

# **Strategic Plan Document for 2014-19**

## **Humber NHS Foundation Trust**

## Strategic Plan Guidance – Annual Plan Review 2014/15

The cover sheet and following pages constitute the strategic plan submission which forms part of Monitor's 2014/15 Annual Plan Review.

The strategic plan must cover the five year period for 2014/15 to 2018/19. Guidance and detailed requirements on the completion of this section of the template are outlined in Section 5 of the APR guidance.

Annual plan review 2014/15 guidance is available [here](#).

Timescales for the two-stage APR process are set out below. These timescales are aligned to those of NHS England and the NHS Trust Development Authority which will enable strategic and operational plans to be aligned within each unit of planning before they are submitted.

Monitor expects that a good strategic plan should cover (but not necessary be limited to) the following areas, in separate sections:

1. Declaration of sustainability
2. Market analysis and context
3. Risk to sustainability and strategic options
4. Strategic plans
5. Appendices (including commercial or other confidential matters)

As a guide, we would expect strategic plans to be a maximum of fifty pages in length.

As a separate submission foundation trusts must submit a publishable summary. While the content is at the foundation trust's discretion this must be consistent with this document and covers as a minimum a summary of the market analysis and context, strategic options, plans and supporting initiatives and an overview of the financial projections.

Please note that this guidance is not prescriptive. Foundation trusts should make their own judgement about the content of each section.

The expected delivery timetable is as follows:

Expected that contracts signed by this date	28 February 2014
Submission of operational plans to Monitor	4 April 2014
Monitor review of operational plans	April- May 2014
Operational plan feedback date	May 2014
Submission of strategic plans (Years one and two of the five year plan will be fixed per the final plan submitted on 4 April 2014)	30 June 2014
Monitor review of strategic plans	July-September 2014
Strategic plan feedback date	October 2014

## 1.1 Strategic Plan for y/e 31 March 2015 to 2019

This document completed by (and Monitor queries to be directed to):


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Date	27 <sup>th</sup> June 2014

**The attached Strategic Plan is intended to reflect the Trust's business plan over the next five years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.**

In signing below, the Trust is confirming that:


- The Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;
- The Strategic Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;
- The Strategic Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans;
- All plans discussed and any numbers quoted in the Strategic Plan directly relate to the Trust's financial template submission; and
- The 'declaration of sustainability' is true to the best of its knowledge.

Approved on behalf of the Board of Directors by:

Name: Jane Fenwick (Chair)	
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Signature

Approved on behalf of the Board of Directors by:

Name: Angie Mason (Deputy Chief Executive)	
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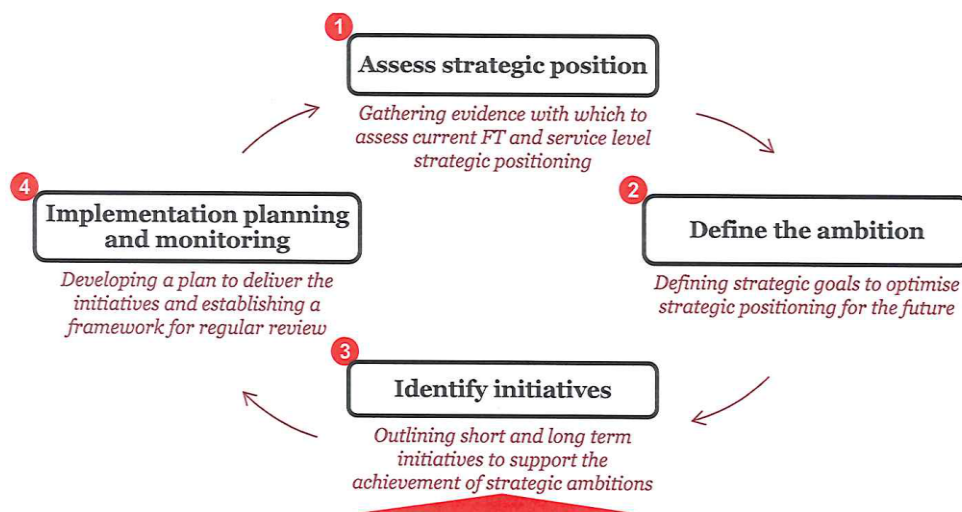
Signature

Approved on behalf of the Board of Directors by:

Name: Adrian Snarr (Finance Director)	
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## INTRODUCTION AND DECLARATION OF SUSTAINABILITY

The Humber NHS Foundation Trust Strategic Plan 2014-2019 sets the overall direction and priorities for the Trust over the next five years. It reflects the current strategic position and the key national policy drivers and the plans of commissioners and providers across the local health economy. The Strategic Plan has been developed in line with the framework defined in the Price Waterhouse Cooper 'Foundation Trust Strategic Planning Assessment' and meets the requirements of Monitor.



The strategy will meet the challenges described previously in the two year plan:-

- Continuing to provide high quality services during this period of austerity.
- Implementing the finding of Francis, Berwick, Keogh and Winterbourne.
- Achieving the ambitions of the Better Care Fund and Hull 2020 strategy (from patient care, service integration and financial perspectives).
- Managing risks associated with the shift of costs between local commissioners related to the new mental health tariff and also learning disabilities. The NHS England specialist commissioning budget pressure is a further risk.
- Implementing a significant programme of service transformation starting with CAMHS, physical and mental health services for older people, and community services.

It will do this by delivering improvements across five priority areas:-

1. Improved Quality.
2. Transformation through prevention and wellbeing: CAMHS, Learning Disabilities, Adult Mental Health, Secure Services, Prisons and Addictions.
3. Transformation through integration: Older Peoples Mental Health, Neighbourhood Care Services
4. Improved access to services: parity of esteem, waiting times.
5. Improved Value through delivering the financial and investment strategy, providing more cost effective, transformed services and developing new non-core services.

Based on the work undertaken to develop the Strategic Plan, the evidence gathered, the analysis undertaken, and the strategic priorities established, the Humber NHS Foundation Trust declares that it is sustainable over the coming five years on a clinical, operational and financial basis. The evidence base upon which this declaration is made is as follows:-

1. Strong performance in financial and governance terms over a number of years due to robust systems, a clear understanding of priorities, and delivering key service improvements. Monitor is forecasting a Continuity of Service rating for 2014/15 of 4 and a Governance rating of Green.
2. Following an extensive review of quality and governance systems, structures and practices, the Trust is moving to implementing its Quality and Clinical Strategies that will deliver demonstrable improvements in patient safety, patient experience and clinical effectiveness.
3. Strong opening cash balance.
4. Good track record of delivery cost improvements, achievement of CQINS programme, and efficient management of estate.
5. Achieved 5.9% EBITDA in 2013/14 and planning to achieve an average of 4.2% in next 5 years.
6. High level of joint working across the local health community with shared aspirations around future models of care through the Better Care Fund in East Riding and the Hull 2020 Strategy. The scale of the challenge has not been under-estimated but there is a commitment to work together to develop and implement plans.
7. Established transformational plans including identified opportunities to remodel workforce.

The critical schemes include:-

1. CCG/Local Authority led Better Care Fund programmes – specifically as this work moves from planning and project initiation to delivery of transformational change for the frail elderly pathway. The principle schemes establish ambulatory care models designed to achieve a reduction in admissions to acute care through integrated work between primary, community and social care. The Trust is making a significant contribution to these schemes in order to fundamentally change care pathways and bring care closer to home. If these ambitions are not realised across the local health economy then this would add to the existing challenges.
2. Transformational plans for Child and Adolescent Mental Health Services (CAMHS), learning disabilities adult mental health services, older adults and neighbourhood care service: these include workforce development priorities locally and potential changes to national terms and conditions.
3. Procurement of existing secure services and community service – failure to retain these services.
4. Procurement of new services – prisons, urgent care, new growth area – a shortfall in meeting the growth aspirations for the Trust.

## SECTION 1: MARKET ANALYSIS AND CONTEXT

The Trust has a good understanding of its current strategic position obtained through gathering evidence based on a market assessment. An assessment of this evidence has been completed so that the service level options can be agreed and the strategic direction established.

### Background and Context

Humber NHS Foundation Trust is a specialist provider for Mental Health, Addictions, Learning Disabilities, Community Services, Therapies and Medium Secure Services across Hull and the East Riding, serving a population of 600,000. It has an income of £128.7M (2014/15) and employs approximately 2800 staff who cover 1000 square miles working out of over 70 premises. Since its establishment the Trust has performed well with strong finance and governance ratings over the majority of the last 4 years; the ratings over the last two years are:-

#### Monitor performance ratings 2012/13

	Annual Plan 2012/13	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13
Under the Compliance Framework					
Financial Risk Rating	3	3	3	3	4
Governance Risk Rating	Green	Green	Green	Green	Green

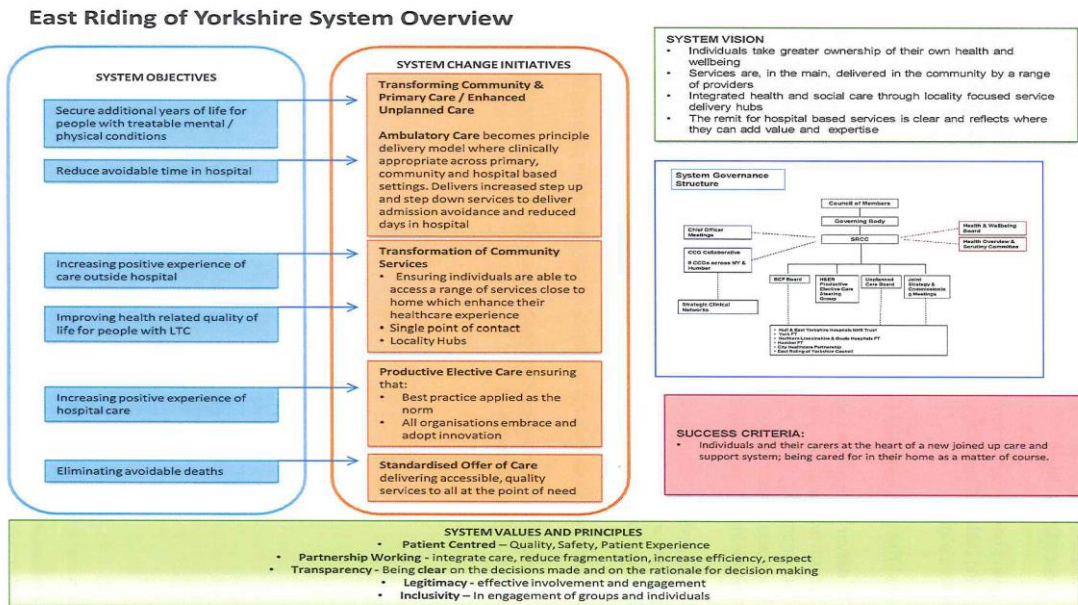
#### Monitor performance ratings 2013/14

	Annual Plan 2013/14	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14
Under the Compliance Framework					
Financial Risk Rating	4	3	4	4	4
Governance Risk Rating	Amber/Green	Amber/Red	Green	Green	Green

In addition the Trust's own performance reporting from Ward to Board has expanded with increasingly ambitious targets set and delivered. Quality improvements through clinical network development, high levels of patient and staff satisfaction, and consistently high performance through the CQUIN Programme, all demonstrate robust performance across the whole Trust.

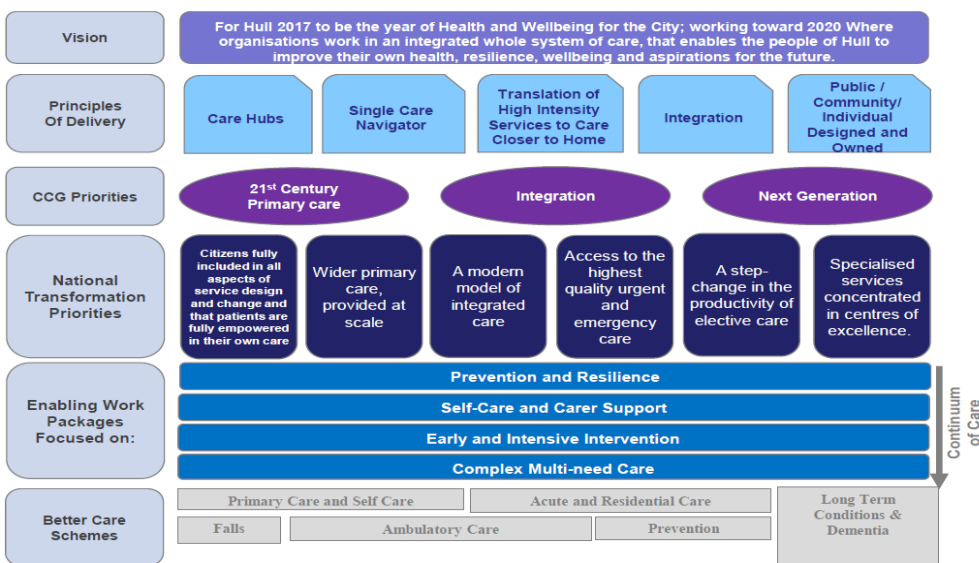
The vision for the Trust is "to improve the health and wellbeing of the communities we serve" which is supported by four aims: person centred care, clinical excellence, valued and skilled workforce, effective partnerships. In 2013, the Trust undertook an engagement exercise with staff and stakeholders to review values and what it 'stood for'. This led to the development of the new brand which has been well received because it is based on the shared values of compassion, respect and dignity, commitment to quality of care, improving lives, and working together for patients.

The Trust works with five commissioners: NHS England for specialist services, Hull and East Riding Clinical Commissioning Groups, Hull City Council and East Riding of Yorkshire Council. In the CCG and partners have set out their overview of the health system over the next 5 years. Their plan is focused on healthy independent ageing, reducing inequalities, and improving the health and wellbeing of children and young people.



The role of East Riding of Yorkshire Council is crucial to the delivery of objectives and the Trust is fully engaged with them through the Better Care Fund, the joint Section 75 Partnership, and through our provision of public health and addictions services they commission. Related work in Pocklington with the Vale of York CCG will be developed.

