



Strategic Plan Document for 2013-14

Sheffield Health and Social Care NHS Foundation Trust

Strategic Plan for y/e 31 March 2014 (and 2015, 2016)

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

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Approved on behalf of the Board of Directors by:

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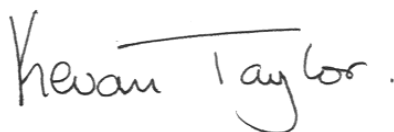
Signature



Approved on behalf of the Board of Directors by:

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| Name (Chief Executive) | Kevan Taylor |
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Strategic Context and Direction

Our performance: how we did over the last year

Overall our services have performed well and people are getting a good standard of care, support and treatment.

When we look at how we are doing against most of the ways we evaluate our services, we are providing a good standard of care, support and treatment. This is something we are rightly proud about. However we also know we can do better, and need to do better. We have much to do to ensure the quality of what we provide is of a consistent high standard, every time, for every person in respect of safety, effectiveness and experience. Our future plans are focussed on achieving this aim.

Improving quality

We have established priorities for improving the quality and experience of our services. We have focussed on improving safety, effectiveness, experience and access to our services, and we have established goals for the two year period ending March 2014. Last year we made good progress on our plans to improve the quality of our services. Our *Quality Account* report outlines the good progress we have made, and our plans to continue to make further improvements during 2013-14.

Accessible and effective services

We are a high performing organisation. We have consistently delivered the national standards asked of us across our services for primary care, learning disabilities, substance misuse and mental health.

Our *Quality Account* provides full details about how effective our services have been over the last year.

Positive external assurance

Many of our services have been visited and evaluated by the Care Quality Commission. We consistently receive feedback highlighting that the care they observed was person centred and dignified. When they have identified areas we need to address we have taken action immediately and their re-inspections have approved the actions we have taken.

We work with a range of external regulators who review and assess the way we provide care and services. All the visits, inspections and reviews we have participated in have provided assurance to the Board that our day to day services, systems and processes are sound.

Positive user feedback

Service user feedback about the support and care we have provided them has identified we have been in the top 10% of mental health trusts for the last 2 years for our mental health services.

We continue to develop our local approaches to gaining robust feedback from service users from across all our services. This will ensure we remain informed about people's experience of receiving services from us, and prioritise the right issues for future improvement.

**Working
together with
our staff**

National staff surveys highlight that our staff feel more engaged with the Trust than average. Our staff are more likely to recommend us as a place to work or receive treatment in than the average for the NHS as a whole. Our staff report higher rates of job satisfaction, communications with senior management and that they are able to make a difference to how we improve the services we provide.

This positive position supports us to continue to explore how we develop and improve our services in the future, in partnership with our staff.

**Delivering on
our plans**

We have a good track record of delivering improvements and efficiencies through service change and modernisation.

New services to support older people in a crisis have been introduced, and more people are being supported in the community rather than needing a hospital admission. We have commissioned Rethink to provide a Crisis House service to increase the choices people have about how to receive support when experiencing a crisis as a real alternative to hospital. We have made real progress during the year in reducing significantly our need to send people away from Sheffield to receive hospital care.

New liaison services working in partnership with Sheffield Teaching Hospitals NHS FT have been supporting people with dementia to access the right support.

Our community mental health teams for working aged adults have been successfully reorganised. We are now seeing more people much quicker than we did before, and supporting most of them to continue with their support in primary care. We continue to support more people to access direct budgets so they can make their own choices about the way they wish to provide for their own needs.

We have built a new community facility, Firshell Rise; that will significantly improve the quality and experience of care for people with learning disabilities and challenging behaviour. We have developed and introduced innovative tools to significantly increase the provision of basic advice to people about alcohol use.

**Sound
financial
performance
supporting our
future
direction**

Our efficiency programme is challenging. A third of our cost reductions last year were delivered non-recurrently and our future plans will need to ensure a stable and managed approach for the future.

Acknowledging this, we continue to perform strongly in how we use and manage our finances. Over the last 3 years we have had a financial risk rating of 4, in line with our plans and intentions. Last year we generated more surplus than we planned to, and this allows us to better support our investment priorities over the next 3 year period.

Our Current Position

We provide mental health, learning disability, substance misuse, community rehabilitation and primary care services to the people of Sheffield. We also provide some of our specialist services to the wider region. We are a provider of integrated services that meet people's mental, physical, psychological and social care needs.

We are a public benefit corporation accountable to our members through a Council of Governors. We actively engage with our 12,000 members, who have a key role in promoting understanding of the needs of people who use our services. Our Council of Governors includes people who use our services, their carers, staff and representatives of the public of Sheffield and partner organisations. The constructive challenge provided by the Council of Governors is welcomed by the Trust Board and ensures our services are influenced and informed by our stakeholders.

We work in partnership with the organisations that commission our services: NHS Sheffield, the emerging Clinical Commissioning Group and Sheffield City Council. This allows us to understand the health and social care needs in the wider population, to influence the commissioning approach taken and to develop new services for the benefit of the system as a whole.

Our services perform well and are valued by people who use them and their carers. We are in the top 10% of mental health trusts for listening to our patients, treating them with respect and dignity and providing helpful talking therapies. We are in the top 20% of mental health trusts for staff who would recommend the trust as a place to work, staff who would recommend us as a place to receive care and treatment and for staff feeling able to contribute towards improvements at work. The Care Quality Commission has reviewed a number of our services and reached positive conclusions overall. We have a sound financial footing.

