering residents that are managed centrally in other directorates including, acute mental health beds, psychiatric liaison, Community Treatment Team, Integrated Rehabilitation Services, eating disorders and perinatal services.

There are approximately 800 staff directly managed by HICD.

The challenges:

- A high level of frail residents with complex health conditions
- Higher than expected EOL deaths in acute hospital
- Recruitment and retention and an aging workforce
- A borough with high levels of dementia including young onset
- A growing number of young children
- A growing number of complex cases physical of children and young people
- A smaller allocation of public health grants for HV and SN
- A changing picture of more transient population and increased homelessness
- An increasing demand on mental health services
- A large acute hospital on the patch with a high usage by Havering residents

Our approach to the challenges

- A high level of frail residents with complex health conditions

NELFT works in an integrated way recognising the importance of holistic care delivered by services that support mental and physiological health. Our services are managed in integrated portfolios to support holistic approaches. We have developed award winning teams to support our local population that manage out of hospital care, such as CTT, IRS and IC beds. WE are committed to working with our partners to achieve the best outcomes for patients and most recently have worked in partnership with LBH to deliver the new and successful Reablement service.

In 2018 we will start to deliver n scale the significant 7 programme in care homes across BHR.

Our ICM matrons are also working with adult social care and specialist nurses to identify patients with LTC who are starting to become frail to support proactive planned care and avoid unnecessary hospital admissions.

In the medium term we will be working with LBH and the BHR CCG's to deliver the integrated system of health and social care.

- Higher than expected EOL deaths in acute hospital

Our EOL care is delivered through our core Community Health and Social Crae Service (CHSCS) and we work in partnership with St Francis and Marie Currie to ensure that patients are cared for in their home with dignity. We recognise that there is further work to achieve all patients dying in their preferred place and are working through our EOL coordinator to support care home in supporting this. In June we delivered a joint conference with St Francis regarding EOI care.

- Recruitment and retention and an aging workforce

Our CHSCS services have been stable for many years but as a result we like the national picture have an aging work for of district nurses. WE have a work force strategy that focuses on new ways of working and skill mix. With new national programmes of nursing associates, and we are unique that we have rotational programme for nurses that deliver both mental health and community health placement and qualifications.

We use a range of recruitment techniques including one stop shop national and local job fairs. We have a range of benefits to support new recruits and recognise that staff health and wellbeing is key to retaining staff.

We have lead across the trust for this and each ICD leads on local health and wellbeing events and schemes.

- A borough with high levels of dementia including young onset

We recognise the importance of early diagnosis in the proactive treatment of dementia in all cases. Our Memory service went through a robust assessment to be accredited by the Royal College of Psychiatry. Our rate or referral to diagnosis times on average 6 weeks with over 70 referrals to the service a month. Complex cases are support by the CMHT.

The role of carers is also key and we work with a range of voluntary services to ensure care is support for both the patient and their carer. We also have a joint carer lead post with LBH to support the carers agenda.

To support patient we also have a link practitioner from the IAPT service to support good mental health for both the patients and carers.

- A growing number of young children & the smaller allocation of public health grants for HV and SN

We are working closely with public health to get the maximum efficiency from the HV and service. Using agile technology and solution we have been able to create paperless services and stream line clinics and the offer.

Our SN's are working closely with schools to build captivity in the larger workforce to support healthy programmes for weight and mental health.

- A growing number of complex cases physical of children and young people

The community offer of paediatricians has been below the standard required and historically we struggled to recruit consultant paediatricians. This has been tackled by reviewing the skill mix and ways of working with in the team. The paediatricians are now part of an integrated MDT with SLT, OT, PT and N&D. This has supported recruitment of all our posts and whilst we should have more recruitment has reduced our waiting time. WE are in negotiation with eth BHR CCG about demographic growth monies to increase the overall resource in the service.

There are also opportunities to work in a more integrated way for children with complex needs and this is being explored through the children's north locality pilot.

- A changing picture of more transient population and increased homelessness

We are seeing demographic changes in the population accessing our services. Patients placed in Havering form other local authorities as well as patents choosing to come to Havering due to cheaper rental costs. Austerity and unemployment may also impact of patient's ability to remain stable in accommodation. Our services have reviewed their provision and approach to be more flexible for our transient population to support engagement. This is best demonstrated by our street triage service.

Greater movement of residents is also highlighting increased homeless as a precursor for mental health issues. To support this we are working closely with LBH housing services and offering rapid intervention from our talking therapy service to avoid homelessness.

- An increasing demand on mental health services.

Across the mental health care pathway we have seen an increasing demand for mental health services and we are manging this by reveiwng the offer

and utilising where possible brief intervention and our talking therapy service. We are working closely with primary care to support management in this sector.

- A large acute hospital on the patch with a high usage by Havering residents

NELFT is a key partners in the AEDB and understand its role as an OOH provider to support avoidance and flow. We have developed avoidance schemes through CTT and are currently working through avoidance schemes regarding Reablement and a further scheme for patient with congestive heart disease.

We are key lead for the outflow work and our matrons in reach, IRS and IC beds and reablement services are key to supporting flow.

We also support patient with mental health issues through our liaison service.

Over 2018 and 2019 NELFT hopes to fully integrate our front door to accessing services with LBH and finalise the community model through the Locality Design Group.

NELFT will continue to roll out agile working to maximise technology to enhance practice. We are also rolling out our shared record platform to support integration of information across the system to support better outcomes for patents.

We will continue to work in partnership to identify schemes and innovations to support the current system challenges and identify new and emerging challenges..

## **IMPLICATIONS AND RISKS**

**Financial implications and risks:** None of this covering report.

**Legal implications and risks:** None of this covering report.

**Human Resources implications and risks:** None of this covering report.

**Equalities implications and risks:** None of this covering report.

## **BACKGROUND PAPERS**

None.