In Hull, the Trust is a member of the ‘2020 Vision’ strategic partnership, established by Hull CCG to achieve improved health, resilience, wellbeing and aspiration. This is a broad public sector partnership which includes Hull City Council, police, probation and fire and rescue service. A system overview of this programme is:-



The opportunities presented by Hull becoming City of Culture in 2017 will be capitalised on - this will become the 'year of health and wellbeing'. The delivery principles upon which the 2020 Vision are built include integration of care, care closer to home, community hubs (including a new facility in East Hull), single care navigation, and solutions that are community designed and owned. These will underpin strategies to transform primary care, creating a better future for children and young people - the 'next generation', and the integration of care for older people. Hull City Council is considering options that would lead to a significant change by divesting themselves of all direct provision services. An agreed option and procurement process is expected to be agreed in September 2014 and could be an opportunity through an expanded Section 75 Partnership or another joint venture arrangement.

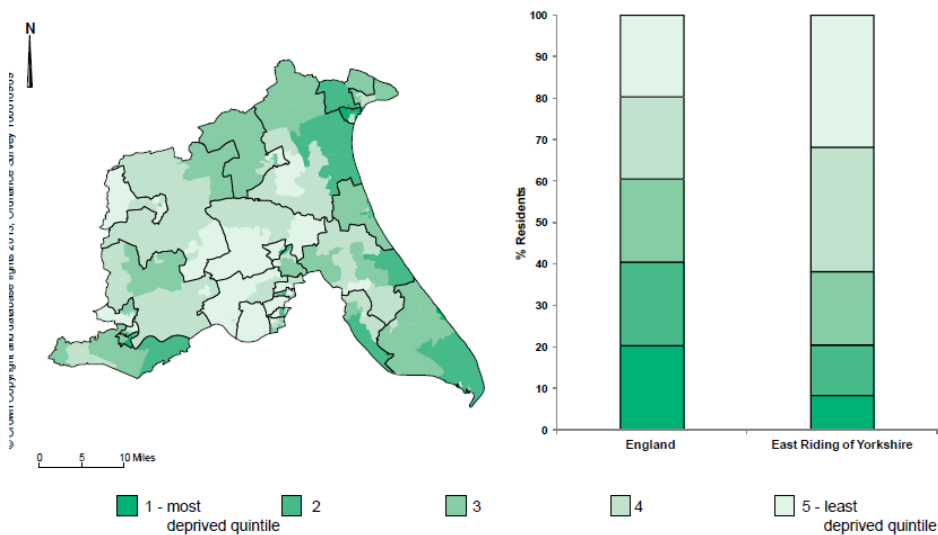
The Trust works closely with all commissioners in developing and delivering improvements in quality of services linked to Francis, Keogh and Winterbourne, and with both local authorities in implementing the 2014 Care Act which has new responsibilities for supporting and caring for adults.

### Needs Assessment

The summary of demography and healthcare trends is taken from a more comprehensive report which has utilised the Joint Strategic Needs Assessment work in Hull and East Riding.

### East Riding Health Profile

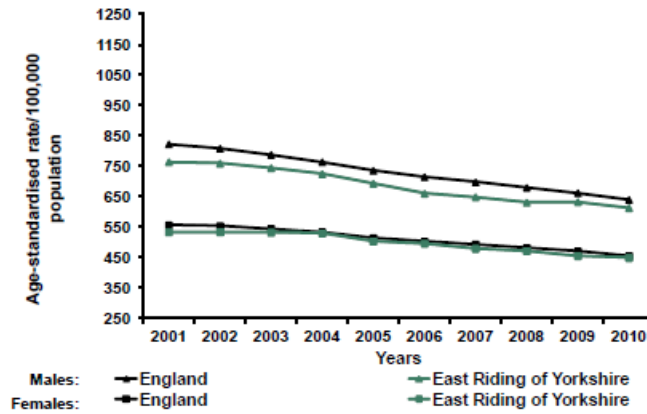
The health of people in East Riding of Yorkshire is on the whole better than the England average. Deprivation is lower than average, with about 7,400 children living in poverty. East Riding has pockets of deprivation in Bridlington (South), Goole and Withernsea and the wide geography is a factor in providing local access to care. The map below identifies the most deprived areas (darkest) compared to England.



Life expectancy is higher than the England average across East Riding, but is 6.8 years lower for men and 4.1 years lower for women in the most deprived areas. Over the last 10 years, all-cause mortality rates have fallen. The graph below indicates the rate is lower for men but for women the rate is similar to the national average.

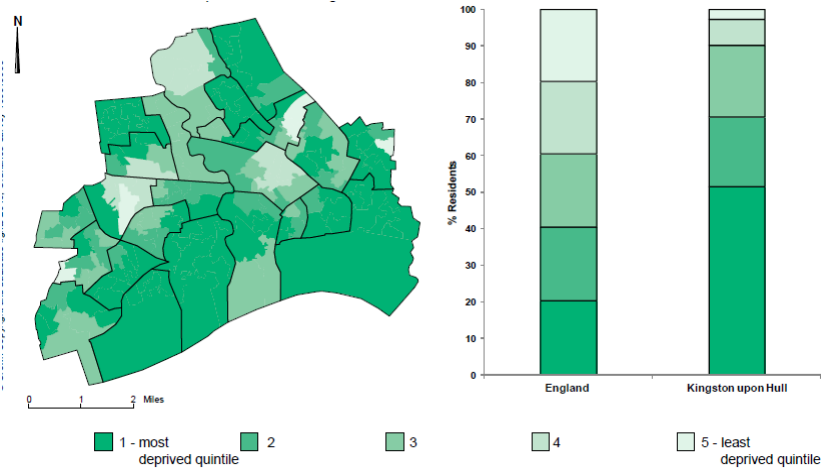


### All age, all cause mortality



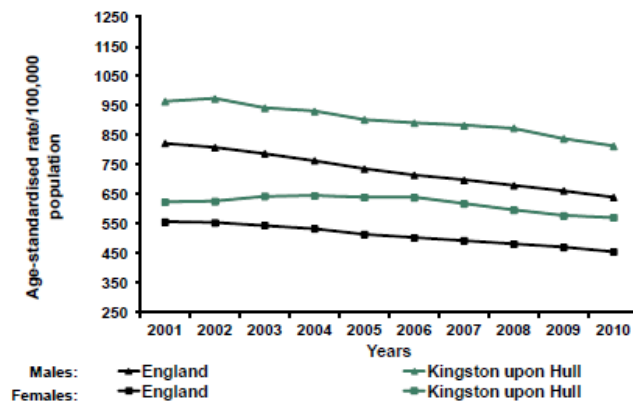
### Hull Health Profile

The health of people in Hull is on the whole worse than the England average. The map below identifies the most deprived areas (darkest) compared to England.



The graph below compares rates of death, at all ages and from all causes, in this area with those for England and indicates higher rates of death for men and women in the city.

### All age, all cause mortality



## Capacity Analysis: Beds, Estate and Staff

The Trust currently has 287 beds overall:-

Adult Mental Health	109
Older Mental Health	25
Secure Services	79
Learning Disability	20
Community Hospitals	54

The Trust reviews its bed capacity on an ongoing basis and, following a public consultation exercise in 2013, will reduce adult mental health beds by 4. A review of the Psychiatric Intensive Care Unit (PICU) identified capacity options which are being developed with commissioners.

Benchmarked data shows the Trust efficiently manages its mental health beds with a low number of adults' and older adults' beds per 100,000 population, good occupancy levels, low number of admissions per 100,000 population and short lengths of stay. Case complexity on older adult wards indicates the need to explore options for additional capacity.

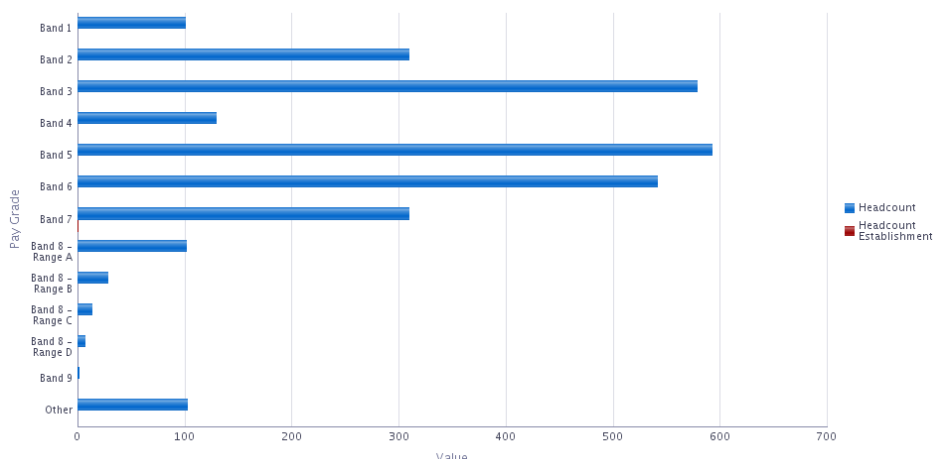
The Trust is reviewing its 5 year estates' strategy alongside the organisational service strategies. This will ensure the Trust can meet its own objectives but also those of the wider health and social care system. All strategies and plans are reviewed so they remain fit for purpose and aligned to delivery of Trust strategic objectives. 6 facet surveys and a full building condition update have been conducted on all trust owned estate. The Trust is finalising its prioritised operational capital programme to ensure all buildings continue to meet required compliance standards.

A review of space utilisation across all our estate both leased and owned is to commence in July 2014. Not only will this ensure the trust is able to consider the most efficient use of space available to us but as part of a wider strategic initiative we are working with public sector providers across Hull to ensure best utilisation of all public estate. In the East Riding a similar work stream sits under their Better Care fund initiative.

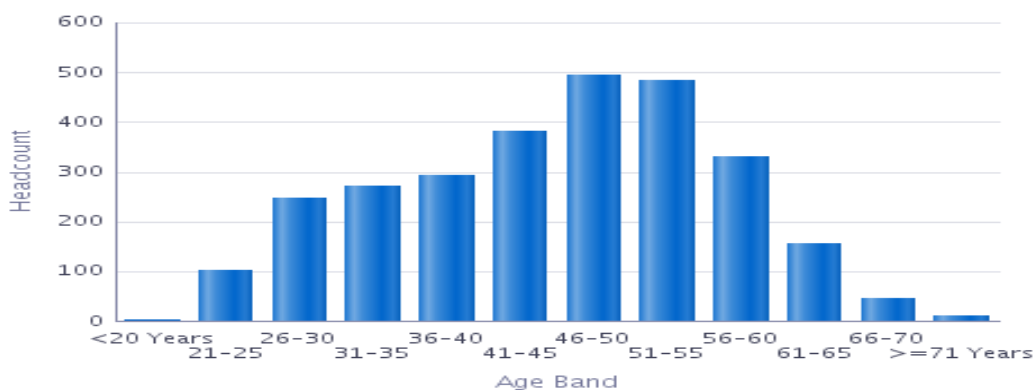
By ensuring there are links the estates' and the IM&T strategies with our overarching service strategy and workforce plan, the Trust will ensure it has the appropriate technology in place to allow staff to work in a flexible and mobile way. Trust buildings will support that mobility by an increased use of flexible multi use working space across the wider health and social care system.

The Trust employs approximately 2800 (excluding bank) staff who are predominantly female across a wide range of clinical and non- clinical full time and part time roles. The following graphs and statistics demonstrate the current workforce

## Headcount versus position headcount (other includes non-agenda for change such as doctors)



## Staff in post via age band



Workforce turnover for 2012/2013 was 9.48% and 2013/2014 was 11.78%. The Trust has an ageing workforce with 36% of the current workforce aged 50+ .With regard to band profile statistics show that 40% of staff are Bands 1-4 and 60% are Band 5 -9 plus 'other' which includes doctors.

Challenges and risks facing future workforce capacity include: an ageing workforce, service developments and changing demographics e.g. commissioner and service user needs/requirements and competitive tender processes. There are some national shortages of key staff such as district nurses which add to existing local challenges. Recruitment practices will have to be changed as will the capability of some staff when working in new patient pathways. The Trust has identified three key areas where further efficiencies can be made and has made some broad assumptions about the potential impact. These are:

- Workforce redesign including a review of the Trusts’ structure in terms of pay bands and shift patterns.
- Review of terms and conditions including potential for further national directives related to Agenda for Change terms and conditions.
- Workforce re-profiling based on mental health care clusters.

Following an external assessment of its work on clusters, Humber NHS Foundation Trust was judged to be amongst the highest performing in implementing this initiative. This information is being used to help shape the future workforce and a skills audit has been conducted o support this work. The Trust would

expect to employ fewer highly qualified staff and more generic staff and it is anticipated that there will be around a 4.5% reduction in the total pay bill. It is acknowledged this will be achieved in the context of demonstrating safe levels of staffing.

The Trust seeks to manage all of its capacity – workforce, estate, beds and IM&T – collectively so there are single integrated solutions across Trust services and functions.

A funding analysis based on trends and likely commissioning intentions is covered in 4.2 below

### **Competitor Analysis**

Humber NHS Foundation Trust has a strong place in the local healthcare market and undertakes competitor analysis annually as part of the Integrated Business Plan and Commercial Strategy development. The Trust continues to develop relationships with other organisations who are direct or indirect competitors and seeks to understand them. The Trust is clear about its own strengths, weaknesses, threats and opportunities (see below) but it has also used the PWC Competitor Analysis Guide to inform analysis.

The main direct competitors are City Health Care Partnership (CHCP) –a community Health service provider and Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH – a similar Trust to Humber). Hull and East Yorkshire Hospitals (HEYT –the local acute Trust) is the major provider of healthcare but the relationship with them is more collaborative and there is little direct competition. In addition, the development of GP Federations principally Lincolnshire and District Medical Services (LADMS) has increased the competitive threat. These organisations have been analysed through internal insight and further intelligence gathering via publications and media reports, strategic plans and published annual plans, market data reports, and commissioner publications. This work has also considered the local health economy and CCG strategic plans.