When we became a foundation trust in 2008, we set a clear vision for the trust to provide services that meet the needs of a whole person – mental health, physical health and social care. We have succeeded in retaining and expanding our historic service provision in mental health, learning disability and substance misuse services and have expanded into primary care and integrated physical and psychological health services. We have built on our strength as a provider of integrated health and social care so that we are now positioned in the city as a provider of integrated services across a broader range of need, playing a key role in developing a sustainable health and social care system. We will continue to build upon this reputation to grow our business. In managing our organisation we will continue to focus on four priorities:

- Ensure we deliver high quality and safe services
- Improve what we do by transforming our services
- Deliver efficiency and effectiveness
- Ensure we have a sustainable and secure future

Our external environment

The main external factors that are considered to have an impact on the Trust plans, services and business are as follows:

The way our services are commissioned is changing

Clinical Commissioning Groups, Health & Wellbeing Boards and city wide reconfiguration programmes will impact on stability of the Trust and delivery of its strategies. There is a genuine shift to adopt city wide approaches to developing solutions to the future needs of the people of Sheffield. Broader commissioning strategy and policy both locally and nationally sees a continued focus in a shift from hospital to community models of care provision and a growing exploration of

integration at the point of delivery across health and social care. This provides a renewed interest in how best to deliver community based support as the main vehicle to improve the health and wellbeing of our local population.

We have significant experience of shifting care from a hospital context to a community one, along with delivering successful integrated health and social care services across a range of partnership structures. We are in a good position to share this experience with stakeholders in Sheffield to inform how we move forward as a city wide health and social care economy.

We are reviewing our Partnership with the Council

We are reviewing the current Section 75 arrangements that govern the services we provide for the Council. This will impact on the future responsibilities and profile of Trust services.

The financial environment is challenging

We will experience significant challenges delivering our services in the current financial environment. The Council is planning £170m savings over 3 years and the 2012-13 and the NHS provides a headline inflation adjustment for non-tariff services of -1.3%

Certain vulnerable groups are less resilient to the economic downturn. In particular, people with disabilities, ethnic minorities, the poor, some single mothers (and their children), young unemployed and older people. The increased health and social care needs of these groups; the increased expectations for flexible and responsive health and social care delivery in the context of the reduction in NHS and Council spend poses a major challenge.

Competition may increase

Competition from other providers may increase due to any qualified provider models and commissioner market testing programmes. There may be increased efforts to stimulate the local market and introduce contestability for a range of services.

Currently competition within the local economy for the Trust's health services is stable and the Trust performs well in its service delivery. The Trust has performed well in reducing Commissioner expenditure with the private sector for hospital based care and growing its income base at the same time. Some services within the Trust operate within a more competitive landscape, such as substance misuse services and some social care services.

The way we get paid will change

The development of Clustering and Payment by Results (PbR) for Mental Health services linked to care clusters sees the introduction of new contractual frameworks in 2013-14. Our development work over the last year has ensured we are prepared for this change. We need to continue to develop our approaches with our commissioner to devise future tariff models for our services.

Some of the people who use our services will be given the money to make their own arrangements for support

Individual Budgets will support the choice and personalisation agenda, shifting purchasing and budgets for care to the individual. A proportion of the service income we currently received will be effected by individual budgets and self-directed support. We need to ensure that the services we provide are flexible, individually focused and affordable for the service user. We have well established services that benefit currently from positive feedback from the people who use them. We will continue to develop our services to ensure they remain viable in this changing environment.

Our local population is changing

Sheffield's population will increase from 556,000 in 2010 to 600,000 in 2020. All services will experience an increase in demand. The age profile will change and there will be more older people as a percentage of the population. The number of people over 85 will increase by 31%, an extra 3,720 people from 2010 -2025 more younger people.

The range of communities from black and minority ethnic groups is broad and will increase from 17% of the Sheffield population to 23% by 2021. There is an over representation of people from these communities living in the cities most deprived areas.

Our service models are increasingly focussed on delivering quick access to shorter-medium terms packages of recovery orientated support and treatment. The focus will be to enable more people to continue with their lives independently from secondary services, supported by a broader network of community resources.

Strategic Review

Commissioning is changing

The NHS Mandate and the National Commissioning Board will provide clear frameworks for outcomes based services and national quality standards. Locally, the Clinical Commissioning Group and the Health and Wellbeing Boards will develop new strategic approaches based on the Joint Strategic Needs Assessment. Sheffield Council is fundamentally reviewing all aspects of social care provision to ensure sustainable solutions for the longer term.

Mental health policy is expanding its reach

No Health without Mental Health sets out a vision for mental wellbeing promoted across the whole lifespan and has identified outcome targets to be achieved over successive years by services. There is a growing acknowledgement of the broader need for psychologically informed service models across the whole health and social care system.

Finances are challenging

The financial situation is challenging. The overall impact on the Trust is a cost pressure of £16 million on our finances over the following three years. This includes our efficiency requirements and expected disinvestments.

Sheffield is seeking system improvements

The overall objective in Sheffield is to develop a sustainable system of care. Efficient services will result from ensuring care delivery is effective, increasing preventative work, promoting independence and choice and reducing the reliance on hospital based and long term residential care. Through the Right First Time programme, providers in Sheffield are committed to working together to improve care across organisational boundaries and so ensure people receive the appropriate physical, psychological and social care to meet their needs and prevent them from going into hospital unnecessarily.

Public health focus on prevention and inequality

Sheffield has a clear focus on prevention, early intervention, developing community resilience and tackling the causes of inequality. Priorities include providing community based support to people with long term conditions and promoting mental wellbeing at all stages of prevention and treatment.

Overall

With the new health commissioning arrangements established we will see a greater drive to deliver the changes required to support commissioning intentions and direction. The financial pressures will continue for some years ahead, particularly across social care. Competition will increase for service contracts and from people who purchase their own care and support. This will be particularly challenging in the social care market.

