Blackpool Teaching Hospitals NHS
NHS Foundation Trust

Five Year Strategic Plan

June 2014

Together we care

Foreword

Ian Johnson
Chairman

Gary Doherty
Chief Executive

Together we care

Blackpool Teaching Hospitals NHS Foundation Trust, along with the wider NHS, is facing significant challenges in the years ahead – an ageing population; increasing numbers of people living with complex, long-term health and social care needs; rising expectations about quality of life and the range of services that are provided; and increasing costs of providing care for our patients.

Our aim is to embrace these challenges. We see them as a real opportunity to reshape the way in which we provide healthcare services to our patients, with care and treatments that are better designed to meet the needs of individuals and their families.

We understand that the majority of patients do not wish to be admitted to hospital unless it is really necessary. We also understand that sometimes your treatment isn't joined up well enough across different aspects of care. As a provider of both acute and community services, our future plans aim to provide an holistic model of care that will support the most needy and frail patients closer to their home wherever possible. We will ensure that care for these patients who have multiple, complex health and social care needs is better coordinated.

When patients do need to be admitted to hospital, we recognise that they want timely access to treatment. We recognise that patients and their carers want to understand and be involved in decisions about their care, from the investigations to treatment, recovery and rehabilitation. We need to provide safe, high quality care that has good outcomes and means that patients don't stay in hospital any longer than is really needed.

This document sets out the Trust's strategy for 2020 – to deliver integrated care services that are safe, effective and caring – and describes our strategic plans, quality goals and core values that will allow us to better meet the needs of the local population.

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1. The local population

Blackpool Teaching Hospitals NHS Foundation Trust is situated on the west coast of Lancashire, and operates within a regional health economy catchment area that covers Lancashire and South Cumbria, supporting a population of 1.6 million. The Trust is a provider of specialist tertiary care for Cardiothoracic, Cardiology and Haematology services across this region.

The Trust is commissioned to provide acute and community services for the 340,000 residents of NHS Blackpool Clinical Commissioning Group (CCG) and NHS Fylde and Wyre CCG, as well as being commissioned to provide community services for the additional 160,000 residents of NHS Lancashire North CCG.

The population across these three areas is wide ranging. There are areas of considerable deprivation, transience (people living in several different locations across a short period of time), poor health and high death rates. These are neighboured by areas of prosperity, good health and longer life expectancy.

Deprivation

Deprivation is a significant indicator of adverse health conditions. The 2010 Indices of Multiple Deprivation combines a number of indicators (including economic, health, housing, crime and social issues) into a single deprivation score for each small area in England. It allows areas to be ranked and compared according to five levels of deprivation across the country.

Blackpool is a large seaside town covering an area of 13-square miles within an urban area stretching along the Fylde Coast, and is one of the most densely populated authorities within the UK.

In 2010, Blackpool was ranked as the sixth most deprived region of 354 local authorities in England and the highest ranked region for the concentration of deprivation.

The population of Fylde and Wyre is a combination of urban and rural residents, and is generally more affluent, although there are small concentrations of highly deprived populations.

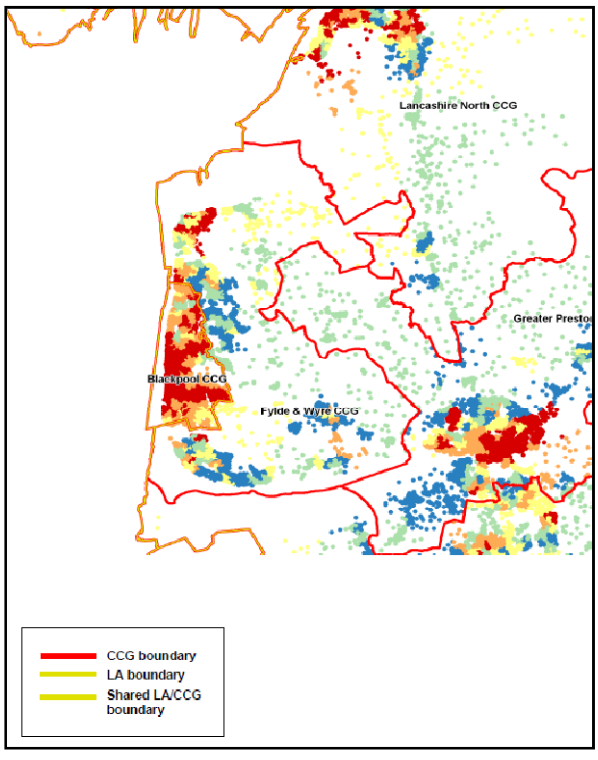


Figure 1
Local areas of deprivation – red indicates the highest quintile of deprivation and blue indicates the lowest quintile of deprivation.