RDaSH performs well on quality performance and finance; there are some reputational variances depending on services. Humber has stronger relationships with the two local commissioners but relationships are being built between RDASH and local CCGs. CHCP emerge at a similar level to RDASH but are a greater threat due to proximity; they have secured additional business from Humber in the past. The CHCP business model provides them with the ability to react very quickly to health and wellbeing initiatives and to resource and up-skill rapidly.

LADMS is a new federation and are building their own relationships, forging links with other organisations building capacity and driving their own strategic objectives. The Trust is now seeking to work more closely with LADMS given opportunities linked to the Better Care Fund and procurement decisions. There is only limited evidence available at this time to support analysis because they are a relatively new organisation.

Service specific analysis is also undertaken as, for example, with secure services, prisons and addictions competitor organisations are very different and include some national independent organisations in the field of addictions, prison etc. Where current services are being re-tendered –such as out of hours services in North Yorkshire (Summer 2014)- the incumbent York Foundation Trust will be a direct competitor.

The Trust will continue to develop strategic relations with competitors where this is appropriate and has already achieved this with RDaSH, with CHCP, and with LADMS.

## Strengths, Weaknesses, Opportunities and Threats

The SWOT is an internal analysis of the Trust based on perceived and actual characteristics. From a strategic point of view it should seek to build on its strengths, address its weaknesses, plan to take advantage of the opportunities, and reduce the risks associated with the threat. This analysis was originally completed in 2013 as part on an extensive programme of strategic development; it has been refreshed and enhanced as part of this current process. A summary is produced below:-

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Major provider of community, therapy, mental health and learning disability services in Hull and East Riding</li> <li>• Experience of delivering significant change and innovation for some services - supporting patient care and commissioner needs (inc. IM&amp;T)</li> <li>• Consistent high performance in delivering quality services as evidenced in patient experience surveys and CQUINs</li> <li>• A good track record of consistently delivering quality caring services by a committed, skilled and knowledgeable workforce, through nationally recognised leaders</li> <li>• Extensive estate portfolio covering a wide geographic area, with many facilities new or refurbished.</li> </ul>	<ul style="list-style-type: none"> <li>• Slow pace of changing organisational culture to support the Trust-wide change agenda –some inflexible organisational processes make it difficult to respond quickly to new opportunities and to recruit staff</li> <li>• High Reference Costs of some services – low overall EBITDA but perception and reality of being ‘expensive’</li> <li>• Marketing and commercial expertise/capacity having a negative impact on perceptions held externally</li> <li>• Block contracts with insufficiently specified high expectations in terms of delivery and that do not always reflect appropriate levels of investment</li> <li>• Too internally focused – not solution focused</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• Programme locally to integrate community, mental health, primary and social care services that are patient outcome and solution focused, innovative and affordable</li> <li>• Provider of a range of specialist services</li> <li>• Possible new markets, e.g. North Yorkshire and secure services including prisons, transfer of acute care linked to BCF, new non-core services</li> <li>• Forming strategic alliances with wider range of partners including third sector, other FTs, private providers, GP federations, joint ventures, and Social enterprises</li> <li>• Maximising the use of IT systems i.e. ERostering</li> </ul>	<ul style="list-style-type: none"> <li>• Increased numbers of procurements, by an increasingly varied number of commissioners with whom new relationships need to be formed. Could include medium secure service and community services re-procurement.</li> <li>• Competition from other NHS and private providers</li> <li>• Demographic changes in East Yorkshire, particularly the aging population (inc. own workforce)</li> <li>• Impact of recurrent efficiency savings requirements</li> <li>• Instability caused by introduction of a mental health tariff; lack of tariff for community services</li> </ul>

The key strengths for the Trust are continued high performance across a range of service and its work to redesign services to meet the needs of patients, commissioners and stakeholders – CAMHS and Neighbourhood Care Services are two good examples of this. The Trust’s position as the major provider of mental health, community services and therapies, and also medium secure services is important in terms of developing long term relationships with commissioners. The need to build a reputation for quality and innovative solution focused service delivery across all core service is addressed in this Strategic Plan.

There are, however, clear opportunities for the Trust which will require it to work in closer partnership with GP's, the acute trust, local authorities, and other providers in the further integration of services through, for example, the Better Care Fund which will include joint work with potential competitors. There remain numerous opportunities to compete for new business, and to grow our service offering in new areas. The obvious threats include ongoing procurement of current services (a specific intention for medium secure services and the possibility for community services).

**Political, Economic, Social, Technological, Legal and Environmental Analysis (PESTLE)**

Unlike the SWOT, the PESTLE is an analysis of external factors that are likely to impact on the organisation. This analysis was originally completed in 2013 as part on an extensive programme of strategic development; it has been refreshed and enhanced as part of this current process.

<p><b>Political</b></p> <ul style="list-style-type: none"> <li>• Government policy for quality improvements and funding constraints including 'Everyone Counts', Francis, Keogh, changing role for regulators, the implementation of the Better Care Fund, and achieving the objectives of 'Closing the GAP', Care Bill</li> <li>• Expanded patient choice policy and entry of third sector, social enterprises, GP Federations into market</li> <li>• Continued impact of national and local commissioning arrangements</li> <li>• Main political parties' NHS agendas - 2015 General Election</li> <li>• Greater patient choice and right including personalised budgets but also move to 7 day working and promotion of plurality of providers including third sector</li> </ul>	<p><b>Economic</b></p> <ul style="list-style-type: none"> <li>• National economic situation and Efficiency "squeeze" on Public Sector to 2018/19</li> <li>• Payment by Results in Adult/Older peoples Mental Health and roll out to other service areas</li> <li>• LA financial settlement worse than for NHS – reduced services and changed eligibility criteria will have consequences for NHS</li> <li>• Market environment and impact on income – potential for significant re-procurement of medium secure services, community services.</li> <li>• Relative affluence of East Riding population and those in North Yorkshire – higher level of social care self funders</li> </ul>
<p><b>Social</b></p> <ul style="list-style-type: none"> <li>• Demography – ageing population, inability to travel, unemployment and impacts of deprivation in Hull and parts of East Riding – higher rates of dementia</li> <li>• Transition services: child to adult; adult to older person</li> <li>• Reduced personal income, benefits cap</li> <li>• Stigma – attitudes towards mental illness</li> <li>• Social inclusion – employment, housing, education</li> </ul>	<p><b>Technological</b></p> <ul style="list-style-type: none"> <li>• Continued use of IT to enable care and creation of shared record, and community access to IT and home working</li> <li>• Infrastructure to support shared patient information across health and social care sector</li> <li>• Changes to drug and therapy treatments</li> <li>• Influence of social media</li> <li>• Information Governance sharing process to include provider to provider and third parties</li> </ul>
<p><b>Legal</b></p> <ul style="list-style-type: none"> <li>• Mental Health, Mental Capacity Acts and deprivation of liberty</li> <li>• Safeguarding – adult and children –inc. Children and Families Act (2014)</li> <li>• Employment legislation</li> <li>• Increased regulation from the CQC following Winterbourne/Mid-Staffs</li> <li>• Contractual law – including sub contracting and tender submissions</li> </ul>	<p><b>Environmental</b></p> <ul style="list-style-type: none"> <li>• Safety privacy and dignity</li> <li>• Estate rationalisation</li> <li>• Green agenda, carbon footprint</li> <li>• Climate changes: flood risk, hot weather</li> <li>• Flu/general pandemics</li> </ul>

Many of the factors identified above are not new and actions to mitigate associated risks are in place and discussed by the Board and Trust committees. Many are key priorities for commissioners and stakeholders and so feature in local health economy plans and contract agreements with the Trust. The impact of the economic factors identified has increased the risks to patch wide quality of service provision and sustainability but to date the Trust has managed this well.

Political and economic factors (drawn largely from government policy) have considerable impact but the need to improve quality of care in the aftermath of Mid Staffs and other high profile investigations has an additional social and legal dimension. New entitlements and responsibilities set out in the Care Bill (2014) will impact on service provision, funding and charging, and regulation.

Achieving 'parity of esteem' between mental and physical health services is also an important aspect of government policy that affects the Trust. In January 2014 the 'Closing the Gap' strategy was launched based around six objectives and twenty five areas for improvement identified. They covered increasing access to mental health services (including clear waiting times), integrating physical and mental health, promoting early intervention for children and young people, and improving the quality of life for people with mental health problems. The Trust is working on many of these areas but further work is required.

NHS England's 'Everyone Counts: Planning for Patients 2014-2019' marks a change of approach so that key risks are managed at the local health economy level. This is important from a service level perspective rather than an organisational one (acknowledging the two should not be mutually exclusive). The Trust has embarked on a process exploring how to deliver care for patients that fully reflects the six new future models of care set out in 'Everyone Counts':-

- **Citizen participation and empowerment:** introducing the Friends and Family Test, creating a single shared record, extending patient choice of provider.
- **Wider primary care provided at scale:** Establishing relations with the two main GP Federations and moving towards a partnership agreement.
- **A modern model of integrated care:** building on current work transforming care for older people through neighbourhood care service (nursing and therapies); establishing this as a core element of the proposed ambulatory care models working closely with adult social care services.
- **Access to high quality urgent and emergency care:** working with East Riding CCG on the provision of an integrated urgent care service and building on the successful expansion of the minor injuries service at East Riding Community Hospital.
- **A stepped change in the productivity of elective care:** Fully implement the mental health tariff system and associated patient outcomes.
- **Specialist services provided in centres of excellence:** Work with regional providers and NHS England to remodel secure services; expand the scope of provision in prisons

It is evident from work undertaken so far to move towards these future models that wider transformation of services will be needed, working in partnership on clinical pathways to achieve a higher level of integration and a shift of care. Some services will be provided in a range of alliances with partners. For other services there is real potential to grow and expand the current portfolio.

## **Forecast Activity and Revenue**

The two year operational plan forecast modest growth in patient activity of 1% per annum (2% for older people's mental health which addresses demographic factors and rising rates of dementia). In community nursing services the growth rate was higher based on CCG non-recurrent funding and the expectations of service transformation in ambulatory care. In 2014/15 these services are provided under block contract but the move to the mental health tariff from April 2015 will enable the Trust to more closely relate income to activity for those specific services.

In a 'do nothing' scenario it is likely that the ERY CCG would fail to deliver its £8m QIPP target each year and this would add a £40m pressure to the LHE in the 5 year period. There would be a similar impact for Hull. The ambitions for the Better Care Fund would not be realised because the resources needed would not be released from the acute sector but would still be transferred to local authorities. This would add further budget pressures on CCGs and local authorities.

Additionally, without transformation of services, the Trust is unlikely to achieve the quality and productivity improvements as part of its CIP targets of £4.5m per annum which, on an assumption of 50% shortfall, would lead to a further total pressure of £11.25m in the plan period.

### **What does the analysis mean for Humber FT and the local health economy?**

The evidence gathered from the range of assessment work undertaken provides the Trust and the local health economy with a rich resource to draw upon for this document but, more importantly, to influence and direct the implementation of the strategic priorities. The key findings from the analysis are:-

- The health needs of the population will increasingly affect service provision particularly the levels of poor physical health in Hull but also the psychological wellbeing of people during this prolonged period of austerity. Providing an expanded range of services that promote the wellbeing of children and young people through CAMHS or universal services will support early years' development especially in areas of deprivation. In the East Riding the health needs of an increasingly ageing population with multiple long term conditions and increasing levels of dementia have to be addressed if services are to remain sustainable. These issues will also have to be addressed in Hull. The economic and social case for promotion of good health rather than just treating illness is compelling.
- The Trust has sufficient capacity in terms of beds, estate and workforce now and is developing sustainable plans to address the risk and challenges it will face. Beds are managed efficiently and there is sufficient high quality estate to support service delivery and transformation. There are opportunities to work with partners through, for example, community hubs, to improve access to services and to increase efficiency. There is scope to re-model the workforce as part of the transformational programmes and this will be undertaken through a number of initiatives.
- The impact of the deflator on funding remains a key challenge which the Trust's plans are designed to address. Future CIP programmes to achieve quality and productivity improvements are being developed using a range of analyses including reference costs, service line reporting, bed occupancy, average length of stay and cluster price benchmarking.
- Key competitors will continue to be CHCP and RDaSH but the extent to which the Trust will compete will be dependent on the extent of CCG procurement decisions particularly in relation to existing community services provision. There is an expectation that organisations can work more closely on



certain care pathways so CHCP and RDaSH are classed as competitors and partners. GP Federations pose a challenge as competitors but the Trust is seeking to work with them as partners. NHS England has indicated there will be a national re-procurement for secure service in 2015/16 which is a significant risk for the Trust. Private sector competition has been identified for specific services. Overall the Trust's approach is to partner where possible and to compete where necessary

- Further service transformation is a high priority enabling the Trust to respond to patient and commissioner needs set in the context of national policy that sees this as underpinning long term service sustainability. The Trust will deliver its current programmes for neighbourhood care services and CAMHS as the foundation for further work in other key services.
- Providing high quality safe and effective care in line with patient expectations and of our regulators is fundamental to our plans for the coming years.
- Opportunities for growth are considerable particularly for secure services and prisons but also for urgent care services, community services and mental health services in North Yorkshire. The Trust will also develop a portfolio of new services that are not part of its current core offering, including services paid for by individuals through personal budgets or own finances. Income would support greater sustainability.
- Delivering the NHS England 'Everyone Counts' is a key requirement of commissioners and must be a central priority for the Trust
- In a 'do nothing' scenario the local health economy would struggle to deliver QIPP and Better Care Fund ambitions. In the Trust the ability to continue to deliver traditional CIPs would be unlikely.

## **SECTION 2: RISKS TO SUSTAINABILITY AND STRATEGIC OPTIONS**

The completion of the market analysis has identified a number of risks to sustainability which includes: increasingly complex health needs, future workforce and funding trends, competition, and the level of transformation needed to continue to provide high quality services. This section of the plan considers the principal options and choices the Trust has considered to achieve sustainability: whether to merge, grow, shrink, collaborate or transform.