The policies for mental and public health present opportunities for us, as does the drive to create a more efficient and sustainable health and social care system through integrated pathways of care.

The push for provision away from hospital and nursing home care towards a community and recovery orientation will have an impact on some of the services we provide.

It also presents us with opportunities to provide new services that lead to better outcomes for people who currently receive their care out of city and efficiencies for the overall health and social care economy.

Our vision and strategy

Our vision is that people who use our services will achieve their full potential, living fulfilled lives in their community.

We will deliver our vision by providing services that are world class in terms of quality, safety, efficiency and choice. Our services will deliver outcomes for individuals that are world class in terms of effectiveness of treatment, experience of care, recovery, independence and social inclusion.

To do this we must continue to develop as a high performing organisation. We will address our internal operational challenges and at the same time ensure our long term viability by responding to the external environment and maintaining and growing our business. We will play our part in developing a sustainable health and social care economy that delivers improved health outcomes and social justice for the city.

We will deliver our programme of transformation to maintain and improve quality and reduce costs. We will redesign our services around improved pathways of care that aim to prevent hospital admission and provide alternatives to hospital based care. We will ensure that we can compete in the environment of any willing provider and self-directed support by providing competitively priced services that people want.

We will also deliver a programme of service improvement at team and service level, so that all staff are involved in seeking improvements in quality and efficiency as a routine part of what they do.

We will increase our income base by expanding our service provision in two key areas. We will develop local alternatives to the hospital care provided for people with mental health problems and learning disabilities outside the city. This will improve outcomes for patients and reduce the costs for the city. We will also use our experience of providing integrated services in primary, secondary and tertiary levels of care to develop new services to meet the needs of people with long term conditions. We will focus on providing innovative solutions at the primary care level to meet peoples physical, psychological and social care needs.

None of this is achievable without our staff. We will engage with and support our staff during the process of change to maintain their wellbeing. In partnership with the Trades Unions, we will develop robust and fair HR processes to manage staff movement and reductions in a way that maintains our relationship of trust with our staff. We will design new roles that are rewarding and ensure that staff have the appropriate skills to deliver evidence based interventions to meet people's needs. We will continue to support the development of leadership and team working at all levels in the organisation to support continued improvement, positive working relationships and a culture that promotes recovery, dignity and respect.

Our clinical and service strategy and priorities

Deliver our transformation programme

We have a clear plan to deliver improvements through service changes and modernisation programmes.

Programme aims

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| Improve access | Ensure care and support is delivered as locally and quickly as possible |
| Improve quality and experience | Reduce the complexity of navigating across services ensuring people get to the right service as quickly as possible |
| Improve outcomes and reduce inefficiency | Make the best use of staff skills and experience, so they spend more time doing the things they are best able to do |

Specific Programmes

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| Enhance community services for people with learning disabilities and complex needs | Deliver improved services for people with challenging and complex needs by providing intensive support to people in the community and so reducing the need for hospital care and out of town placements |
| Redesign community mental health teams | Develop locality based services with enhanced triage and liaison capacity, supported by clear pathways so that people access the right support and treatment |
| Redesign and improve acute care services | Redesign our acute services, including developing alternatives to hospital care so that people receive care as close to home as possible and are no longer referred out of Sheffield. |
| Enhance community services for people with dementia | Implement a more specialist emergency respite service to better respond to people's needs when their existing support can not cope and prevent their admission to hospital and nursing homes. |
| Responsive and flexible community support | Provide personalised social care support that people want to buy using their resources under self-directed support. |

Develop new services and grow our business

The new service developments will lead to improved care and cost effective outcomes for the health and social care economy in Sheffield.

Programme aims

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| Reducing costs for Sheffield | Provide better quality and more cost effective care locally in Sheffield. Achieving better outcomes and saving money. |
| Integrate psychological care within mainstream provision | Extend the provision of psychologically informed services and care within the acute sector and primary care. Achieving better outcomes and reducing demand on expensive resources. |

Specific Programmes

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| Provide alternatives to out of town care | Develop services and deliver new service models that increase the provision of community based care, return people to Sheffield and reduce the future need for care out of town. |
| Improve Liaison services for older people | Improve the range of services for people receiving medical hospital care who are at risk of unnecessary or prolonged admissions and support earlier discharge. |
| Provide services to meet long term conditions | Deliver and pilot new services to deliver psychological therapies for people with long term conditions and unexplained symptoms. |
| Improve access to alcohol support and treatment | Increase awareness and access to services and develop new approaches to providing for people's needs for screening, assessment and support. |

Deliver our service improvement programme

There is significant potential to deliver improvements in quality, safety, experience and cost effectiveness in how our services are organised and delivered at team level. We have in place a number of initiatives to support this.

Specific Programmes

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| Developing care pathways | Improve use, adoption and adherence to care pathways across services to deliver improved outcomes |
| Energise for Excellence | To support our quality improvement plans Energise for Excellence will provide a quality improvement framework ensuring we focus on the experience and safety of the care we provide |
| Reduce bureaucracy | Improve and simplify administrative processes to reduce bureaucracy, improve responsiveness to front line service needs and deliver cost reductions. |

Develop our workforce

We will support, develop and engage our workforce to improve the delivery of high quality care.

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| Supporting our staff through change | We will support staff with adapting to new methods of service delivery and ways of working. This will include maximising redeployment opportunities. It will also include providing support for the management of our workforce more generally in terms of planning, recruitment, retention, leaving employment and sickness absence. |
| Developing our staff | We will continue to support and develop the roll-out of our new Training Programmes, and improve our approaches to appraisals. We will use technology to support this through e-learning programmes and online learning communities. |
| Engaging our staff | We will continue to engage with staff and their representatives about the changes across our services. We will enhance the scope for using technology as part of our communications plans. We will take forward actions arising from the results of the 2011 Staff Survey and continue with our “12 for 12” health and wellbeing initiative. |

Modernise our Estate

We will continue to review our estate to ensure it remains aligned to our service and financial strategies.