In Fylde and Wyre, 57% of the population lives within the two most affluent quintiles (a quintile refers to the population being divided into fifths). The proportion of people living in the most disadvantaged areas (11%) is less than the national average. However, parts of Fleetwood and St Annes are

classified as being among the fifth most disadvantaged areas in England. Over 16,800 people within Fylde and Wyre (around 11%) live in these areas.

Within the Lancashire North region, the proportion of the population living in the most disadvantaged areas (18%) is below the national average. However, parts of Morecambe, Heysham and central Lancaster are classified as being amongst the fifth most disadvantaged areas in England, and over 29,000 residents live in these areas.

Life expectancy

The health of the Trust's local population is generally worse than the national average, and there are marked inequalities both compared to the national average and within the region itself. Life expectancy in Blackpool was 73.8 years for men across the period 2010 to 2012, the lowest in England, and 80.0 years for women, the third lowest in England. However, there are significant health inequalities, with men in the least deprived areas of Blackpool living almost 13 years longer than men in the most deprived areas. For women this difference is over 8 years.

The population of Fylde and Wyre also experiences health inequalities, with men living in the most deprived wards having a life expectancy that is 5.2 years shorter than in the more affluent wards within Fylde and 8.6 years in Wyre, whilst for women this difference is 4.2 years in Fylde and 7 years in Wyre.

Life expectancy has increased in Lancashire North over the last 20 years. Although female life expectancy remains greater than male life expectancy, the difference has reduced over this period with both male and female life expectancies just over one year lower than the national average. However, life expectancy varies widely within the locality with an 11.6 year difference in male life expectancy between the most and least deprived areas. For females, this difference is 8.5 years.

Age profiles

The age profile for Blackpool shows that older people (aged > 65 years) account for a slightly greater proportion of residents than observed at a national level – 20% compared with 17% across England.

Mid-2012 estimates show a higher proportion than England of people over 55 years of age, and a much younger proportion in ages younger than 35. The age band 30 to 35 in particular has a considerably lower proportion than in England.

Similarly, Fylde and Wyre is generally characterised by an older population with a significantly higher proportion of older people (aged > 65 years) than observed at a national level – 24% compared with 17% across England – and a lower than average population under 35 years.

In contrast, the population of Lancashire North is closer to the national average with the proportion of older people (aged > 65 years) at 18% compared with 17% across England. The higher than average population in the 20 to 24 age band reflects the student population based around Lancaster.

Population changes

Projections indicate that the populations of Blackpool, Fylde and Wyre and Lancashire North will grow over the five year strategic planning period, although the growth patterns are different across the three areas.

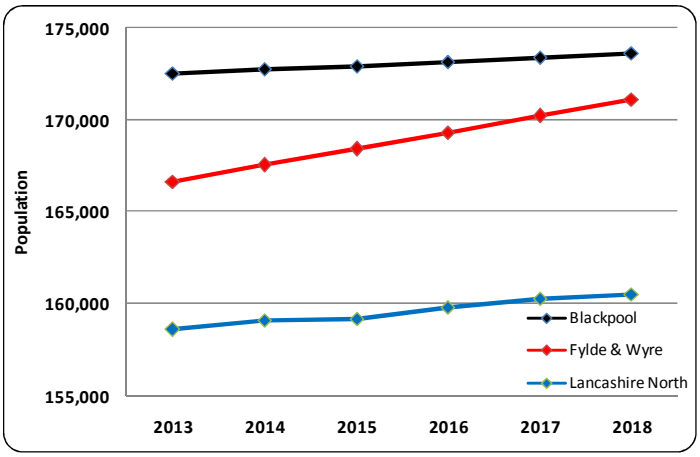


Figure 2
Predicted population growth from 2013 to 2018

For Blackpool, although the overall increase in population is less than 1% by 2018/19, growth is predicted at each end of the age range, with the population aged under 19 expected to grow by 10%, and the population aged over 80 expected to grow by 7% in the same period. For Fylde and Wyre, the overall growth in the population is 3%, with minimal predicted growth in the population aged under 19, but a predicted growth of 5% for the population aged 60 to 79, and 12% for the population aged over 80. Similarly, Lancashire North has all of its growth in the population aged over 60, with a 13% increase for the population aged over 80.