At an organisational level, the Trust Board undertook an analysis of options to address the risks to its sustainability back in 2013. This included a detailed investigation of the benefits of merging or integrating; a set of tests for integration/merger were considered:-

- a) Improved patient pathways and quality of care is realised
- b) The sustainability of the organisation is achieved
- c) The increasing role of local authorities in delivery improved outcomes for the elderly, children
- d) National policy direction (both government and opposition) that is seeking closer integration of services across health and social care is recognised.

From the tests above it was agreed that opportunities for local integration would bring benefits quicker. Based on the above tests the Trust has been seeking greater integration with Hull and East Yorkshire Hospitals (HEYT) specifically in relation to services for frail elderly, minor Injuries provision, and also in sharing a number of back office functions such as information governance. This process also acknowledged there were major opportunities to increase the portfolio of services through competitive procurement (subject to CCG decisions).

These conclusions have directly influenced the development of the development of Trust-wide and service specific strategy as reflected in the five key areas. The strategic options for integration/transformation have been mapped across the key service lines and this has been further developed in response to the market analysis. The Trust has refined its strategic options under five themes which are:-

- Improved quality of care
- Transformation through prevention and wellbeing
- Transformation through integration
- Improved access to services
- Improved value

Key service lines have been identified against these themes. The main external challenges are summarised below including the analysis and rationale to support the specific strategic option:-

SERVICE & STRATEGIC OPTION	EXTERNAL CHALLENGE	ANALYSIS/ RATIONALE	IMPACT ON LOCAL HEALTH ECONOMY/SUPPORT REQUIRED
<b>Transformation Through Prevention and Wellbeing</b>			
CAMHS  <b>Transform Collaborate</b>	Increasing focus on emotional wellbeing of children and service integration with local authority provision is a strategic priority for commissioners. The CAMHS service is being fundamentally transformed following extensive consultation and planning and the needs of young people are becoming more complex. The lack of in-patient provision and specialist eating disorders nationally is a risk for young people managed in local services	In line with Trust and commissioner plans since 2012 and the new specification require service transformation and greater access which will improve patient outcomes.	The programme of work would meet the expectations of the local health community. Specific CAMHS plans will better meet the increasingly complex needs of vulnerable young people and their positive care outcomes. Transitional funding support for CAMHS has been provided by CCGs and further consideration of crisis provision is being undertaken that could lead to additional investment support. Specialist support for greater access to in-patient provision commissioned by NHS England is required. Further support to achieve longer term Trust transformational plans is now being considered.
Learning Disabilities  <b>Transform/ Grow</b>	In light of Winterbourne Review significant work with CCGs and local authorities has been undertaken which will impact on community and in-patient services through changes to provision and potential to develop new respite and complex care services. The future use of the one ward of new Townend Court in-patient facility remains uncertain.	Key to patch-wide response to Winterbourne and the high quality care for vulnerable people.	Positive organisational impact expected for both CCGs and local authorities. Requires completion of service reviews and new service specification which may include further investment. Will lead to better outcomes of care for patients.

<p>Adult Mental Health inc. IAPT</p> <p><b>Transform/ Grow</b></p>	<p>New IAPT services models have or will commence in 2014 with income growth potential but also risks. There is insufficient capacity from other AQP providers in East Riding.</p> <p>Moves to develop care packages that underpin the mental health tariff, capacity issues in community services, and meeting 'Closing the Gap' requirements all present risks and opportunities that have indicated the need to review and transform adult services focusing on recovery and good care outcomes.</p>	<p>CCG procurement decisions offer growth opportunities. The implementation of care packages with the new tariff gives the Trust a significant lever to transform service models and workforce</p>	<p>Success would increase access to psychological therapies. The mental health tariff shifts investment from East Riding to Hull and the risk associated with this must be jointly managed – CCGs have agreed to support this approach.</p> <p>Further support to achieve longer term Trust transformational plans is now being considered.</p>
<p>Secure Services &amp; Addictions</p> <p><b>Collaborate/ Grow</b></p>	<p>Substantial re-procurement of secure services and addictions is planned plus an expanded procurement within local prisons. In addition there will be significant opportunities to strengthen and develop our portfolio and establish Humber NHS Foundation Trust as a primary provider of offender health services across Yorkshire and Humber. This will be based on the successful recovery focused patient centred philosophy.</p>	<p>The proposed national re-procurement of secure services has led to the establishment of a clinical network to support the quality of service provision. There are also significant procurement opportunities working with partners</p>	<p>Successful bids for prison and addictions services would benefit the local health economy due to the high quality partnership arrangements that will be in place.</p> <p>NHS England must support existing providers during the re-procurement and subsequent implementation/transition in 2015/2016.</p>
<p><b>Transformation Through Integration</b></p>			
<p>Older People's Mental Health</p> <p><b>Transform</b></p>	<p>The integration of physical and mental health services are key to improving services for the elderly. Rising levels of dementia alongside other long term conditions requires a response across organisations and care pathways. Delivery of Ambulatory Care Models as part of the Better Care Fund is driving much of this</p>	<p>Transformation has been a key ambition for the Trust and, given the increasing levels of dementia and the focus the frail elderly pathway, achieving more integrated care is crucial</p>	<p>A key element of patch-wide strategy over the last two years and, moving forward, integral to delivery of the Better Care Fund.</p> <p>Further support to achieve longer term Trust transformational plans is now being considered.</p> <p>The positive health and social outcome to patients and the promotion of their independence are key goals</p>

	transformation		
Neighbourhood Care Services  <b>Transform</b>	<p>The integration of physical and mental health services is key to improving services for the elderly</p> <p>The case for service transformation is strong in terms of improved outcomes to improve quality linked with a reduction in costs to support efficiency</p> <p>Delivery of Ambulatory Care Models as part of the Better Care Fund is driving much of this transformation</p>	Transformation has been a key ambition for the Trust and, given the focus the frail elderly pathway, achieving more integrated care is crucial.	<p>Another key element of patch-wide strategy over the last two years and, moving forward, integral to delivery of the Better Care Fund.</p> <p>Further support to achieve longer term Trust transformational plans is now being considered.</p> <p>The positive health and social outcome to patients and the promotion of their independence are key goals</p>
<b>Improved Access</b>			
Parity of esteem inc. waiting time standards for CAMHS, dementia, IAPT.  <b>Transform/ Grow</b>	National requirements to work with commissioners to achieve parity of esteem between mental and physical health. This cross-cutting theme will be delivered in service plans for CAMHS, adults and older peoples mental health services. This will include tackling waiting times which will be challenging to achieve.	Linked to transformation and growth identified above for CAMHS, adults and older peoples mental health services.	<p>Positive impact expected but further work with the local health economy is needed to understand implications particularly managing waiting times where significant improvements will be needed for some services.</p> <p>Further support to achieve longer term Trust transformational plans is now being considered.</p> <p>Achieving outcomes for this cross-cutting them will be through identified service plans rather than through a separate plan.</p>
<b>Improved Value</b>			
New non-core service  <b>Grow</b>	The Trusts' commercial strategy articulates the growth intentions for the Trust over the next five years through a mixture of private sources as well as growth through existing commissioners.	Will enable Trust to identify new sources of income and use this to re-invest in core services which supports overall Trust sustainability	<p>Positive impact general through increased and innovative service models.</p> <p>Further support to commercial aspirations is being considered.</p>

### SECTION 3: DEFINING STRATEGIC GOALS

The Trust Board undertook work earlier in 2014 to consider the vision for the organisation, its services and the local health economy. This was considered in response to the six transformational service models described in 'Everyone Counts' and with reference to its current strategic position. This work has involved

the Council of Governors who developed a set of ‘glimpses’ of the future. These include a greater focus on defined outcomes in our contracts, the development of our community hospitals as health and wellbeing centres – a community hub, establishing a care village for the elderly, greater autonomy for staff to manage innovatively, to work better together with local organisations and competitors, to improve IT systems and use of technology, and wider development of business skills. Much of this is reflected in this five year strategy and has helped inform how the Trust has started to re-define its strategic objectives.

Based on the five strategic themes the objectives of the Trust are set out below.

Strategic Theme	Objectives
<b>Improved Quality of Care</b>	<ul style="list-style-type: none"> <li>• To be in the top quartile for patient and staff satisfaction as measured through friends and family tests.</li> <li>• To achieve, on an annual basis, demonstrable improvements in patient safety, effectiveness and outcome of care.</li> </ul>
<b>Transformation through Prevention and Wellbeing</b>	<ul style="list-style-type: none"> <li>• To achieve improved health and wellbeing outcomes for children and young people, adults with learning disabilities, adults with poor mental health, adults with addictions and in secure services.</li> </ul>
<b>Transformation through Integration</b>	<ul style="list-style-type: none"> <li>• To achieve improved health and wellbeing outcomes for older people through integration of physical and mental health.</li> <li>• To work with partners to deliver the ambitions of the Better Care Fund in Hull, East Riding and Vale of York including better health outcomes and greater independence.</li> </ul>
<b>Improved Access to Services</b>	<ul style="list-style-type: none"> <li>• To achieve a minimum that no patient waits more than 18 weeks during 2015/16 and to maintain this throughout the plan period.</li> </ul>
<b>Improved Value</b>	<ul style="list-style-type: none"> <li>• To maintain a finance risk rating of 4 and a governance rating of Green</li> <li>• To maintain EBITDA projections.</li> <li>• To grow the Trusts non-core services and continue to deliver underlying surpluses to be re-invested in direct patient care on an annual basis.</li> </ul>

## SECTION 4: STRATEGIC PLANS

Section 4 summaries the plans that support achievement of Trust ambitions. Based on the analysis above and the strategic choices made a prioritised set of strategic plans have been developed under 3 headings:-

- 4.1 Quality and Clinical Strategies
- 4.2 Financial
- 4.3 Key service line initiatives

### 4.1 Quality

The Trust quality plans will address the challenges faced across the local health economy and will:-

- learn the lessons from The Francis Report and delivering on ‘Hard Truths’
- Address the findings and recommendations from the Winterbourne View report
- Address the findings and recommendations from the Berwick review of patient Safety.

Following a Care Quality Commission inspection into the East Riding Community Hospital in June 2013 the Trust has fundamentally reviewed and strengthened its governance processes from ward to Board. A ‘Fit

for Purpose Framework' underpinned by the LCAT (Leicester Clinical Assessment Skills Toolkit) provides assurance that all staff are capable and confident to fulfil their roles, and 'nursing dashboards' are being introduced across services. An Independent Review of Quality Governance was commissioned from Deloitte (May 2014) and an Action Plan responding to this has been developed with the majority of the work complete by September (fully completed by December). Finally, the Trust is awaiting the CQC Report following participation in the pilot mental health and community services inspection in May and early June.

Humber NHS Foundation Trust has developed its Quality Strategy 2014- 2019 to meet the requirements of the Monitor Quality Governance Framework in respect of strategy, capabilities and culture, processes and structure, and measurement. A robust and systematic approach has been adopted based on the Ward to Board model reflecting the 7 steps to improving the quality of services defined in High Quality Care for All:-

- **Bring clarity to quality:** This means being clear about what high quality care looks like and reflecting this in a coherent approach to the setting of standards.
- **Measure quality:** To work out how to improve we need to measure and understand what we do.
- **Publish quality performance:** Making data on how well we are doing widely available to staff, patients and the public will help us understand both variation and best practice, and focus on improvement.
- **Recognise and reward quality:** Our systems should recognise and reward improvement in the quality of care and services. This means ensuring that the right incentives are in place to support this.
- **Raise standards:** Quality is improved by empowered patients and empowered professionals. There must be a stronger role for clinical leadership and management throughout the Trust.
- **Safeguard quality:** Patients and the public need to be reassured that the Trust is providing high quality care. Regulation, of professions and of services, has a key role to play in ensuring that this is the case.
- **Staying ahead:** New treatments are constantly redefining what high quality care looks like. We must support innovation and become a pioneering organisation.

The strategy is subject to consultation and when that is completed an Action Plan outlining key priorities for quality improvement will be agreed by the Board in September. This would become an annual process.

In support of the Quality Strategy a Clinical Strategy has also been developed setting out the priorities for Nurses, Doctors, Psychologists and Allied Health Professionals (AHPs) and their teams delivering care through our key resource – our staff. This workforce with the greatest potential to influence and change the services they deliver. This strategy sees our band 2-4 clinical staff as key components of the clinical workforce. This work is underpinned by the 6 C's. The Clinical Strategy encompasses the 6 areas of action set out in the CNO strategy:-

- Our aim will help people to stay independent, maximise their well-being and improve health outcomes (Action 1).
- We will work with people to ensure a positive experience of care (Action 2).
- Our outcomes will be measured (Action 3).
- Our strategy is to build and strengthen leadership and to ensure we have staff with the right skills in place (Action 4 and 5).
- Our clinical strategy is to develop and appraise our staff and embed structures that reward talented employees (Action 6)

Success criteria have been identified that will demonstrate delivery across these areas covering person centred care, innovation and ambition, and delivering value.

## 4.2 Financial

### 4.2.1 Productivity & Efficiency

The Trust has a good track record in delivering its CIP plans, however delivery of recurrent plans at the required level is increasingly challenging for the organisation. Historic performance and future ambitions are summarised in the following table:

	2013/14 £m	2014/15 £m	2015/16 £m	2016/17 £m	2017/18 £m	2018/19 £m
Actual	4.50					
Target	6.3	5.1	5.1	4.5	4.5	4.5
% Delivery	71%					

A significant shift in efficiency delivery is required over the next 5 years, the key component over the period will be workforce redesign, ensuring the organisation adapts its delivery model to allow significant workforce efficiency. This will be supported by an IM&T strategy that allows full mobile working; in addition an enabling estates strategy should release some fixed costs from our asset base.

Our 13/14 CIP plan required a level of efficiency of 4.9% with 73% planned to be delivered from service transformational schemes. For 14/15 the CIP required is 4.1% with 45% planned to be delivered from service transformational schemes. For 15/16 the overall CIP requirement is 4.1% again the trend to deliver a higher ratio of transformation schemes is required, it is planned that 85% of schemes will be transformational. This level of efficiency savings will range from £5.1m to £4.5m over the duration of the plan with a greater emphasis on transformation of our service delivery.