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| Make the best use of our estate | We will improve our utilisation rates, reducing under occupancy where it exists and we will reduce our estate where viable in line with our service plans. |
| Deliver improved environments | Our aim is to have facilities and an estate that convey respect for the individual and promote privacy, dignity and safety. |

Improving quality

We consistently fare well compared to other Organisations in service user surveys, staff attitude surveys and reports from our regulators.

Many of our services have been visited and evaluated by the Care Quality Commission. We consistently receive feedback highlighting that the care they observed was person centred and dignified. When they have identified areas we need to address we have taken action immediately. Service user feedback about the support and care we have provided them has identified we have been in the top 10% of mental health trusts for the last 2 years for our mental health services. We are a high performing organisation. We have consistently delivered the national standards asked of us across our services for primary care, learning disabilities, substance misuse and mental health. National staff surveys highlight that our staff feel more engaged with the Trust than average. Our staff are more likely to recommend us as a place to work or receive treatment in than the average for the NHS as a whole.

Our governance arrangements and structures support us to focus our efforts on improving the quality and effectiveness of what we do, and deliver on the objectives we have set. The assurance processes the Board utilises can be summarised as follows:

ENGAGE & LISTEN: Ensuring we understand the experience and views of those who use our services so we can make the right improvements

- Our Governors and membership share their experiences and views and inform our plans for the future.
- We use a range of forums where service users come together to help us develop our services.
- We use a range of approaches to seek the views of individuals who use our services such as surveys and development sessions.
- We have prioritised the development of service users to survey other service users about their experiences as this will give us much more reliable feedback in the future.

DELIVER BEST PRACTICE: Ensuring the care and support we provide is guided by what we know works

- We have a NICE Implementation programme to ensure we appraise our services against the available best practice and develop improvement plans.
- We have developed a range of care pathways across services so we are clear about what we expect to be provided in respect of standard practice.
- We have an established Audit programme that evaluates how we deliver care against agreed standards
- Regular Quality Improvement Group forum brings clinicians and managers together to share best practice

MONITOR & ASSESS: Ensuring we evaluate how we are doing

- We have a team governance programme that supports each service to reflect on how they perform and agree plans for development
- We have prioritised the provision of information to teams so they can understand how they are doing, and we continue to improve our ability to provide them with the information they need
- We periodically self-assess our services against national care standards with service users, members, governors and our non-executive directors providing their views through visits and inspections

WORKFORCE DEVELOPMENT & LEADERSHIP: Supporting and developing our staff to deliver the best care

- We have an established workforce training programme that aims to support our staff with the skills, knowledge and values to deliver high quality care
- We have a well established culture and programme of developing our clinical and managerial leadership teams to support them to deliver improvements in care
- We use a range of service improvement and system improvement models to help us deliver the changes we wish to see, we continue to increase our ability to do this

The above processes support the Board's assessment of the quality of its services. The Quality Assurance Committee provides assurance to the Board on the quality of care and treatment provided across the Trust by ensuring there are efficient and effective systems for quality assessment, improvement and assurance and that service user and carer perspectives are at the centre of the Trust's quality assurance framework. A number of committees/groups report to the Quality Assurance Committee such as the Medicines Management Committee, Infection Control Committee, Safeguarding Adults and Children and Psychological Therapies Governance Committee, among others. The Service User Safety Group has a particular role in reviewing risks to the safety of service users, staff and the public.

We established our priorities for quality improvement in February-March of 2012. The people who use our services and the membership of our foundation trust have been instrumental in deciding what our priorities are. When we identified our priorities we agreed a two year plan to deliver improvements over the longer term.

In order to establish these areas as our priorities our Board of Directors

- reviewed our performance against a range of quality indicators
- considered our broader vision and plans for service improvement
- continued to explore with our Council of Governors their views about what they felt was important
- engaged with our staff to understand their views about what was important and what we should improve

We then consulted on our proposed areas for quality improvement with a range of key stakeholders. These involved our local Clinical Commissioning Group, Sheffield City Council and members of LINK (now Healthwatch). Detailed information regarding performance and benchmarking is summarised in our Quality Account. Our plans for quality improvement are summarised below.

| Strategic priority: Improve quality, safety and experience of our services for people who use our services and their carers | |
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| To reduce the harm experienced by service users from falls | |
| <u>Key development actions</u> | <u>Objectives and outcomes</u> |
| Implement standardised screening tool for falls for all older people admitted to inpatient areas | Ensure falls that result in harm do not exceed 439 (our original two year target) |
| Monitor the use of the screening tools | Ensure people admitted to our older adult wards are assessed for risk of falling and monitor this effectively. |
| Carry out environmental falls risk assessments in all inpatient and residential area | Evaluate the use of assistive technology, such as the bed and chair sensors |
| | Implement the risk assessment process (MFRA) to the residential care services that we provide support to. |