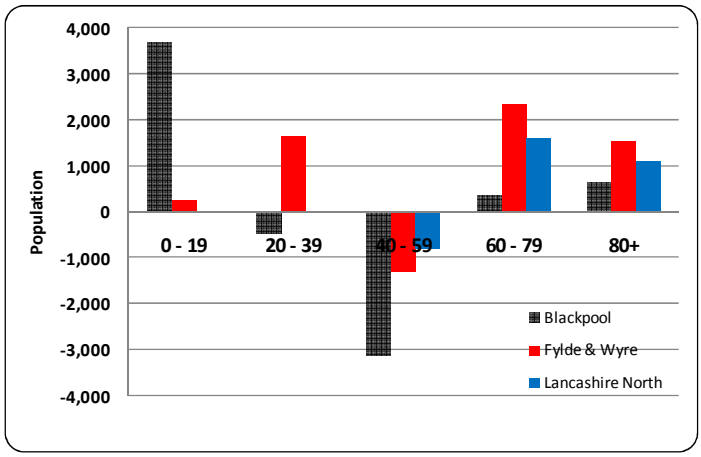


Figure 3
Predicted population changes from 2013 to 2018

Considering the populations for which the Trust provides acute service, it is anticipated that there will be approximately 4,800 additional people aged over 60 by 2018/19 and within this increase, 2,200 will be aged over 80. When including the population for which the Trust provides community services, it is anticipated that there will be approximately 7,500 additional people aged over 60 by 2018/19 and, within this increase, 3,300 will be aged over 80.

Local lifestyles

The Trust's catchment population in Blackpool has high rates of smoking (the fourth highest rate in England), including smoking in pregnancy (the highest reported rate in the country); high rates of

alcohol consumption and associated alcohol-related hospital stays; high rates of drug misuse; and a high number of hospital stays associated with self-harm.

Smoking is the single most important factor explaining the difference in death rates between the most and least affluent areas, and is a major factor in ill health. Over 30% of adults within Blackpool are cigarette smokers, and in the most disadvantaged areas three out of four families smoke, spending one seventh of their income on tobacco.

Alcohol misuse in the North West of England is the worst in the UK, and Blackpool has some of the highest levels of alcohol related harm in the country, not only direct health effects such as premature death and chronic liver disease but other consequences such as disorder and violence. There are an estimated 40,000 Blackpool residents who drink at hazardous or harmful levels, equating to 23% of the adult population.

Blackpool has higher estimated levels of opiate use of at least two and a half times the national average and injecting drug use is also estimated to be considerably higher than average at over three times the national rate.

Levels of adult obesity in Blackpool (26%) are similar to those in the North West (23%) and England (24%). Projections of the numbers of Blackpool's older population (aged > 65 years) who are considered obese indicate that sizeable increases are to be expected. Physical activity levels amongst the adult population in Blackpool are significantly worse than the England average at 8% compared with a national average of 11%.

In contrast the population of Fylde and Wyre is closer to the England average across these areas, with levels of smoking and alcohol-related admissions below the national average. However, with an increase in the number of people aged over 65 years drinking more than the guideline amounts, the region has the potential to see an increase in alcohol-related conditions and associated healthcare activity.

Levels of adult obesity in Fylde and Wyre are 22%, below the national average (24%), although this reaches 28% in the most deprived parts of region. Healthy eating is also estimated to be below the national average.

Across Lancashire North the estimated rate of smoking is 23%, rising to 34% is deprived areas, with rates of smoking-attributable admissions significantly higher than the national average. Within the region, 26% of the population is considered to be 'higher-risk and increasing-risk' alcohol consumers compared to the England average of 23%, and the region has higher than average rates of alcohol-related hospital admissions and mortality rates. Overall rates of obesity, healthy eating and physical activity are better than national averages although, as with other local areas, this changes in the most deprived regions within Lancashire North.

Long term conditions

The high number of older people in the region, coupled with the lifestyle choices of the population, is reflected in the number of people who have long term conditions in the Blackpool region. Particularly prevalent conditions are chronic kidney disease, chronic obstructive pulmonary disease (COPD), asthma, coronary heart disease, heart failure, diabetes and hypertension. The region also has higher than average rates of other physical health issues such as epilepsy, stroke, transient ischaemic attacks (TIA) known as mini-strokes, and mental health issues such as depression and learning disabilities.

Mortality rates in Blackpool for chronic liver disease (including cirrhosis) are the highest in the country, and mortality from circulatory diseases is the second highest in the country, at a level that is more than 50% greater than that of England and Wales.

Each year in Blackpool there are approximately 1000 new cases of cancer, with incidence and mortality rates significantly higher than regional and national figures. Amongst women, the most common cancers are breast, lung and bowel, whereas amongst men these are lung, bowel and prostate. Participation in NHS Cancer Screening Programmes is relatively low in Blackpool compared to regional and national figures.

In Fylde and Wyre, similar patterns are observed. Particularly prevalent diseases are chronic kidney disease, hypertension, coronary heart disease, heart failure, COPD and asthma. The region also has significantly higher than the national average rates of other physical health issues such as cancer, epilepsy, stroke, transient ischaemic attacks (TIA) known as mini-strokes, and mental health issues such as dementia and depression. These are linked to the older than average population in the region.

In contrast, the disease prevalence in Lancashire North is closer to the England average. However, similar diseases are prevalent, including chronic kidney disease, coronary heart disease, COPD and asthma. In addition, the region has higher than the national average rates of other physical health issues such as cancer, epilepsy, stroke, transient ischaemic attacks (TIA) known as mini-strokes, and mental health issues such as dementia and depression.