### 4.2.2 Financial & Investment Strategy

The Trust has continued to deliver its underlying financial targets since becoming a Foundation Trust in 2010. During that time it has also seen its income improve significantly from £84m to over £130m in 2012/13. Income has however now fallen back from that peak to £129.5m, and is expected to fall further unless new services are commissioned or provided. Continued competition in the market plus the impact of contract price deflators is reducing available income.

	2013/14 £m	2014/15 £m	2015/16 £m	2016/17 £m	2017/18 £m	2018/19 £m
NHS Clinical	120.6	121.2	119.3	118.2	117.5	116.9
Non-Mandatory	0.7	0.4	0.4	0.4	0.4	0.4
Other Operating	8.2	7.1	6.7	6.7	6.6	6.6
Total	129.5	128.7	126.3	125.2	124.6	123.9

Continuing to deliver high quality and high performing services across our core services is key for the organisation; in addition the commercial strategy will ensure the Trust not only seeks out new opportunities for NHS income but other sources of income including private care.

The Trust has maintained a strong financial risk rating since authorisation and since the introduction of the continuity of service rating in October 2013 a rating indicator of 4 has been achieved. The 5 year plan demonstrates an intention to continue achieving the highest possible rating. The Trust has a financial strategy which is updated on an annual basis: the key objectives for the next five years are

- To continue to generate underlying I&E surpluses and maintain liquidity to achieve a continuity of service rating of 4, although it is expected those surpluses will be minimal.
- To review EBITDA at service level and formulate action plans where contribution is less than underlying organisational rate of 5.4% (based on 13/14 figures), this will also be benchmarked across the Mental health and community sector.
- To ensure commercial strategy looks at options where there is a positive contribution to EBITDA of 5% or more unless there are alternative reasons for proceeding e.g. entry to a new market.
- To continue to secure recurrent efficiency throughout the 5 year planning period
- Conclude systems work for contracting on a mental health currencies and payment tariff basis to go live in 2015/16 and agree any transitional arrangements with commissioners
- To maintain focus on working capital to ensure liquidity of the Trust remains strong
- To work with commissioners and local partners to consider system wide efficiency opportunities

Key assumptions built into the financial plan include

- an income deflator of 1.8% in 2014/15 reducing to 0.6% in 2018/19.
- Pay inflation of 1% in each year of the plan. This is mitigated for the next two year to only cover staff who do not receive an Agenda for change increment
- Agenda for Change increments are assumed at 1.4% in each year.
- Non pay inflation is assumed as being 2.5% in each year of the plan.
- In 2016/17 the National programme for IT contract ends and the trust will have to move to a local contract, there are both recurrent and non-recurrent financial costs associated with this move.
- Increased cost of the pension scheme of £600k in 2015/16 and £1.3m in 2016/17

Key risks to the delivery of the plan have been identified as being:

- National economic situation
- Ability to deliver the CIP programme in full
- Change in local commissioning arrangements
- Increased competition leading to loss of provision of some services
- Financial awareness across the Trust
- Expenditure pressures
- Insufficiently robust implementation of mental health currencies tariff system, particularly given those changes that are not within the control of the Trust and being driven centrally

The strategic financial plan demonstrates sustained achievement of the continuity of services rating of 4 throughout the duration of the plan. Income is projected to reduce from £129.5m in 2013/14 to £123.9m by 2018/19. This is very much a result of the application of the income deflator and a reduction in non-recurrent income.



Income growth opportunities are not factored into plans until full business case approval is granted. Further opportunities exist but any that are anticipated to be recurrent will be subject to procurement processes by commissioners in a very active market place. As such limited assumptions have been made in the plan. Whilst the Trust continues to ensure the highest possible quality standards its response to CQUIN income is financially prudent and plans only assume income of 2.1% against a maximum of 2.5%.

A summary of the key financial headlines in the plan is as shown below:

	2013/14 £m	2014/15 £m	2015/16 £m	2016/17 £m	2017/18 £m	2018/19 £m
Income	129.5	128.7	126.4	125.2	124.6	123.9
Operating Expenditure	121.8	123.3	120.6	121.2	119.7	117.9
EBITDA	7.7	5.5	5.7	4.1	4.9	6.1
EBITDA %	5.9%	4.3%	4.5%	3.3%	3.9%	4.9%
Net Surplus/(deficit)	1.2	-0.9	-0.9	-2.3	-1.5	-0.3
Underlying Net Surplus	3.3	1.1	1.1	-0.3	0.5	1.7

The Trust is projecting to deliver an underlying surplus each year in the plan, with the exception of 2016/17; the impact of moving away from the nation IT contract to a local solution will require a level of non-recurrent investment for the Trust. In addition the anticipated pension scheme increases impact in that year. The Trust continues to provide £2m in each year of the plan for restructuring hence the difference between net surplus and underlying surplus.

	2013/14 %	2014/15 %	2015/16 %	2016/17 %	2017/18 %	2018/19 %
Income deflator	-1.30	-1.80	-1.10	-1.00	-0.60	-0.60
Pay Inflation	1.0	0.6	0.6	1.0	1.0	1.0
Agenda for Change Increments	1.4	1.4	1.4	1.4	1.4	1.4
Drug Costs	5.0	7.0	7.0	7.0	7.0	7.0
Non Pay Inflation	2.1	2.1	2.1	2.1	2.1	2.1

The Trust will continue to use a range of data to assess financial performance. The latest reference cost (RCI) for the combined index trend is:

2010/11	2011/12	2012/13
108.0	108.1	112.3

Whilst the increase in the 2012/13 RCI may initially suggest that there is scope for savings there are other factors to take into account including the impact of mental health cluster reference costs, and the number of sites services are provided from. The Trust has done a significant amount of work to remove 'ghost' activity data and it is extremely likely that this work is still to be done by many other providers. Rather than relying solely on RCI, a triangulation of RCI, service line reporting, bed occupancy, average length of stay and cluster price benchmarking was used to provide financial indicators of potential areas for CIP's. This work has produced a substantial list of teams and services which may potentially yield savings.

### 4.3 Key Service Lines

The Trust has prioritised the following set of seven strategic service plans :-

#### 4.3.1 Transformation through Prevention and wellbeing:

<b>CHILD AND ADOLESCENT MENTAL HEALTH SERVICE : STRATEGIC PLAN</b>
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<b>Strategic Fit</b>
CAMHS aims to deliver support to children and young people with mental health and emotional wellbeing problems, through a range of interventions, including targeted support for those children and young people most at risk of developing mental health problems. The aim is for children and young people with suspected mental health problems to be identified early in a range of settings working with partners on more integrated models of care.
<b>Service Initiatives</b>
The CAMHS transformation programme will be delivered through:- <ul style="list-style-type: none"><li>• Establishment of Contact points (including self-referral) to ensure ease of access and earlier intervention</li><li>• Delivery of shorter waiting times for assessment and treatment</li><li>• Introduction of intensive home treatment team for young people in crisis to enable more to stay at home safely</li><li>• Clear access to Crisis and Tier 4 services</li><li>• To work closely with the HeadStart Hull Programme to build resilience in children aged 10-14 years of age;</li></ul>
<b>Clinical Impact</b>
The service model of delivery has four core service functions. These are: <ul style="list-style-type: none"><li>• Support to Universal/Targeted Services</li><li>• Non- Emergency Assessment and Therapeutic Intervention within identified Care Pathways</li><li>• Targeted Support to those with an increased risk of developing mental health problems</li><li>• Emergency Assessment and Therapeutic Intervention, including intensive home treatment.</li></ul> The service model of delivery is based on a community outreach model which provides outreach into children’s homes, schools, respite placements, youth services and any other environment to meet the child or young person’s needs, providing a balance of direct and indirect interventions.
<b>Financial impact</b>
Will ensure clear investment decisions by commissioners and enable the Trust to manage its resources more effectively (including more children and young people to undergo autism assessment in a timely manner).
<b>Commercial Impact</b>
There are opportunities to expand the current range of services including a joint protocol and pathway for supporting children and young people in crisis. This would be through a 24/7 service where a team can support a child in an emergency but also dependent on need, explore joint/pooled resources. This will be in partnership with the CRISIS team and It is recognised locally that a crisis team is required to be commissioned to deliver this work.

## Resources: Workforce

To have a comprehensive workforce development plan to include:

- CAMHS to provide support to universal services, and will work in partnership with Schools and other groups identified (e.g. GP's) by providing consultation, advice, training and group supervision
- CAMHS to provide targeted support to universal services for those who require additional support or at increased risk of developing mental health issues by providing consultation, advice, training and group supervision
- Provide training of youth mental health awareness to universal services to ensure awareness of emotional health and wellbeing is embedded in universal services who work with children and young people

## Resources: Financial

CCGs and local authorities have developed new service specifications for Hull and East Riding supported by clear expectations and resources. Non-recurrent transitional funding to reduce waiting time is in place. A business care and funding to introduce the Crisis service is currently being assessed by commissioners.

## Resources Estate

Services will be offered in the home and/or as close to the child's or young person's home as possible, and in a range of settings that take into account the different needs and choices of children, young people and their families, and the required intervention. In Hull a number of community hubs are being proposed within which CAMHS services could be available. The use of the former in-patient unit at Westend will be determined

## Dependencies with other initiatives and local health economy plans

The Hull Children and Families Board steers the children and young people agenda for Hull. The board is supported in delivering its agenda by the following local strategies:

- Children and Young People's Mental Health and Well-being: A Joint Commissioning Strategy for Hull
- NHS Hull CCG's Commissioning Strategy 2012-15 Creating a Healthier Hull
- Hull's Early Help and Intervention Framework
- East Riding the Children's Trust Board
- East Riding Strategic Plan 2014-2019

## Key Risk and Mitigation

This group and their families bring a range of complex clinical risks which are well managed. Other key risks are:-

- Non delivery of transformed CAMHS service model due to differences in organizational vision/ engagement.
- Continued increase in young people in crisis needing tier 4 inpatient bed (provided by NHS England) but being unable to access one when required , leading to staff from the intensive home treatment team being required to nurse them in area, diverting resources away from those requiring tier 3 and Tier 3+ services.
- Lack of suitable workforce.

To mitigate actions:

- Work with workforce, planning and the commissioners to manage and ensure the full implementation and delivery of new service specification
- Continue to work alongside the commissioners and NHS England to ensure they are aware of the need for an appropriate number of tier 4 beds to be available as required.

**CHILD AND ADOLESCENT MENTAL HEALTH SERVICES: KEY MILESTONES**

<b>Service Initiative</b>	<b>2014 -2016</b>	<b>Ambitions to 2019</b>
Contact Points (including self-referral)	<p>Develop a detailed action plan to focus on universal prevention and promotion and to raise awareness with universal services and targeted services of CAMHS support available.</p> <p>Embed targeted emotional and mental health provision into the early help and intervention offer.</p> <p>Introduce and promote CAMHS Contact Points (2014)</p> <p>To have a comprehensive workforce development plan</p> <p>Provide training of youth mental health awareness to universal services to ensure awareness of emotional health and wellbeing is embedded in universal services who work with children and young people</p>	<p>Children young people will have access to timely, integrated, multidisciplinary mental health services providing effective assessment, treatment and support to them and their families.</p> <p>They are involved in decisions and care that affects them.</p>
Waiting times	<p>Delivery agreed targets within the waiting list initiatives (Oct. 2014)</p> <p>Achieve waiting times standards as outlined in the service specification (March 2015)</p> <p>Reduce waiting times for autism assessment (March 2015)</p>	<p>Services are holistic and co-ordinated.</p> <p>Emotional health and wellbeing is improved as demonstrated by clear outcomes of care.</p>
Intensive home treatment team	<p>Intensive treatment team in place (2014)</p>	
Clear access to Crisis and Tier 4 services	<p>Agree Crisis business case with commissioners and implement service (Sept. 2014)</p>	
HeadStart Hull Programme	<p>To work closely with the HeadStart Hull Programme which aims to build resilience in children aged 10-14 years of age</p>	

## LEARNING DISABILITIES:STRATEGIC PLAN

### **Strategic Fit**

In light of Winterbourne Review significant work with CCGs and local authorities has been undertaken which will lead to the transformation community and in-patient services through changes to provision and potential to develop new respite and complex care services.

The 'Change in Direction' for The Humber Trust requires the effective development of a whole range of integrated service provision, from generic community services in primary and secondary care, to the availability of bespoke person centred care pathways for the delivery of enhanced clinical and social care support through a whole systems approach .

### **Service Initiatives**

The Learning Disability Pathway Work Stream will provide expert advice and support for the consideration of pathways that are currently available and what future appropriate pathways could be required. The specific initiatives are:-

- Re-development of current pathways and capacity
- Agree the future model for in-patient services
- Improve transition arrangements from young people's services to adult services
- Implementation of care clusters/ learning disabilities tariff

### **Clinical Impact**

Delivery of interventions will have a positive clinical impact in a number of ways. There will be more appropriate services for autistic spectrum disorder with severe challenging and/or mental health needs and for complex multiple disabilities and severe communication difficulties. Access to mainstream services will be easier.

A Review of patients returning from low secure or locked rehabilitation services will be concluded

### **Financial impact**

This work will enable the more flexible use of resources as well as the opportunity to increase income levels and to manage risk associated with the income shortfall at Townend Court. In addition, the management of the proposed tariff for learning disability services will secure a level of income that matches services provided.

### **Commercial Impact**

There are a number of areas of potential growth which will be explored including sexual offenders intervention and treatment programme, Autistic spectrum disorder services , specialist behavioural assessments and intervention plans, and remodelling of the inpatient services provided at Townend Court. No specific impact has been assessed at this stage.

### **Resources: Workforce**

The services and ongoing recruitment of staff supports a workforce development plan, incorporating training and development needs that will reflect the future design of services. This work is ongoing at this stage and subject to

commissioning decisions regarding future service specification.