| To improve the identification and assessment of physical health problems in at risk groups | |
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| <p><u>Key development actions</u></p> <p>Continue to build awareness and engagement across our services to ensure we deliver appropriate assessments, use the right tools to understand clients needs and promote access to the range of primary and specialist services to support physical wellbeing</p> <p>The priorities for this year are continued work to improve the physical health of service users by focussing on;</p> | <p><u>Objectives and outcomes</u></p> <p>Smoking - Offering advice guidance and referrals to the smoking cessation service to decrease smoking amongst service users</p> <p>Alcohol - Provide alcohol screening across services to ensure timely referral to appropriate services</p> <p>Obesity - provide advice and support to address the issue of poor lifestyle choices, encouraging healthy diet and exercise</p> <p>Diabetes - To ensure those at risk, in particular those individuals who may experience weight gain due to their medication or lifestyle choices, are effectively screened for the risks of diabetes and are offered appropriate treatment, advice and guidance</p> <p>Dental - To ensure that Dental Care is included in both physical and lifestyle assessments and that access to dental care is made more readily available</p> <p>Physical Health Checks and annual health checks for vulnerable service users - Ensure that all service users have appropriate physical health checks, whether completed by our services or within our partner organisations</p> |
| To reduce the incidence of violence and aggression and the subsequent use of restraint and seclusion | |
| <p><u>Key development actions</u></p> <p>Implement a range of new policy guidance that defines and supports expected practice, incorporating all our learning over the last 2 years.</p> <p>Implement a programme of practice reviews focussing on seclusion, de-escalation, physical health monitoring, post-incident reviews, use of green rooms</p> <p>Continue with our staff training programme</p> <p>Undertake a review of staff experiences of delivering care and how we can better support them to deliver respectful and compassionate care</p> <p>Complete an initial assessment of the experiences of service users and staff in out non-residential and inpatient settings</p> | <p><u>Objectives and outcomes</u></p> <p>To reduce the number of incidents of violence and aggression after staff on ward areas have completed the Respect training, and sustain the reduction over the next 2 years</p> <p>To reduce the use of seclusion and restraint over the next 2 years</p> <p>To increase the percentage of service users and staff in acute wards who report experiencing a safe environment in local surveys</p> <p>To reduce the number of staff reporting that they have experienced physical violence, harassment, bullying or abuse from service users, relatives or the public in the CQC Staff Survey over the next 2 years</p> |

| To improve the experience of first contact with the Trust | |
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| <u>Key development actions</u> <p>To ensure that peoples first experience of contact or involvement with the Trust's services is positive and does not add to client difficulties or stresses.</p> | <u>Objectives and outcomes</u> <p>Continue with the Respect development programme for new staff and the 15 Steps Challenge to support the delivery of improved experiences.</p> <p>Continue to review service user experiences through local surveys.</p> <p>Complete the review of the range of information we provide to service users and agree improvements</p> <p>Focus on supporting service users to access our services quickly. To support this we will confirm improvement targets in respect of our IAPT services (assessed within 4 weeks of referral) and our Community Mental Health teams (assessed within 2 weeks of referral) and establish targets for our Memory services (see Quality Objective 5)</p> |
| To improve access to the right care for people with a dementia | |
| <u>Key development actions</u> <p>Improve the access to diagnostic and specialist services for people with dementia to improve outcomes and provision of on-going community based support.</p> <p>Improve awareness of the experiences of people with dementia to inform on-going service development priorities, awareness raising and health promotion.</p> | <u>Objectives and outcomes</u> <p>We will review the options to deliver real improvements in waiting times for our memory services and will confirm the targets we wish to deliver upon. We will then report on this in next years Quality Account, along with the progress we have made.</p> <p>We will work with GP practices in Sheffield, and the Clinical Commissioning Group to support more people who have been assessed for memory problems to receive their on-going monitoring with their GP, rather than needing to attend a specialist service.</p> <p>Evaluate the effectiveness of the pilot liaison services into the local general hospital and agree future needs</p> <p>Build on the 'Involving People with Dementia Project' and introduce more ways to gain regular feedback from people with dementia.</p> <p>Use the 'Voice of Dementia' film to support awareness raising and training for members of the public and staff across Sheffield working in relevant sectors</p> |
| Continue to develop Recovery as an underlying philosophy within the organisation | |
| <u>Key development actions</u> <p>Develop options to support the establishment of a Recovery College</p> <p>Promote and develop business opportunities in partnership with Recovery Enterprises</p> <p>Develop and implement Recovery as part of our approach to organisational change</p> | <u>Objectives and outcomes</u> <p>Recovery strategy with supporting implementation plans approved by the Board</p> <p>Engagement, development and transformation programme in place for the following four key areas</p> <ul style="list-style-type: none"> • Culture • Services • Practice • Workforce |

| Strategic priority: Develop pathways and service models to deliver improved choice, and better outcomes | |
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| Mental Health Clustering (MHC) Payment by Results (PbR): | |
| <u>Key development actions</u> Continue to prioritise / deliver on national & local MHC / PbR requirements. | <u>Objectives and outcomes</u> 100% staff in services subject to MHC to be trained in use of the MHC Tool 100% of Service Users where MHC is applicable to be assessed using the MHC Tool 95% of Service Users allocated to a Care Cluster Attain a high degree of 'confidence' in the Data Quality Clustering Data used to inform required: resources / skill mix / clinical / service interventions in preparation for costing care clusters |

Service development plans

As outlined above the focus of our clinical strategy over the next three years is to

- Improve access: Ensure care and support is delivered as locally and quickly as possible
- Improve quality and experience: Reduce the complexity of navigating across services ensuring people get to the right service as quickly as possible
- Improve outcomes and reduce inefficiency: Make the best use of staff skills and experience, so they spend more time doing the things they are best able to do
- Reducing costs for Sheffield: Provide better quality and more cost effective care locally in Sheffield. Achieving better outcomes and saving money.
- Integrate psychological care within mainstream provision: Extend the provision of psychologically informed services and care within the acute sector and primary care. Achieving better outcomes and reducing demand on expensive resources.