2. Healthcare needs

The result of the local demographics, lifestyle choices and disease prevalence is that the local health economy is faced with the challenge of meeting the requirements of a population that covers the full range of healthcare needs

This population generates high levels of demand for

- Urgent and emergency healthcare services
- Planned services associated with the ongoing management of long term conditions
- Surgical and medical interventions associated with old age and/or the longer term impact of poor health and wellbeing
- End of life care

Specifically, the needs of our population are:

1. **Urgent care services that are available all day, every day** to support patients (adults and children) who need urgent access to primary care to treat minor injuries and ailments. This is particularly important for patients who need care during the 'out-of-hours' period when they cannot access their own GP practice, and for those patients who are not registered with a GP practice.

2. **Emergency care services that are available all day, every day** (A&E) to support patients (adults and children) in urgent need of acute care to treat major injuries and illnesses.

3. **Support to influence patients' lifestyle choices**, such as smoking (particularly smoking in pregnancy), alcohol consumption and substance misuse.

4. **Support for the effective treatment of long term conditions and health risk factors** such as COPD and diabetes that are associated with patients' lifestyle choices, particularly smoking, obesity, physical inactivity, alcohol consumption and substance misuse. This support is required in patients' own place of residence, community settings and in hospital, under every day circumstances and when their condition becomes difficult for them to manage themselves.

5. **Healthcare services that address the longer-term effects of lifestyle choices**, including gastroenterology, cancer, cardiology and stroke services.

6. **Support for the management of long term conditions and health risk factors associated with an aging population** or longer exposure to unhealthy lifestyle choices. This support is required in patients' own place of residence, community settings and in hospital, under every day circumstances and when their condition becomes difficult for them to manage themselves.

7. **Health and social care services to support an aging population**, providing at-home, community-based and in-hospital services such as surgical interventions (including orthopaedics, ophthalmology, and urology), rehabilitation and intermediate care facilities in nurse-led care settings.

8. **Health and social care services to support children and families**, providing at-home, community-based and in-hospital services, particularly for those from deprived areas and with safeguarding issues.

9. **Support for patients of all age groups with mental health issues**, ranging from children's safeguarding issues to dementia.

10. **Support for patients who require care at the end of their life.**

3. Challenges facing the Trust

The Trust is facing significant challenges in the years ahead – an ageing population; increasing numbers of people living with complex, long-term health and social care needs; rising expectations about quality of life and the range of services that are provided; and increasing costs of providing care for our patients. If we do not change the way in which we provider services, this is what we can expect to see in the coming five years.

An increase in the local population, especially the elderly

↑ 7,419 People of all ages

↑ 7,500 People aged over 60

↑ 3,300 People aged over 80

An increase in demand for urgent and emergency care services

↑ 1,600 A&E attendances

↑ 1,200 Emergency admissions

An increase in demand for elective care services

↑ 1,200 Inpatients & day cases

↑ 6,300 Outpatient appointments

An increase in demand for community care services

↑ 2.35% Community visits

If we do not change the way in which we provide care for our patients, these increases mean that we will need to have more beds in our hospitals and more doctors and nurses to look after people in those beds.

We need to attract and retain a workforce in sufficient numbers and with suitable skills to meet the healthcare needs of the local population

Right number of doctors and nurses to deliver safe care

Right skills and experience to deliver high quality care

The way in which some services are funded is going to change. This is to encourage health and social care providers to work together on keeping people healthy, preventing hospital admissions wherever possible, and helping people to return to their own homes quickly if they do need to spend time in hospital. This will see a transfer of funding away from acute, hospital-based services and instead the funds will be placed into a shared budget that will be managed by the Clinical Commissioning Groups and the Local Authority. This is known as the Better Care Fund, and must be used to support a range of services that meet the health and social care needs of the population in community-based settings or at home.

The local health economy is anticipating a transfer of funds that will support the nationally agreed themes of the Better Care Fund – delays to transferring patients from hospital back to their usual place of residence, a reduction in the number of emergency admissions, effective rehabilitation to enable patients to return to independence as soon as possible, a reduction in admissions to residential and nursing care, and an improved patient experience.

Changes to the way in which services are funded

Transfer of funds into the Better Care Fund to support community-based health and social care services

At the same time, the Trust must also make cost savings to contribute to the national requirements to save money.

↓ 4.5% **Planned reduction in costs each year**

The Trust needs to reduce its costs each year

The Trust still needs to invest in medical equipment and information technology to support the delivery of safe and effective patient care, as well as maintaining its buildings – this type of investment is known as capital expenditure.

The Trust needs to invest in its medical equipment, information technology and buildings

£7m **Planned capital investment each year**

4. Our strengths and areas for improvement

The Trust has reviewed its key strengths and areas for improvement, as well as assessing the opportunities and challenges that are currently present, or are likely to be present, across the coming five-years.