#### **Resources: Financial**

Discussions with CCGs are ongoing related to relative levels of investment. Key financial issue for the Trust is to ensure there are resources to operate Beech Ward at Townend Court

#### **Resources Estate**

Plans for CTLD services are that they will be sited from the 1<sup>st</sup> of June 2014 on the Townend Court site. This fulfils a long term aspiration for Hull to have all the LD services co-located, to streamline a singular access to connected care. The East Hull team will continue to have an outreach base in East Hull to facilitate ongoing local contact and provide a community 'hot desk' for community staff.

#### **Dependencies with other initiatives and local health economy plans**

##### **Hull and East Riding commissioner Priorities for Learning Disability Services:**

- No waiting for inpatient assessment and treatment
- Personalised services which support the individual at home and avoid admissions.
- Crisis support to be readily available
- Services that enable and supports relatives and carers
- Connecting health and social care systems to enable the individual to live an inclusive life within their own community
- Improving access to primary care services and acute hospital admissions
- Supporting individuals in transition from children's to adult services
- Review of services for individuals on the autistic spectrum
- Move towards Care Clusters / Care Pathway delivery of clinical support to individual patients

#### **Key Risk and Mitigation**

##### **Risk Management:**

There is a robust and transparent system for shared risk management that includes a clear and measurable commitment to managing risk and supporting positive risk taking for the service and individuals accessing the services.

##### **Clinical Approach:**

A core theoretical and evidence based approach in the delivery of all services will be adopted by Assessment and intervention such as Psychiatry, Psychology, Nursing, Social work, Occupational Therapy, Physiotherapy, Speech and Language Therapy, STR support worker support, Creative Therapies, Systemic Therapy, Psychotherapy and Group Therapy will be available where indicated through the assessment process. All plans will follow the principles of person centeredness and planning. The staff will be subject to review under the fitness for practice framework.

##### **Leadership**

The HFT will continue to ensure the availability of continuous learning and professional development for all professional groups focused on relevant evidence based best practice and locally evaluated developments and initiatives in the care and support of individuals who have a learning disability.

Service Initiative	2014 -16	Ambition to 2019
Re-development of current pathways and capacity	<p>Proposals for early intervention, crisis and assertive outreach.</p> <p>To implement 14 years or younger access reflecting on joint health and educational plans.</p> <p>To proactively link up disabled children’s and young people’s services ensuring they are jointly planned and commissioned.</p> <p>To improve access for young people into independent living and employment.</p> <p>To co-locate services to streamline and singular access to connected care.</p> <p>Establish and embed a process for routinely seeking the views of service users and carers (2014)</p>	<p>Ensure the Trust works with partners and developing pathways in line with government policy and expectations.</p> <p>Implementation of all integrated care pathways across boundaries between East Riding and Hull</p>
Future model for in-patient services	<p>Agree specification with commissioners for longer term service model including in-patient services (Nov. 2014)</p> <p>Offer appropriate safe environments from where services meet statutory CQC regulatory standards.</p> <p>Model to deliver fair access to generic health (including mental health) services for people with a learning disability.</p>	<p>In-patient support individuals who may require intermittent assessment and treatment services to sustain them in their local community based services.</p>
Transitional arrangements	<p>Better information for young people and their families and better planning for the needs of young people requiring ongoing complex support.</p> <p>Enhance arrangements for people low secure services, prison, or with offending histories</p> <p>Enhance arrangements for people with long term enduring mental health problems</p> <p>Review the local demand for services and consider how Townend Court could provide local step down services</p>	<p>To achieve a shift away from episodic and reactive care to a holistic, outcomes focused approach</p> <p>To develop strong partnerships and be actively working to share resource and possible develop a consortium model</p>
Move towards care clusters/LD Tariff based contract	<p>Participation in the regional working group, Care Pathways and Packages Project in respect of developing payment by results for learning disability services. This will help support commissioners in defining the levels of interventions needed to support the individual during times of distress and at times when they are engaged back into their ordinary lives.</p>	<p>Service provided via outcomes based care clusters so that service delivery reflects commissioner investment.</p>

## ADULT MENTAL HEALTH SERVICES: STRATEGIC PLAN

### Strategic Fit

The strategic plans for adult mental health services cover in-patient and community services and will deliver service transformation but also growth. The Plans will prioritise a Recovery Focused approach to patient outcomes and will deliver improved quality, patient wellbeing, and access to services. This will lead to higher levels of integration of services particularly adult social care services. The proposed workforce re-profiling will enable the Trust to deliver greater cost efficiencies and support longer term financial sustainability.

### Service Initiatives

There are a range of initiatives proposed most of which are in the various stages of strategic planning. They are:-

- Psychological wellbeing provision through the East Riding IAP AQP
- Depression and Anxiety Service in Hull (CHCP as contract lead)
- Review of in-patient service in response to identified high unit costs based on service line reporting, but also potential impact of Safer Staffing levels
- Address the requirement of 'Closing the Gap' – including achieving a reduction in waiting times, development of Section 75 Partnerships, and review of model and capacity for Hull teams including the pathway for personality disorder.
- Develop new pathways and service for Autism and for ADHD
- Introduce Mental Health Tariff from 1<sup>st</sup> April 2015 that achieves the clinical, quality and financial requirements of the Trust.

### Clinical Impact

Demonstrable positive impact on health and wellbeing outcomes for people who need psychological therapies and the expanded level of service would enable quicker access to such services – there would be an increase in patient and staff satisfaction. Assurance on quality and safety for patients on wards would be clearer.

Improved Recovery outcomes related to quality of care, housing and employment would demonstrated through in-patient and community mental health teams working alongside social care colleagues. Waiting times for assessment and treatment would reduce and this would have a positive impact on care outcome, accessibility and patient risk.

### Financial impact

Opportunity to increase income and margin and contribute to financial sustainability for IAPT services. Potential for increased CCG investment to meet waiting time standards or agreed re-profiling of current investment. This will contribute to 4-5% reduction in pay costs

Move away from block contracts enables greater scope for income to match care provided. There is a shift of income between commissioners but the process to mitigate this risk has been established. There is also a risk of underperformance on income overall.

### Commercial Impact



<p>Growth in income from ERY IAPT in particular (unquantified as this service is new). In addition there are opportunities to generate further income through the tariff from April 2015 and through reduction in waiting times but this will require investment decisions by CCGs rather than occurring through an unmanaged process.</p>
<p><b>Resources: Workforce</b></p>
<p>Significant opportunities to remodel mental health work force using national benchmarking information linked to PbR Care Clusters. This is likely to include greater integration of the health and social care workforce. Longer term action to train and develop therapists to provide IAPT services will be undertaken.</p>
<p><b>Resources: Financial</b></p>
<p>Additional investment for ERY IAPT has been secured; potential budget pressures in the Hull DAS have been identified and will be managed.</p>
<p><b>Resources Estate</b></p>
<p>Minor requirements for flexible premises to meet the needs of IAPT/DAS patients. The review of in-patient beds could lead to significant changes to Trust estate but this is not quantified at this stage.</p>
<p><b>Dependencies with other initiatives and local health economy plans</b></p>
<p>The recent re-procurements of psychological wellbeing service for Hull and for East Riding are key to the CCGs strategic plans for mental health services.</p> <p>Discussions initiated by the Trust with commissioners in respect of reducing waiting times will feature in the contract management board agenda during 2014/15.</p> <p>Section 75 Partnerships review will be completed with Hull City Council first and then East Riding of Yorkshire Council. The wider review of models for service provision for Hull City Council Services will impact on the Trust services.</p> <p>The financial impact of the mental health tariff is an identified priority for CCGs given the shift of investment required from East Riding to Hull.</p> <p>Development of partnerships with other Trusts such as RDaSH are being explored</p>
<p><b>Key Risk and Mitigation</b></p>
<p>For IAPT the risk that additional investment is less than income generated – a process to monitor income and expenditure and will be established together with management action to ensure services are provided profitably.</p> <p>Early work to identify the impact of Safer Staffing levels in-patient services has been completed and is likely to increase ward costs – risk will be quantified and action to mitigate identified.</p> <p>Tariff shift of investment between CCGs and the potential to under-trade – process for risk management/sharing across partners is being developed and will be including in the Memorandum of Understanding</p>

## ADULT MENTAL HEALTH SERVICES: KEY MILESTONES

Service Initiative	2014 -16	Ambition to 2019
ERY IAPT	<p>Expand the level of psychological wellbeing provision through the East Riding IAP AQP (Ongoing)</p> <p>Assessment and Brokerage Service in place (April 2014)</p> <p>Work with CCG to expand AQP provision (July 2014)</p> <p>Increased level of service in place and income generated (March 2015)</p>	<p>Service will offer quick access to an expanded range of providers (including voluntary agencies). The Trust key contribution to psychological wellbeing is recognised by patients, GPs and commissioners. Income levels have increased significantly.</p>
Hull DAS	<p>Provide clinical leadership for DAS and work with CHCP to accredit providers (Sept 2014)</p> <p>Establish new mental health 'front door' for access to secondary services (July 2014)</p> <p>Delivery DAS service requirements</p>	<p>The partnership with CHCP has expanded the number and quality of providers and the service has exceeded targets for recovery and contract quality premiums</p>
In-patients	<p>Review of in-patient service in response to identified high unit costs based on service line reporting, but also potential impact of Safer Staffing levels. Review completed and actions agreed (Oct 2014)</p> <p>Monthly production of safer staffing information (from July 2014)</p>	<p>Longer term in-patient model and investment is in place and funded (including safer staff).</p>
Closing the Gap	<p>Work with commissioners and stakeholders to address the requirement of 'Closing the Gap'</p> <p>Ongoing, with waiting time standards met by March 2015</p> <p>Review and revise role and functions of Section 75 Partnerships so they are fit for purpose moving forward and demonstrate outcomes focus delivery on accommodation, employment, recovery (Agreed initial changes for Hull July 2014)</p> <p>Review of pathways for personality disorder (March 2015)</p> <p>Develop options to work with Hull City Council in support of their proposed intention to divest themselves of directly provided services (decision by Hull CC expected September 2014)</p> <p>Set up a recovery college to provide training for staff, patient and carers around self-managing recovery (2014)</p>	<p>New service models have emerged that are integrated with social care and other partners. The workforce is changing to deliver the model. They provide higher quality and more effective care which meets the wider needs of patients. Access and waiting times are better than commissioner standards. Patient and staff experience is high with patients more choosing to receive treatment from the Trust and its partners and to use their personal health budgets.</p>

Autism/ ADHD	Develop new pathways and service for Autism and for ADHD (March 2015) Increase service capacity and reduce waiting times for assessment (Sept. 2016)	Clear pathways and service specification is delivery swift high quality access to assessment, diagnosis and treatments services for adults with autism and with ADHD
Tariff	Ongoing development of tariff. Reconciliation of CCG investment as part of wider costing review (by Nov. 2014) Tariff in place (April 2015)	Income is secured and expanded as treatment and service provision matches patient need and commissioning intentions. More patients recover and are able to live and work with support.

## SECURE SERVICES: STRATEGIC PLAN

### Strategic Fit

The Trust will protect existing services and contracts through the process of re-tendering, primarily the national re-procurement of secure service by NHS England, and within Hull and East Riding for addictions and within local prisons in terms of offender health. In addition there will be significant opportunities to strengthen and develop our portfolio and establish Humber NHS Foundation Trust as a primary provider of offender health services across Yorkshire and Humber.

### Service Initiatives

#### Addictions

1. Protect and grow existing service provision within the Hull and East Riding locality for drugs and alcohol

#### Secure Services

1. Engage with the national personality disorder offender strategy and obtain contracts for, and submit bids to seek to obtain the contract for the delivery of personality disorder unit within a category C prison in Yorkshire
2. Complete work to ensure contractual compliance for 2014/15 in advance of national re-procurement expected 2015/16
3. Complete service review of PICU in collaboration with Commissioning Support Unit to establish service need and potential for service redesign to meet additional unmet need within the region

#### Offender Health and Prisons

1. Complete tender submission for forensic psychology reports for prisons
2. Complete transfer of SCAS service from CAMHS into forensic care group and complete business case for children's offender health service
3. Establish and manage overarching provider partnership board for HMP Humber
4. To successfully bid for new business within East Riding prisons for all elements of health care and addictions

services

### **Clinical Impact**

There are specific risks associated with our not securing any of the new business related to personality disorder services. Whilst not directly impacting on current income there is a potential risk of de-stabilising existing medium secure personality disorder services if we are not leading on service provision for a unit within a local prison that is essentially designed to meet the needs of the existing Swale population.

To service delivery if we are unable to employ additional psychologist to deliver service within required timescales.

### **Financial impact**

Ongoing need to respond to national QIPP programme relating to value for money service provision and closer to home agenda across all services. The QIPP programme as it relates to secure service provision and the need to see investment shift from high cost medium and high secure inpatient facilities to lower cost low and secure and step down facilities.

In 2015/16 NHS England are expected to re-procure secure services nationally and the impact of loss of income (c£12M) will be significant for the Trust. Prison procurement could increase income by £9M over five years – or result in a loss of £1.4M

The Trust will also have to effectively manage introduction of Payment by Results

### **Commercial Impact**

We will strive to protect existing services and contracts through the process of re-tendering, primarily within Hull for addictions and within local prisons in terms of offender health. Our Intermediate Care Service at HMP Wakefield offers a blueprint for establishing an extremely strong brand within the world of offender health in providing services that are well governed and built on best evidence based approaches to contemporary health care delivery, something not commonly found within the prison estate.

The Trust will work to protect existing contracts with NHS England Health and Justice Team, East Riding Local Authority, Hull Local Authority, NHS England Secure Services Team and Hull/ER CCG. This is a very competitive market

Related services include Hull and HMP Humber Mental Health In-reach services, HMP Humber Primary Care and IDTS, Medium Secure Personality Disorder Service (Swale), Medium Secure LD Service (Ullswater) cost per case beds, Low Secure, Hull Alcohol Services, ER Drug and Alcohol Services and Hull CCG PICU provision. The total income in relation to these services is circa £6.4m

Work to expand the portfolio of services in response to major local re-procurement exercises for prisons and addictions is underway.