| Develop community services for people with learning disabilities and complex needs | |
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| <u>Key development actions</u> Develop improved services for people with challenging and complex needs by providing intensive support to people in the community and so reducing the need for hospital care and out of town placements | <u>Objectives and outcomes</u> Commission and open a new community based facility to support the delivery of integrated care Increase capacity within community services to support the return back to Sheffield of people with complex needs to more appropriate community oriented support packages Agree plans for the future provision of Respite services within more appropriate facilities and environments Reduction in levels of breakdown of clients existing provider packages maintaining people in their existing support packages, complemented by return to Sheffield of clients currently cared for out of town. |

| Acute Care reconfiguration | |
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| <u>Key development actions</u> <p>Redesign our acute services, including developing alternatives to hospital care so that people receive care as close to home as possible, are no longer referred out of Sheffield. and receive inpatient care that is safer, more therapeutic and of higher quality</p> | <u>Objectives and outcomes</u> <p>Continue to enhance care pathways across the whole age range establishing consistent delivery of care standards for people experiencing an acute mental health crisis</p> <p>Open a new Crisis House within Sheffield supporting up to 300 people over the year to receive support while in a crisis in a less restrictive and more community appropriate setting. Integrate the telephone helpline service within the Crisis House to ensure we can continue to deliver this service in the longer term.</p> <p>Deliver reduced occupancy across inpatient services (95%) and no out of town admissions unless clinically appropriate.</p> <p>Introduce Ward based Psychologist to support improved therapeutic care and treatment</p> <p>Commence development of new Psychiatric Intensive Care Unit (ITS) to support increased provision from 8 to 10 beds and a significantly improved environment of care</p> <p>Combined savings of £568,000 from reduced costs for out of town care</p> |
| Community mental health team services | |
| <u>Key development actions</u> <p>Develop locality based services with enhanced triage and liaison capacity, supported by clear pathways so that people access the right support and treatment</p> | <u>Objectives and outcomes</u> <p>Continue to support practice and service improvement across the new community model</p> <p>Incrementally improve performance so that all clients receive assessments within 2 weeks and plans of care within 6 weeks of referral</p> <p>Increase effectiveness of primary care liaison so that referrals are appropriately supported at the primary care level</p> <p>Ensure all clients supported benefit from clear recovery orientated plans of care</p> |
| Community and respite services for people with dementia | |
| <u>Key development actions</u> <p>Develop a more specialist emergency respite service to better respond to people's needs when their existing support can not cope and prevent their admission to hospital and nursing homes.</p> | <u>Objectives and outcomes</u> <p>Re-design the existing Resource Centres to deliver enhanced care and support to people who will continue to need respite support when their existing support packages are vulnerable</p> <p>Reduce building capacity to better make use of resources to support extended community provision</p> <p>Increase and extend community based support to deliver personalised care within community settings</p> <p>Combined savings of £707,000 from reduced building related support and bed based care costs</p> |

| Improved support for people's general health within Sheffield | |
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| <u>Key development actions</u> Provide solutions at the primary care level to meet people's physical, psychological and social care needs. Develop new services to meet the needs of people with long term conditions. | <u>Objectives and outcomes</u> Extend the range of provision and services provided through General Practice (Clover) to provide improved access to local population. Continue to extend the provision of Case management services to provide more co-ordinated support for people with long term neurological conditions |
| Improved liaison services for older people receiving general medical treatment in hospital | |
| <u>Key development actions</u> Develop and expand the range of specialist liaison services for older people focussing on care and treatment while an inpatient and improved discharge support and after care | <u>Objectives and outcomes</u> Continue to re-develop care pathways to support the delivery of high quality care and improved outcomes for people with a dementia in the acute hospital setting Support the delivery of revised care pathways to reduce the need for existing hospital based services if evaluated as appropriate Combined savings of £1,002,000 from reduced bed based costs |
| Reducing need for Out of Town care | |
| <u>Key development actions</u> Expand current services and develop new models to reduce current high levels of out of town care improving quality, experience and cost effectiveness to local health economy | <u>Objectives and outcomes</u> Extend provision of PICU services, introduce Crisis House services and improved admission avoidance services for older people Develop plans and agree implementation of new service models for community based rehabilitation services to reduce dependency on out of town secure rehabilitation services Develop services for people with learning disabilities and complex needs Increased income of c£3-6m over the next 2 years to the Trust to support new service models for mental health care. |
| Services for people with long term conditions and medically unexplained symptoms | |
| <u>Key development actions</u> Develop and pilot new service models under the national Pathfinder programme to deliver improved access to psychological treatments for people with long term conditions and medically unexplained symptoms | <u>Objectives and outcomes</u> Extend current pilot model to evaluate needs and benefits of integrated provision within primary care teams. Continue with the pilot model of practice level support for people with medically unexplained symptoms. Service development and rollout programme into 2013-14 and 2014-15 that delivers real and demonstrable positive client benefit and health improvement alongside efficiencies and cost reductions to health and social care economy. |
| Advice and assessment services for alcohol | |
| <u>Key development actions</u> Increase awareness/access to services and develop new approaches to provide for people's needs, screening, assessment and support. | <u>Objectives and outcomes</u> Improve arrangements to support access to support and advice across a range of agencies |