A key area of strength for the Trust is its provision of both acute and community services, which gives us the opportunity to review and reshape clinical models of care across secondary and community services, as well as reviewing where care is provided across the hospital, community settings and in patient's own homes.

We are a provider of acute and community services.

We will use this strength to help us change our models of care.

Together with our joint working between the Trust, the local GPs and Clinical Commissioning Groups, and the local authorities, this means that the Trust is well placed to introduce innovative, efficient models of care.

We are a provider of specialist cardiothoracic, cardiology and haematology services, we undertake a significant amount of research and development activities, we have teaching hospital status, and we have been recognised for our medical education.

The Trust recognises key areas for improvement are timely access to treatment, particularly in the Emergency Department, and the quality of care provision in some clinical services.

During 2013, we were subject to a review of the way we provide services because our in-hospital mortality rate (the number of deaths in our hospital) was higher than expected. We continue to work hard to improve this, and recent figures show that our focus on implementing care pathways for our high-risk conditions and ensuring the right numbers of doctors and nurses on our wards has had a considerable impact.

In 2014, we received an inspection by the Care Quality Commission (CQC). The inspection team said that there was a lot of good practice and very caring staff across the Trust, and we were given 'good' ratings for our children's care, end of life care and intensive care services. However, the inspections team felt that we needed to make improvements in several areas

Are acute services at this Trust safe?	*Requires Improvement*
Are acute services at this Trust effective?	*Requires Improvement*
Are acute services at this Trust caring?	*Good*
Are acute services at this Trust responsive?	*Requires Improvement*
Are acute services at this Trust well-led?	*Requires Improvement*

We are working hard to address these concerns, including increasing the number of doctors and nurses in our hospital wards, improving our clinical outcomes through the use of care pathways, improving our clinical record keeping through the introduction of electronic patient records, and continuing to enhance our leadership through training and development programmes and 'Board to Ward' engagement between our Executive Directors and front line clinical staff.

5. Our strategic options

There are a number of strategic options available to us, which we have considered as part of our five-year strategic planning discussions within the Trust, across the local health and social care economy, and with our partners who provide healthcare across the wider region. For each option, we have assessed the likely impact on clinical outcomes, our finances and our ability to change our existing models of care.

Urgent and emergency care

We could continue to provide services as we do currently, with many patients coming to our Emergency Department for access to care and treatment for a range of different needs.

We do not believe that this will best meet the needs of our local population, particularly as we see an increase in elderly people who are likely to be frail and have multiple, complex health and social care needs. Also, if we do not change our model of care, we will need to have more beds in our hospitals and more doctors and nurses to look after people in those beds. It will make it increasingly difficult for us to provide access to care and treatment in a timely manner and in a suitable environment.

Instead, we believe that we should change the way in which we provide urgent and emergency care services to be better integrated across primary, community and secondary healthcare, as well as improving our links with social care. Our plans are outlined in section 7.

Planned care – outpatients, days cases and inpatients

We could continue to provide services as we do currently, with many patients coming to the hospital for outpatient appointments, diagnostic tests and surgical procedures.

Given the growth in our population and the likely increases in demand for these types of services, we do not believe that this will best meet the needs of our local population and it will be increasingly difficult for us to provide access to care and treatment in a timely manner and in a suitable environment.

Instead, we believe that we should change the way in which we provide planned care, with outpatient appointments provided in community settings where possible. We have increased the number of procedures that can be undertaken as a day case instead of requiring a hospital admission, and we believe that there is more work to do in this area.

We are keen to work with our neighbouring Trusts to provide shared service models, particularly in those clinical services that are specialist in nature or treat small numbers of patients. By sharing clinical expertise, we can improve clinical outcomes and recruit the right number of doctors and nurses.

Community-based care

We could continue to provide services as we do currently, caring for a large number of patients in the communities of Blackpool, Fylde and Wyre, and Lancashire North.

However, we believe that our community teams are valuable assets that can provide an increased range of support, particularly for our ageing population, supporting people in their own homes or in neighbourhood locations, helping to prevent unnecessary visits to hospital.

6. Our strategy for 2020

The Trust's strategy for 2020 is to deliver integrated care services that are safe, effective and caring

Our new mission is "Together we care", which demonstrates the vision for 2020 of improving the health and well being of the population through partnership working with health and social care, focusing on ill-health prevention, management of long term conditions, and timely access to treatment. Care will be safe, high quality and managed within available resources, provided in the most appropriate environment and to agreed clinical pathways.

The Trust's highly skilled and motivated workforce will be patient-centred, caring and compassionate, living the Trust's values every day.

Drawing on its strengths and available opportunities, the key principle on which the strategy is based is to move away from a hospital-centred, reactive approach to care, and instead focus on a community-centred, proactive, and continuous approach to looking after our patients.

To ensure delivery of this strategy, the Trust's Board of Directors has agreed five objectives:

To provide an holistic model of care, with treatment undertaken in community settings wherever possible.