### **Resources: Workforce**

We will, in the first instance, need to employ a number of forensic psychologists through our banking system with a view to potential offer of fixed term contract once we are aware of the levels of activity. Any workforce issues or need to be identified as part of project work stream and the service is undertaking a review of workforce.

There are elements within the service specification that will require investment which whilst not requiring any additional workforce will require investment in existing staff group to deliver specified treatment programmes.

## Resources: Financial

At this stage it is unclear as to the financial resource we will need to put forward to support the transformation in response to the NHS England procurement. Financial support for bid submission is available.

## Resources Estate

As stated bulk of work to secure contractual compliance relates to ensuring that the buildings are medium and low secure facilities meets required specifications.

Current accommodation (including PICU) is being reviewed alongside any proposal for a new service.

## Dependencies with other initiatives and local health economy plans

### Services in Scope

- Community and Prison based treatment services, forming part of Personality Disordered Offender Strategy
- Custody Suite Services
- Probation
- Court Liaison and Diversion Services featuring as part of the National Programme
- SAARC services
- Prison based Mental and Physical Health Care services
- Criminal Justice Substance Misuse Services

There is an acknowledgement/awareness of the transition requirements of young people from Children's Services through to Adult Services within the Criminal Justice system and therefore the need to work closely with Children's Services and other key stakeholders.

## Key Risk and Mitigation

### Addictions

- Risk to business associated with extensive retendering of services across offender health and addiction services

### Secure Services

- Risk to business associated with extensive retendering of secure services in 2015/16

### Prisons

- Risk to business associated with extensive retendering of services across offender health and addiction services
- Challenging financial landscape SIRP targets and the impact this has on our ability to respond to the challenges and opportunities surrounding us
- Limited capacity to do work on new business opportunities creates a threat to our ability to protect and grow the services

### General

Risk to business associated with extensive retendering of services across offender health and addiction services

Service Initiative	2014-2016	Ambition to 2019
Addictions	<p>To working in partnership with ADS and RaPT to bid for the provision of additions services in Hull (Oct 2014) and, if successful to establish and run these services</p> <p>To explore opportunity to engage with local CCGs to consider solutions to address the wider impact of addictions around elements of the acute hospital trust (initial work complete and action agreed by Nov. 2014)</p>	<p>To provide an expanded range of high quality and effective services that address the needs of patients, commissioners and stakeholder in the NHS and the criminal justice sectors. While this is crucial dependent on forthcoming procurement, the Trust does expect to continue to offer recovery focused models of care for people with addictions, those in need of medium and low secure care, and those with healthcare needs in local prisons. This will be built around partnership models of integrated care.</p>
Secure Services	<p>To establish a programme of work in advance of the NHS England re-procurement of secure services so that the Trust has informed that process, has worked jointly with partners where appropriate, and has models of care underpinned underpinned by robust finances.</p> <p>To develop additional low secure service provision related to step down or step up services. To include work to increase access to PICU (Oct. 2014)</p> <p>To refresh the role of our medium secure personality disorder unit in line with the national personality disorder offender strategy</p> <p>To refresh the role and function of learning disability services</p> <p>To work productively in the regional-wide clinical network for secure services and to engage with the NHS England strategy development (due for completion by Oct 2014)</p>	
Prisons	<p>To secure the proposed transfer of staff in HMP Wakefield (Jan 2015) and identify further opportunities</p> <p>To successfully tender for significant new business across East Riding prisons (new service expected to commence April 2015)</p>	

### 4.3.2 Transformation through Integration

#### OLDER PEOPLES MENTAL HEALTH: STRATEGIC PLAN

##### Strategic Fit

To deliver OPMH services, HFT works in partnership with a range of agencies to improve diagnosis, treatment and care for people with dementia as part of a more integrated frail elderly pathway. This is key to the success of the Better Care Fund and ambulatory care models working with primary care and ensuring more effective care in acute hospitals and care homes.

##### Service Initiatives

Work currently progressing in Hull Memory Clinic in relation to the mapping of care pathway against the PbR and KPI frameworks is a small step towards the streamlining of the service, however to truly understand our business, HFT will need to consistently apply these principles and other service improvement programmes, across the full range of OPMH services in order to modernise the existing provision further. Specific initiatives identified to deliver this are:-

- Development of service model and clinical requirements
- Workforce development
- IM&T
- Governance
- Premises
- Development, marketing and communications

##### Clinical Impact

The strategy will deliver a face to face assessment prior to onward referral to a Community Treatment Team (CTT) or Memory Service, either in a clinic setting or the patient's home. This will increase access to services and allow for better management as the condition progresses.

The Older People's Clinical Network Groups (CNGs) support the transformational agenda, the role of the network is to oversee the implementation of the Trust's Clinical Governance objectives within the service areas they are linked or influenced by. They have a key role in operationally taking forward the vision or clinical direction of the services they represent, ensuring delivery of objectives and actions, monitoring compliance and clinical effectiveness and provides assurance and ratification processes both through the corporate structure and teams providing care at ward/clinic level.

The implementation of a range of research programmes will have a positive clinical impact.

##### Financial impact

The level of care provided and the outcomes will be more transparent when the mental health tariff is introduced. This is likely to be an area where more care is provided.

##### Commercial Impact

The current economic climate means there is an urgent need to ensure the services we are commissioned to

provide operate at less operational cost than income remaining good value for money, but at the same time driving quality in terms of patient expectation and outcome. Work currently progressing in Hull Memory Clinic in relation to the mapping of their care pathway against the PbR and KPI frameworks is a small step towards the streamlining of the service, however to truly understand our business, HFT will need to consistently apply these principles and other service improvement programmes, across the full range of OPMH services in order to modernise the existing provision further.

#### **Resources: Workforce**

Teams working within OPMH services were reconfigured in recent years, but have remained within their current establishments, sometimes delivering traditional models of care and treatment which can lead to an increase in waiting times for assessment and treatment, and high levels of caseload management. This has not only impacted on their capacity to meet the demand for services, but has also stifled opportunities for staff to develop their skills, or to utilise the skills they already have. The reconfiguration has also reduced the number of un-registered and admin and clerical staff to support the teams, making it harder to comply with the full remit of non-clinical or administrative requirements, that an un-registered workforce could support.

We aim to address recruitment of additional staff, but it should also re-consider the way in which staff perform their role, the care pathway required to take forward the commissioned activity and which staff are best suited to take forward the delivery. HFT have now entered a shadow year under a Payment by Results (PbR) framework; Staff have received training on the clinical computer system Lorenzo, and capacity and demand activity requiring a new training programme to be developed to support all new starters.

#### **Resources: Financial**

Non-recurrent investment to reduce waiting times has been made available by CCG but longer-term funding is not secured at this time.

#### **Resources Estate**

HFT needs to give consideration to the benefits of taking forward more activity in clinic based settings and offering home visits only where clinically indicated, ensuring service users are aware of patient transport services as part of their referral in. This could include negotiations with other providers such as primary and secondary care, as well as existing premises utilised by HFT such as Alfred Bean Hospital and the new East Riding Community Hospital. The more recent proposal for an assessment team, would combine bookable appointment slots for routine, non-urgent assessments, alongside home visit slots, and the Day Care module in Lorenzo is an enabler to plan future demand in line with KPIs.

#### **Dependencies with other initiatives and local health economy plans**

The development of the plan will link closely with the priorities for dementia care in both CCG strategies and the delivery of Better Care Fund ambitions particularly the ambulatory care model. In addition the service should help support the proposed Extra Care Housing development in Hull.

The development of dementia friendly environments will be pursued within this strategy. At the East Riding Community Hospital plans to develop some of their in-patient provision into dementia friendly units has been agreed, and Dove House Hospice recently designed and refurbished two dementia suites

The Trust has strong research reputation through its own research and development team within the Integrated Governance department who take forward a continuous programme of research across several key areas to improve the mental health of people in the local communities. It maintains a research interest group in order to increase participation across the organisation. The Trust will continue to explore opportunities for an applied research and practice development facility for dementia care as a long term condition within the Hull Memory Clinic, which will be taken through the commercial strategy service development process

Current research programmes impacting on OPMH services include:



- Individual Cognitive Stimulation Therapy (iCST)
- Valuing Active Life in Dementia (VALID):  
The schemes above are funded by the National Institute for Health Research.
- Patient Reported Outcome Measures (PROMs) Research:
- Digital Reminiscence Therapy
- ResCare & FamCare

### **Key Risk and Mitigation**

#### **Workforce**

Training and learning objectives are identified in a number of local action plans that link to OPMH services.

The Learning & Development Department highlighted in their workforce development strategy for non-registered staff 2012/13, that un-registered staff make up over 40% of the overall workforce. We must identify the investment needed in the development of this staff group using whatever external and internal resources were available.

to consider the recruitment of additional staff, but it should also re-consider the way in which staff perform their role, the care pathway required to take forward the commissioned activity and which staff are best suited to take forward the delivery.

#### **Service Specific**

Improving early detection of dementia in hospital settings, both acute and community, is high on the agenda and is currently supported by Commissioning for Quality and Innovation (CQUIN) initiatives at HFTs community hospitals and wards and also at HEYHT. This is coupled with the need to improve awareness and recognition amongst staff working with patients already diagnosed with dementia, who are in-patients on the wards for other acute problems or for treatment for long term conditions.

Service Initiative	2014-2016	Ambitions to 2019
Service model and clinical requirements	<p>A range of developments have been identified within the service plans:-</p> <ul style="list-style-type: none"> <li>• Improving care pathways</li> <li>• Further integration with Neighbourhood Care Services model</li> <li>• Palliative &amp; End of Life Care</li> <li>• Working with Carers</li> </ul> <p>Plans will be finalised by Dec. 2014.</p>	<p>Provide high quality holistic patient centred need led care which empowers service users, carers and staff - independence and quality of life is better. The needs of younger people with dementia will be fully addressed.</p>
Workforce development	<p>Workforce analysis and redesign to be completed including skills and capability to be based on PbR care packages (March 2015)</p> <p>Develop and implement a policy for non-medical prescribing following completion of pilot programme (2014)</p>	<p>More effective and efficient workforce delivery improving outcomes of care.</p>
IM&T	<p>Working with partners in the Better Care Fund to develop a shared electronic patient record (initial plan by Dec. 2014)</p> <p>Expand the use of Digital Reminiscence Therapy (ongoing)</p>	<p>The ambition for a single shared electronic record will be realised.</p>
Governance	<p>To expand the Clinical Networks programme of work focusing on essence of care, early detection for dementia , roll out of Meridian patient experience system (programme agreed by Sept 2014)</p> <p>To agree an annual Clinical Audit Plan.</p> <p>To continue on an ongoing basis the Trust Research Programmes:-</p> <ul style="list-style-type: none"> <li>• Individual cognitive stimulation therapy</li> <li>• Valuing active life in dementia</li> <li>• Patient reported outcomes measures</li> </ul>	<p>Neighbourhood care services and older peoples mental health are fully integrated offering seamless care to patients.</p> <p>Expand on the research programme and establish an applied research and practice development facility for dementia care</p>
Premises	<p>To complete a review of accommodation and settings for care including co-location with other care groups and third/sector voluntary organisations. This is tied to development of community hubs in Hull and East Riding (date unknown)</p> <p>Provide a support network to encourage and dementia friendly environments locally (ongoing)</p> <p>Create dementia friendly environment ERCH (2014)</p>	<p>To further ensure dementia friendly environments exist and work to support implementation of dementia friendly environments. There are many more dementia friendly environments across Hull and East Riding</p>
Development, marketing and communications	<p>Develop a Marketing Plan with user/carers involvement. To including social media. (Dec 2014)</p>	<p>Clear reputation and understanding of services based on recognised brand.</p>

## NEIGHBOURHOOD CARE SERVICES: STRATEGIC PLAN

### Strategic Fit

Integrate physical and mental health services is key to the provision of effective care for older people and is central to delivery of the Better Care Fund and the strategic aims of partners across the local health economy (East Riding Community Strategy, Hull 2020, and Care Act implementation). The case for service transformation is strong in terms of improved outcomes to improve quality linked with a reduction in costs to support efficiency. The development of ambulatory care models with doctor, nurses, therapists and other working together is a key way that this transformation will be achieved. The development of community hospitals and wards as part of the frail elderly pathway is important strategically.

### Service Initiatives

The Neighbourhood Care Services (NCS) Transformation Programme was initiated in December 2013 to draw together a series of discrete projects which collectively will transform the delivery of NCS's across East Riding and ensure a single point of access to health and social care. There are 10 programmes/initiatives:-

- NCT/OPMH integration
- 24 Hour Nursing
- Workforce development
- Optimising Clinical Systems
- Communications and Marketing
- House bound
- Wound care
- Single Point of Access/Contact
- Long term conditions
- Health and wellbeing

The service model focuses on care homes, re-ablement, housebound patients, management of Long Term Conditions and an effective tissue viability service underpinned by effective use of technology and a fit for purpose workforce. There is a key role for nurses, therapists, and doctors to work together. The opportunity to build on therapy services within and beyond neighbourhood Care Services is an important component of the Trust strategy.

### Clinical Impact

"Improving quality of life for people with long term conditions", Department of Health (2013) confirms that more than 15 million people in England have a long term condition and this figure is set to increase over the next 10 years, particularly those people with 3 or more conditions at once. The clinical impact of the plans will improve quality of life for people living with long term conditions but also for people needing wound care or who are at risk of falling.

We plan to deliver an integrated approach to care through a multi-disciplinary team approach and will focus on physical and psychological outcomes including rehabilitation.

Benefits anticipated from delivery of the programme include: patients will receive a holistic approach to their care by the delivery of integrated mental health and physical health services including improved documented assessment and care plans. There will also be clear transparent pathways of care to include a single point of access, avoidance of hospital admissions and timely discharge

## **Financial impact**

Under-investment in mental health services and a lack of integration with physical health services has not only created a bottleneck in health care improvement but has constrained physical health outcomes and impaired broader economic performance. Improved support for the emotional, behavioural and mental health aspects of physical illness could contribute to an important role in helping the NHS to meet the QIPP challenge.