| Key delivery risks | |
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| <u>Development capacity for quality improvement</u> Range of change programmes on a Trust wide level risking poor delivery against intended plans | <u>Plans and mitigation</u> Identified leadership roles in place for defined programmes Programme management processes in place to ensure delivery Build upon strengths of previous positive and successful engagement across staff and clients forums to support implementation plans Strong communication plan in place to support on-going awareness and engagement |
| <u>Delivery of structural changes</u> Extensive reconfiguration programmes involving integration and movement of services impacting on morale and delivery of intended changes | <u>Plans and mitigation</u> Dedicated programme managers for key change programmes Extensive engagement and consultation programmes have generated high levels of awareness regarding intentions Appropriate modelling regarding scheduling the impact of planned changes |
| <u>Capacity to deliver new service developments</u> Plan commits to delivery of new services on a developmental basis | <u>Plans and mitigation</u> Clear case of need established across mutli-agency stakeholders for key development areas of new provision (LTC', Dementia, OATs and Rehab strategy) Development resources identified to support project and service development over the 2013-14 period. Transferable skills and experiences readily available from previous successful innovation to support new models |
| <u>Commissioning support for future change programme</u> Failure to secure commissioning support for changes will impact on strategic direction and risk the Trust's supporting financial plans | <u>Plans and mitigation</u> Joint QIPP plan agreed with NHS Sheffield provided shared ownership and commitment to plans High engagement within Partnership forums have secured broad support for direction of travel Partnership Review with Sheffield City Council has affirmed commitment to Trust and trust plans for way forward. |

Productivity and efficiency

Overview

The Trust undertakes benchmarking comparisons of its inpatient and community mental health services (NHS Benchmarking) and the Commissioning lead Financial Mapping review of mental health service provision and costs. The Clinical Commissioning Group has also, with the support of the Trust, previously commissioned an external review with Mental Health Strategies to support the identification of areas for productivity and efficiency gains or broader service redesign.

The Trust has developed its previous and current plan through strong partnership with its main commissioner. The Trust and Sheffield CCG have in place an agreed joint plan to deliver on QIPP objectives, designed to meet the shared strategic and operational requirements of both organisations. This approach has significant advantages of ensuring stability of planning and management of service change with the intention of delivering on the financial requirements of both organisations through a single joint plan. Through this the Trust has been able to extend its scope to make positive changes to services to deliver financial efficiencies across the broader mental health related spend in Sheffield. This broader principle has allowed the Trust to adopt a programme budgeting approach to out of town spend, and demonstrate its capacity to make real improvements through management of the broader care pathway and whole system.

The main areas that the Trust has identified for productivity and efficiency gains are summarised as follows:

- Whole system management: formal management of previous out of town care provision on behalf of the CCG for defined client groups. Through better management across the care pathway and more clinically led assessment and reviews of client needs we are reducing levels of out of town care and delivering efficiencies from a previous spend by Sheffield CCG of over £5 million. We have increased our income by £4.1 million as part of the new arrangements to support more effective pathway management. We plan to build on this further.
- Improving community alternatives: Our strategic review of services and needs have identified that many inpatient and bed based services are utilised due to lack of accessible, and effective community based alternatives. We are developing and increasing our capacity across liaison services, home support and alternatives to inpatient care to allow us to reduce further our dependency in inpatient and bed based services.
- Simplifying pathways and access arrangements: We have a range of programmes that are focussed on reviewing existing care pathways and re-designing to introduce simpler more leaner processes that are focussed on delivering quick access to high quality assessments and devising primary care level support plans where appropriate.
- Technology: We have a well developed information technology programme that is actively supporting mobile working to inform options for future efficiency solutions.

Governance

Over the last 5 years we have consistency achieved our financial plans and targets despite a backdrop of increasing costs and reductions in contract income. This success has been assured by the use of non recurrent means as we have been unable to identify the required amount of recurrent cost improvements.

The current economic climate within public sector resources will continue and we can expect the trend of reducing funding levels and dis-investment from commissioners to be maintained. The impact is that we will need to find recurrent cost improvements of at least 4% (informed by contractual requirements) year on year for the foreseeable future. Over the next 5 years this means identifying savings of at least £20m.

To respond to this challenge and remain sustainable we must transform the way we deliver services. We will ensure that our services and processes are efficient and work in partnership with commissioners to ensure that care pathways are streamlined. We have recognised that we need to strengthen our approach to programme delivery across the range of areas we have identified. This is essential if we are to address the non-recurrent element of our 2012/13 plans and successfully deliver our efficiency programme and requirements over the next three years. During autumn of 2012 we established a programme board to support the effective coordination and development of our future delivery plans. We have strengthened this further with the establishment of a programme board to assure the effective delivery of approved service plans and CIPs as we go into 2012/14 and beyond.

To ensure robust and effective delivery of sustainable plans over the next three years the Trust has the following programme management arrangements in place:

Business Planning Group: Chaired by the Deputy Chief Executive the group governs and directs on behalf of the executive management team the business case approvals, delivery of agreed change programmes in line with implementation plans, delivery of agreed CIP plans. The Group consists of the DCEO, Finance Director and Director of Operations/ Chief Nurse, HR Director plus lead officers for Performance, Planning and Commercial Relations.

Optimising Value in Care Group: Chaired by the Deputy Chief Executive the group governs and directs the development of future service and financial plans ensuring timely development and production of solutions to emerging opportunities and existing strategic plans. The Group delivers a cross organisational approach to the development of future schemes and ensures that the development phase is robust prior to approval to proceed via the BPG (above). The Group consists of the BPG membership plus service and clinical directors from the Trusts key service lines and care groups.

The effective functioning above programmes will be supported by a consistent programme management resource ensuring effective co-ordination of key projects across the Trust. Board assurance and monitoring of the above programme structures is provided through the Finance and Investment Committee.

The above programmes are further supported by joint strategic forums in place with Sheffield CCG to support the ongoing development of joint QIPP plans, and an equivalent Board structure for the city Council services provided by the Trust.