To prevent unnecessary emergency admissions to hospital through delivery of new service models that provide enhanced support in community settings and integrated care for the most needy and frail patients.

To provide safe, high quality and patient-centred care, using evidence-based pathways to deliver standardised approaches to care with positive outcomes.

To be financially viable, managing services within available resources, allowing us to invest in our future.

To support and develop a skilled, motivated and flexible workforce that is able to innovate in the development of our services.

The Trust has recently been inspected by the Care Quality Commission as part of its new hospital inspection regime. Whilst this identified many examples of good practice and several areas were rated as “good”, the overall rating for the Trust was that it “requires improvement”. This followed an earlier external review led by Sir Bruce Keogh after the Trust was found to be an outlier on specific areas of in-hospital mortality.

To demonstrate its absolute commitment to providing safe, high quality care, the Trust has maintained its quality goals:

All patients and carers will be involved in decisions about their care.

We will have zero inappropriate admissions for our patients.

We will have zero harms for our patients.

We will have zero delays for our patients.

We will ensure compliance with standard pathways to achieve good outcomes.

In addition to this, we have a number of ambitions related to our care provision:

We will provide access to service 7-days a week where required to improve clinical safety and quality.

We wish to receive a Care Quality Commission rating of “outstanding” across all clinical services and sites.

We will rationalise the Trust’s estate and provide community services linked to neighbourhoods within the CCG geographic footprints.

We will implement electronic patient records that enable sharing of relevant clinical information across health and social care services.

7. Our strategic plans

To make sure we are able to provide high quality, sustainable services for future generations, we need to fundamentally change the way services are delivered. We have been looking at what works in other healthcare systems across the world to assess which new models of care could be successfully implemented locally to address the challenges we face, and improve quality and patient experience while at the same time ensuring the health system is affordable. These discussions have been informed by a detailed analysis of our current population's health needs, age and the associated spend on healthcare.

Caring for the frail elderly and those with multiple and complex health and social care needs

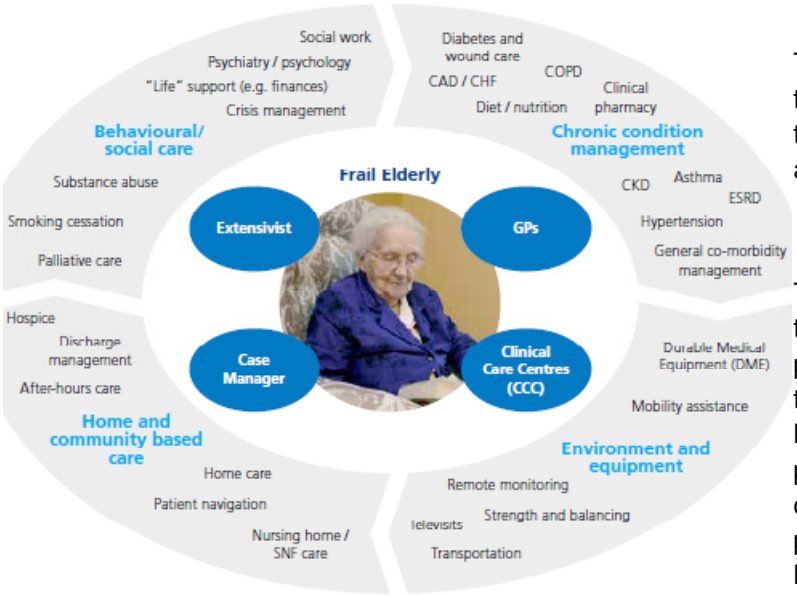
To really make a difference to the lives of those with multiple and complex health and social care needs, we have looked at care models that exist across the world which focus on the provision of integrated and coordinated care for patients with the highest needs.

There are two models – 'extensivist' and 'enhanced primary care' – which have been successful in improving quality, clinical outcomes and patient experience. We will work in partnership with local GPs from NHS Blackpool CCG, NHS Fylde and Wyre CCG, and our Local Authorities to implement new models of care across the Fylde Coast.

The 'extensivist' model is specially designed around patients with complex health and social needs which result in them frequently using our healthcare services. Currently, the healthcare needs of this group of patients are met in a fragmented approach, which means that they are repeatedly admitted to hospital when this is not always where they wish to receive care and is not always the most appropriate place for us to care for them.

In the future, care will be provided out of hospital wherever possible. Care will be overseen by a senior doctor, who will review each patient and discuss their needs with the patient's own GP. Following this, a care plan will be created that is tailored to suit their individual needs.

Community-based care that is centred around the needs of our most frail and needy patients



The care plan will include goals for the patient, so that they can work towards improving their own health and well-being where possible.

The doctor will be supported by a team of health and social care professionals, including nurses, therapists, and pharmacists, who will have holistic responsibility for a patient's care – this includes overseeing care provision if the patient does require treatment in a hospital setting.