Greater financial and service efficiency can be delivered by addressing the following:-

- Reduced duplication of assessments by both mental health and physical health care professionals
- Fewer visits to the same patients – including those who are housebound.
- Reducing unnecessary investigations
- Fewer patients attending primary care – more than one third of GP consultations are related to mental health
- Reduced attendance in emergency departments and outpatient clinics
- Fewer admissions with longer lengths of stay

## **Commercial Impact**

The change also offers commercial opportunity to all individual service area with an ability to work efficiently, effectively and provide quality, well governed health care. The model is increasingly viewed as an effective high quality service following best practice. It is, therefore, a highly marketable model with increasing commercial potential. The Trust is aware of this specifically working with Pockington GPs who work within the Vale of York CCG. Relations with potential providers of Ambulatory Care – principally the LADMS GP Federation have been explored with a view to agreeing a partnership with them.

## **Resources: Workforce**

This programme is undertaking a full workforce managed change which will deliver new skill mix and staff capacity and capability. The Calderdale Framework is being used.

## **Resources: Financial**

This has been mobilised through service improvement and the trusts organisational board. Additional funding has been found through the (Learning Education Training Board) to up skill colleagues and deliver on training need. Non-recurring support may be provided through the Better Care Fund/CCG resource to achieve the transition.

## **Resources Estate**

Currently we host neighbourhood care services within sites across East Riding including community hospitals and Health Centres / GP Practices. The more extensive use of Community Hospitals and the wards specifically are a key element to transforming care for the frail elderly and others within the context of active re-ablement.

The estate will stay the same and we don't plan to shrink estate coverage in this area, but will be working to address and develop our 'care closer to home' model, which will mean further investment in remote working. This will be in line with the development of single points of contact and community hubs which are key to the Better Care Funds in Hull and East Riding.

## **Dependencies with other initiatives and local health economy plans**

**Better Care Fund** – NCS are a key component of the care pathway for frail elderly and many elements of NCS will be part of the proposed Ambulatory Care model in East Riding. The service would also be re-modelled in line with the creation of an integrated single point of contact, the promotion of good health and self-care, and the establishment of community hubs(including the ongoing development of community hospitals and wards). The NCS service is commissioned for East Riding patients but would seek to work with Hull CCG on its '2020 Vision' to achieve similar integration of services for the frail elderly. Work by the Kings Fund is important to support this work.

**East Riding Community Services Strategy**- the whole NCS model is key to delivery of the CCG strategy and their vision for integrated health and social care.

**Skills Sharing** - Work is underway to scope out the interventions/elements of practice that would be within the scope of a mental health practitioner to take on from a community nursing/physical health clinician and vice versa. Consideration will also be made as to the opportunities for wider skills sharing; e.g. between nursing, OT and physiotherapy (which have successfully been achieved in several areas).

**Butterfly Scheme** - allows people with memory-impairment to make this clear to care professionals and provides staff with a simple practical strategy for meeting their needs.

**Living Well** - Living Well is a guide based on person centered thinking tools. It helps patients think about and record what is important to them now and in the future (planning for the end of life).

**Patient Passport** - The Patient Passport provides crucial information about a person's everyday needs and wishes. It also specifies the person's primary diagnosis, if known, e.g. dementia.

#### **Key Risk and Mitigation**

- Staff awareness, capacity, concerns to change due to a combination of internal & external factors and uncertainty of changes. Mitigation through Engagement and Communication Plan
- Capacity to provide nursing service to patients may not meet demand which may result in reduction in the quality of care to patients due to time constraints including staff unable to prevent admissions to acute and community hospital beds, therefore increasing financial expense to HFT. Mitigation through a 24 hour nursing shift pattern to enable staff to be deployed flexibly to meet demand as and where required
- Ageing workforce with significant numbers of nursing, senior managers, administrative and clerical support workers being able to retire if they choose to from 2013/14. (At present less staff are retiring than expected). Mitigation through workforce and succession plans
- There is a risk of retaining experienced staff and a lack of the required skills in the local labour market. Our workforce is predominantly female. Over the period 2006-2016 the demand for females in employment across all sectors in the East Riding is expected to grow by around 7% (1% decline in Hull) but largely because of the ageing population, the demand for staff in the health and care sector across Hull and East Riding will increase by 15%. Mitigation through workforce and succession plans
- IT infrastructure of one data system this includes poor network connectivity with current provider in some areas mean staff are unable to access required applications. Mitigation through train the trainers/super users identified.
- Lack of appropriate 'fit for purpose' wound clinic venues. This has been escalated in the estates strategy. Mobile solutions are being considered.
- Capital investment to make Alfred Bean Hospital fit for purpose to deliver health and wellbeing from one centre. Escalated as a priority on the estates strategy and review of current staffing .

Service Initiative	2014- 2016	Ambitions to 2019
NCT/OPMH integration	<p>To deliver integrated mental health and physical health services (March 2016)</p> <p>To deliver increased efficiencies through the elimination of duplication in assessment (ongoing)</p> <p>To have all NCS services under one integrated management structure (April 2014)</p> <p>To complete the co-location of all services – Bridlington solution achieved by Dec. 2015.</p>	<p>To fully deliver this integrated transformational model of care that delivers the ambitions of the Better Care Fund and long term strategic aims of the local health economy.</p> <p>To offer this model to a wider geographical area</p>
24 Hour Nursing	<p>To complete full transition of 24 hour nursing by June 2015</p> <p>Develop a patient pathway towards seamless delivery of care include integration into ' better care fund' work programme (March 2015)</p>	<p>To further grow workforce, invest and create opportunities for improved patient care across all community service areas including opportunities to improve income generation</p>
Workforce development	<p>Embed the fitness for purpose framework (Sept 2014)</p> <p>Implement agreed workforce, succession and training development plans (Sept 2014)</p> <p>Develop understanding roles , responsibilities and functions of the multidisciplinary approaches to patient care and develop shared pathways (Sept 2014)</p>	<p>Comprehensive workforce managed change programme has delivered new skill mix and staff capacity and capability.</p>
Optimising Clinical Systems	<p>To standardise templates on the SystmOne clinical system (March 2015)</p> <p>To data cleanse SystmOne patient records (ongoing)</p> <p>Additional 'optimisation' outcomes will be achieved on identification of the 'in scope' criteria following the scoping exercise (July 2015)</p>	<p>The ambition for a single shared electronic record will be realised.</p>
Communications and Marketing	<p>Working with staff and patients to create a brand for the neighbourhood care services (Sept. 2014)</p> <p>Further develop engagement between the service, professionals i.e. GP, ambulance service and consultants (acute) and the patient within the Better Care Fund work (March 2015)</p>	<p>Acknowledged high quality service with a national reputation.</p>
House bound	<p>Demonstrable impact on the following by March 2015:-</p> <ul style="list-style-type: none"> <li>• Reduced number of home visits by general practice and</li> </ul>	<p>More flexible efficient and effective system in place with better health outcomes.</p>

	<p>community nursing staff</p> <ul style="list-style-type: none"> <li>• Increased interventions carried out in clinic</li> <li>• Improve clinical outcome of patients</li> <li>• Improve response by primary and community clinicians</li> </ul>	
Wound care	<p>Develop staff skills and confidence to provide effective wound care in line with best practice (ongoing)</p> <p>Usage of technology in the community (ongoing)</p> <p>Increase patient access to wound care (March 2015)</p>	Demonstrable improvement outcome of care for patients.
Single Point of Access/Contact	Identify and quantify opportunities for the co-location and integration of health and social care services in line with Better Care Fund (March 2015)	To fully deliver this integrated estates solution in line with ambitions of the Better Care Fund and long term strategic aims of the local health economy.
Long term conditions	<p>In support of the delivery of the Better Care Fund and Ambulatory Care Model to progress the following by March 2015:-</p> <ul style="list-style-type: none"> <li>• Implement and agreed clear transparent model of service</li> <li>• Embed personal care plans through a prioritised list of service</li> <li>• Promote self-care</li> <li>• Reduce hospital stays</li> <li>• Enhancing quality of life for carers</li> <li>• Enhance quality of life for older people with dementia and mental illness – directly linked to the older people mental health services</li> </ul>	To fully deliver this integrated transformational model of care that supports the ambitions of the Better Care Fund and long term strategic aims of the local health economy.
Health and wellbeing	<p>In support of the Better Care Fund and self-care/ preventions models progress the following by March 2015</p> <ul style="list-style-type: none"> <li>• Empower patients to manage their own wellbeing</li> <li>• Bring together mental and physical health service including health trainers and IAPT</li> <li>• Engage communities and empower them to create opportunity</li> </ul> <p>To complete to roll out of World Café events linked to community hospitals (Hornsea in Oct. 2014)</p>	<p>To deliver an enhanced model of self-care and prevention that supports the ambitions of the Better Care Fund and long term strategic aims of the local health economy.</p> <p>To grow the public health work of the Trust</p>

### 4.3.3 Improved Value

<b>NEW NON-CORE SERVICES: STRATEGIC PLAN</b>
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<b>Strategic Fit</b>
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The Trust has recently approved a commercial strategy. This strategy articulates the growth intentions for the Trust over the next few years. A programme of projects has now commenced which takes forward idea for growth which includes income from self-funding sources as well as growth through existing commissioners.
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<b>Service Initiatives</b>
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There are a range of initiatives at varying stages of development including:
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Podiatry Dementia Assessment and Diagnosis Alfred Bean Outpatients Challenging Behaviour Sports Injuries Health and Wellbeing Psychology Community Interest Company Pharmacy
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<b>Clinical Impact</b>
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Positive impact on health and wellbeing outcomes for people of Hull and East Riding area. In addition there will be positive contribution to the CIP programme for the Trust and on NHS provision and capacity.
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<b>Financial impact</b>
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Opportunity to increase income and margin and contribute to financial sustainability of the Trust. Potential for existing commissioner contribution.
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<b>Commercial Impact</b>
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Growth for the organisation. Huge opportunities associated with marketing for the Trust.
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<b>Resources: Workforce</b>
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Existing workforce will be used predominately through additional hours. As and when schemes become viable then longer term employment options would be considered.
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<b>Resources: Financial</b>
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As and when the projects go live the income for each will be closely monitored.
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<b>Resources Estate</b>
Existing estate will be used. Minor upgrades may be required but as yet these are unknown.
<b>Dependencies with other initiatives and local health economy plans</b>
The Trust will ensure commissioners are kept briefed on commercial activities as required, but none of the activities are dependent on commissioning plans.
<b>Key Risk and Mitigation</b>
Services may not make a profit – to address this tight management arrangements are in place for each scheme although it is recognised that profits are not likely to be realised immediately and so 2 year trajectories are in place.

**NEW NON-CORE SERVICES: KEY MILESTONES**

<b>Service Initiative</b>	<b>2014-2016</b>	<b>Ambition to 2019</b>
Alfred Bean Outpatients	To run private outpatients clinics for a range of specialities from Alfred Bean. (March 2015)	The long term ambition for this programme is to grow the business with a strong margin to be able to offset cost improvements across the Trust. In delivering these private services the Trust will improve on its reputation for delivering high quality patient centered care.
Dementia Assessment, Diagnosis & Treatment	To run private dementia assessment & diagnosis clinics and a range of treatment options thereon, such as therapy (Dec. 2014)	
Challenging Behaviour Unit	To open a new inpatient unit for the elderly specialising in challenging/complex behaviour and dementia. This will be the beginning of the Village proposal.	
Sports/Physiotherapy Injury Clinic	To run private physiotherapy clinics specialising in sports injuries (March 2015)	
Pharmacy	To assess the viability of an in-house pharmacy with the possibility of opening a community pharmacy (Sept. 2015)	
Health & Wellbeing Clinics	To run private health and wellbeing clinics. (Sept. 2015)	
		In terms of schemes with a commissioner focus the ambition is to ensure the Trust has a firm foundations for growth building on its reputation for

Community Interest Company	To form a CIC which will offer a range of physical and emotional health and wellbeing services. (Sept 2015)	being a solution focused provider that provides high quality care.
Psychology	To assess whether there are opportunities within the Hull and East Riding CAMHS psychology teams to increase their efficiency thereby reducing waiting lists.	
Podiatry	Run private podiatry services for the East Riding population. Further roll-out by March 2015)	

## SECTION 5 COMMUNICATIONS AND IMPLEMENTATION

Humber NHS Foundation Trust has a robust performance management approach which has facilitated continued delivery since becoming an FT. Following submission of the five year strategy the Trust will review its current process and ensure it is able to monitor performance against the plan. It has used the 'Strategic Planning Self-Assessment Tool' to inform the approach to monitoring. What is set out below is on the understanding that the development of strategy is an iterative process and that further work will be required to secure robust implementation. It is also recognised that there are several changes at Board level and that the key individuals would need to become involved in this stage of the work. There are 6 elements of the Trusts implementation and monitoring process:-

1. By September 2014 the performance management framework and KPIs will be reviewed to ensure reporting relates directly strategic objectives where appropriate. This will include more integrated reporting of corporate and quality performance.
2. The Trust will integrate with local health economy implementation plans through BCF and Hull 2020.
3. A schedule of narrative reporting against service specific strategic plans delivery will be agreed for quarterly reporting to the Board, the Executive Management Group (EMG), and Governors. A 'planning calendar' will be established; governance arrangements will be reviewed.
4. Reporting at Level 2 (Business Unit) and Level 3 (Team) will reflect changes to the framework where appropriate.
5. Reporting will specifically identify those schemes identified in the Introduction to this document that are critical to the sustainability of high quality services.
6. The Board and EMG will review the wider set of information and analysis that has informed the development of the strategy. Further support and resources required to deliver the strategic objectives and the transformational plans over the next five years will also be confirmed.

A Communication Plan will be developed that will address the following questions:-

- Who we are and what we represent?
- What we are communicating?
- To whom are we are speaking?
- How do we tell our story

The Communications Plan would utilise a high quality professional version of the publishable summary. Specific plans will be agreed with the target audience in mind: key stakeholders, staff and the local health economy. The Trust will promote its vision to patients, carers and the wider community.