Profile and enablers

The focus of the Trusts efficiency plans can be summarised as follows:

- **Skill mix reviews:** Care pathway redesign and developing service models for the future supporting clearer models in respect of required skill mixes in respect of administrative functions, bank/ agency requirements and professional skill mixes.
- **Capacity reviews:** Care pathway and process redesign delivering more efficient service models, supporting the merging of services to reduce costs and improve access, along with reduced workforce needs to deliver more recovery orientated and liaison focussed support.

- Reconfiguration and service re-design: through the adoption by the Trust of more programme budget/ whole system management responsibility, in agreement with its Commissioners, to support the delivery of community orientated service models reducing dependency on costly bed based services, or out of town care provision.
- Administration and bureaucracy: Utilising corporate benchmarking data and other assessment tools the Trust continues to focus on maximising efficiencies from across its back office and support related costs to mitigate the impact on clinical services where possible.

The Trust's plans have been developed and produced by its clinical and managerial leadership teams from its service directorates (service lines). All CIP plans relating to clinical services have been developed and approved by the appropriate clinical director.

To support the development of its plans as part of its ongoing strategy implementation the Trust has key engagement forums that are designed to foster, encourage and facilitate innovation and cross organisational sharing and learning. The Trust's Strategic Development Forum is a clinically led forum, chaired by the Medical Director. The Forum brings together the Trust's Management Team, Service and Clinical Directors and other key roles from across Nursing, Psychology, Therapy and Pharmacy to continually develop our future priorities for re-design, quality improvement and service efficiency.

The Trust's investment plans support the above approaches and priority areas. Additional investment capacity has been allocated to support

- Change management
- Project delivery and management
- System improvement reviews
- Information technology solutions, particularly to support lean and mobile working.

Impact on quality

The Board has a clear obligation to maintain or improve quality. Quality and efficiency should go hand in hand and improved services often cost less. Through the development of its service and efficiency plans the potential risks that cost saving schemes can have on quality of services have been assessed.

The Board's Quality Assurance Group approved the agreed processes for undertaking Quality Impact Assessments (QIA). The QIA ensured that the changes proposed as a result of the proposed CIP were considered in respect of potential impact on quality in respect of

- Safety
- Effectiveness
- Experience

All Directorates have presented their proposed CIP plans to the QIA Review Panel. The Review Panels were led and chaired by the Medical and Nursing Directors. The overall Trust wide QIA arising from the Trust's CIP Plans have been reported to the Board.

Where risks to quality were identified, metrics to monitor and evaluate the impact were agreed with the necessary information gathering arrangements in place to inform future appraisal.

Overall, there were no undue or significant areas of potential concern regarding the risk of an adverse impact on the quality of care arising from the Trust's plans.

Financial & Investment Strategy

The Trust's financial strategy is shaped by the environment within which we are delivering our services and the direction of travel we have outlined for our service developments and quality improvement. The overarching principles and goals that shape the Trust's financial strategy are

- To maintain a financial risk rating of 3 and to maintain a 2% Income Surplus margin to contribute towards planned future capital investment.
- To effectively and robustly manage our financial ratios over the medium term as we expect to diminish the net return after financing and liquidity ratios as we start to expend our cash holdings in support of our capital expenditure programme.
- Realistic assumptions underpin our strategy in respect of growth, adopting a measured approach to the future. This measured approach to what underpins the financial plan does not detract from our objective of maximising growth opportunities.
- Service improvements will be delivered through efficiency and change as opposed to additional investment to the Trust. Our CIP programme provides for an additional resource and fund to support internal investment plans and our capacity to develop and expand our business in response to developing commissioning strategies.
- Maintaining a sound awareness of our cost base across our service and business units as to support our understanding of the services and products we deliver and identify future improvement opportunities. The associated development programmes to progress the implementation of service line reporting and payment by results within mental health services will complement this approach.
- To undertake a thorough viability appraisal of all contracts as part of the optimising value in care programme to deliver cost improvements, ensuring the relative contribution of all service lines is transparent and that full cost recovery and surplus is achieved unless directed otherwise from the Board.

The Trust currently has a sound cash position with a forecast balance of £22.7m at 31st March 2013 and is not expecting problems with its cash flow. Looking ahead to the medium term we may need to increase our Working Capital Facility as our capital plans develop. It is not, however, anticipated that the Trust will need to utilise this facility in the short-term. The current facility ceases on the 31st July 2013 and we will extend the current facility another year.

- The long-term borrowing limit for the Trust is £24.9m for 2013/14.
- Approved Working Capital Facility: not to exceed £8.1m for 2013/14.
- The Trust financial plans anticipate being able to live well within the constraints of the prudential borrowing code however, the plans for 2015-16 onwards will most likely need to incorporate potential borrowing to support the second stage of the Acute Care Reconfiguration programme.
- Capital plans are not over-committed, however, we will start to commit balances carried forward from previous years.

The Trust will continue to exploit the marketing potential of some of its specialist services but will also look at competition which has a potential to deplete our services and as a consequence our overheads. Presently, there is only limited competition which could materially affect our income.

The key financial priorities and related investments for the Trust are

- Achievement of its cost efficiency programme
- Developing and delivering measured growth over the lifetime of this plan in the areas of strategic interest of the Trust in respect of whole system benefits and out of area care and treatment

The key financial risks to achieving the financial strategy is the failure to deliver our future efficiency programme. The focus and approach to the development of our service strategy and efficiency programme is summarised elsewhere in this plan. The alignment of our plan to our clinical strategy and the commissioning strategies and ambitions of our main commissioners provide assurance and confidence regarding delivery going forward in the medium to longer term. Failure or delays in the achievement of our financial plans have been mitigated by the Board through the use of CQUIN income as reserve allocations, in addition to additional contingencies allocated to reserves through our financial plan.