Each team will be responsible for coordinating disease specific care programmes and general intervention programmes (from existing service provision such as community heart failure services or End of Life care), with care taking place at locations that are matched to the needs to the individual and cohort of patients (e.g. domiciliary visits, primary care centres, care homes)

We will also work in partnership with local GPs from NHS Blackpool CCG, NHS Fylde and Wyre CCG and our Local Authorities to introduce 'enhanced primary care' as a new model of care for the larger group of patients who have a single long term condition. Again, this group of patients has healthcare needs that are currently met in a fragmented, episodic approach which can lead to unnecessary, unplanned hospital admissions. As a minimum, the Trust will provide community health service support to the enhanced primary care service, with teams linked to each neighbourhood and tailored to the population's specific needs

Urgent and emergency care

The current model of service provision for urgent and emergency care services across the local health economy must change by 2020 in response to predicted increases the population, particularly the rise in the number of patients aged over 60.

We will continue to work in partnership with NHS Blackpool CCG and NHS Fylde and Wyre CCG on the provision of a range of urgent and emergency care services, ensuring that patients are able to access the most appropriate care in the right environment to suit their immediate needs. This will be in a number of settings across the Fylde Coast, but we will maintain our Emergency Department provision at Blackpool Victoria Hospital to treat accidents and emergencies.

Rapid assessment by senior, experienced clinicians

A Clinical Decision Unit and a dedicated frail elderly unit

For patients who arrive at the hospital, we will improve our urgent and emergency care through streamlining patients into true accidents or emergencies, minor injuries, or those who require a period of longer assessment.

Where patients require a period of longer assessment in the hospital, a single Clinical Decision Unit will be established to allow rapid assessment by a senior, experienced team of clinicians. This team will decide whether a patient needs to be admitted to an inpatient ward or discharged, either directly to their usual place of residence (with or without support from community services) or to an intermediate care facility in the community.

If admission to an inpatient ward is needed, a named clinician will be responsible for the overall care of each patient, even if several specialties will contribute to their care and treatment during their stay in hospital. For elderly patients, we will create a dedicated frail elderly unit which will accept direct admissions from the 'extensivist' service if necessary.

Intermediate care beds to support community-based care

Within the health economy we currently have 40 intermediate care beds and 20 post-acute rehabilitation beds, and provision of these services will be tendered during 2014/15.

These beds will support the short-term needs of patients under the 'extensivist' service who may need a short period of nurse-led care, as well providing longer term care for patients who need reablement before discharge to their usual place of residence. The post-acute beds will provide a facility that supports rehabilitation following a surgical procedure (elective or emergency).

We will continue to provide emergency surgical services to support the needs of the local population, including orthopaedics, general surgery, urology, gynaecology, and maternity services.

Planned care – outpatients, days cases and inpatients

We will work to the principle that admission to hospital will only occur when acute care is necessary, and standardised care pathways will be used across the diagnostic, treatment, recovery and rehabilitation stages of patient care.

In partnership with local GPs from NHS Blackpool CCG and NHS Fylde and Wyre CCG we will develop agreed referral criteria from primary to secondary care and well-defined treatment plans across the pre-assessment, treatment, recovery and follow-up stages of the pathway. In support of this, some clinical specialties will see community based services acting as a central referral point (e.g. the muscular-skeletal service) whilst others will benefit from the introduction of 'pre-habilitation' services (exercises that can be started in advance of surgery to prepare patients for a better recovery) or improved surgical techniques.

These schemes promote 'readiness for surgery' being managed within primary care, ensure that treatment plans follow national best practice guidelines, and ensure that patients only stay in an acute hospital bed for as long as is really needed.

'Pre-habilitation' services to promote improved recovery after surgery

Fewer inpatient admissions for surgical procedures

Ambulatory care centres will be created that will provide an increased range of treatments and minor surgical procedures in non-acute settings (e.g. ophthalmology). Operating theatres and diagnostic services will be used efficiently and effectively, with timely access to treatment.

In alignment with the Trust's strategy to move away from hospital-centred care, we will provide outpatient appointments in community settings where possible, especially appointments associated with the management of long term conditions.

We have been awarded funding from the Department of Health to support the development of a complex pregnancy suite, which will provide increased support for women with mental health issues and their families during their pregnancy and at the time of birth.

We will be a key partner in the planning and delivery of safe, high quality, sustainable care across Lancashire and South Cumbria through our sharing of services across the region. We are keen to work with our neighbouring Trusts to provide shared service models, particularly in those clinical services that are specialist in nature or treat small numbers of patients. By sharing clinical expertise, we can improve clinical outcomes and recruit the right number of doctors and nurses. This may mean that some service provision changes within the local area, but the Trust and the local Clinical Commissioning Groups are committed to providing safe, sustainable healthcare services that support the needs of our local population.

Specialist care

A national review of Specialised Commissioned services is underway, which is reviewing the locations from which highly specialist clinical services are provided. We have discussed this review with key stakeholders in this process, and we believe that within our five-year strategic planning timeframe, the Trust will maintain its provision of the National Artificial Eye Service, Cardiothoracic services, Cardiology services and Haematology services for Lancashire and South Cumbria.

We are committed to working in partnership with Specialised Commissioners to ensure that all specialist Cardiology activity is provided at the Lancashire Cardiac Centre, located at Blackpool Victoria Hospital, and in reviewing the provision of all specialist surgery across the region in order to ensure that improved outcomes and financial sustainability are achieved.

Community-based care

In alignment with the Trust's strategy to move away from hospital-centred care, we will change the way in which we provide care and treatment in some clinical services and for some specific groups of patients. This will see a transfer of resources from the acute hospital setting to provide more community based health and social care.

Community health services will be aligned to clusters of GP practices working in multi-disciplinary teams in neighbourhoods to provide care and support to vulnerable patients. This model of service provision will provide 'wrap round' care for our patients and positively encourage and enable people to make decisions about their health and take more responsibility for their own care.

We will begin to make increased use of telehealth solutions, which will allow our patients to monitor their own health and well-being, whilst having the reassurance of 'virtual' links to healthcare professionals who will oversee the data and intervene speedily if necessary.

Following a successful trial in the Blackpool area, we will expand our support to residential homes across the Fylde Coast region, supporting patients across five key areas – falls, end of life care, improved swallowing and nutrition, pressure ulcer prevention and urinary tract infections. We will do this through a combination of telehealth solutions and face-to-face visits, using a multidisciplinary team of nurses and therapists.

Increased use of telehealth solutions to support self-monitoring

Increased support for patients in residential homes from nursing and therapy teams

The community IV therapy service will become nurse-led, expanding from the administration of IV antibiotics to other types of infusions such as iron.

The Trust is a partner in the Head Start programme, a project funded by the Big Lottery Fund and led by Blackpool Council, which aims to help young people to cope with adversity and do well at school and in life. We are working together to support vulnerable young people with common, low-level mental health problems before they become serious issues. The investment has been designed with the help of young people in direct response to the needs of adolescent young people.

In addition, the local health, social care and voluntary sector organisations have been awarded £45m over 10 years from the Big Lottery Fund to support 'A Better Start – A Better Future for Blackpool's Children'. The funds will see a new way of key agencies working together to make sure babies born in Blackpool receive the early care and nurture they need for healthy development. Specific attention will be given to diet and nutrition, social and emotional development, and communication and language - with an overall outcome being that children are happy, healthy and ready for school.

Safe, high quality care

Our key aim is to increase the quality of patient care by providing care in the most appropriate setting by the most appropriate professional. Integrated care plans across GPs, community care, acute care and social care will improve continuity, quality, and the patient and carer experience. We will focus on projects that will reduce harm and mortality, improve the patient experience and make the care that we give to our patients reliable and evidence-based.

Key areas of work for us are:

- Ensuring appropriate levels of clinical staffing
- Use of care pathways, focusing on conditions with higher than expected mortality and/or linked to meeting quality standards
- Incident reporting and learning from incidents
- Quality of record keeping and access to information in patient records, including the introduction of electronic patient records to deliver seamless information flows across acute and community services, and onward into primary, social and mental health care.
- Processes for service users to share experiences with the Trust

A highly skilled and motivated workforce

Recruitment and retention of a high quality workforce remains a key priority for us so that we can ensure that we have appropriate staffing levels to support safe services for patients; be certain that our staff have the right skills and experience to undertake their job roles effectively; and be assured that our staff have the right attitudes and behaviours to deliver compassionate care.

Our strategic ambitions see a move away from a hospital-centric, reactive approach to care provision, and will instead see us provide models of care that focus on a community-centric, proactive, approach. We also need to provide more services across seven days, which for some of the workforce will represent a fundamental change to current working patterns. As these changes occur, we need to support individuals and teams through any changes in roles and responsibilities, whilst encouraging them to be as versatile as possible.

There will be a reduction in the number of the doctors in training in most specialties over the coming years. We are already planning to increase the use of non-medical roles where appropriate, making better use of the skills of our nursing staff and allied health professionals such as therapists and pharmacists.

We will continue to work towards transforming the culture of the Trust in terms of the way we involve and listen to staff through a variety of approaches such as staff engagement conversations and staff surveys.

Our staff are our biggest asset and it is important that we look after them as well as we care for our patients. The Trust's vision is for the full breadth of staff health and wellbeing needs to be met as part of an organisational and system wide approach to improving health in the workplace. The approach is holistic and provides our staff with an efficient and effective "wrap around" service that covers both physical and mental wellbeing.

8. Our financial projections

As part of our financial planning, we have taken into account the demographic changes that are anticipated over the coming five years along with the associated increases in healthcare resources that will be required to meet the needs of this growing and ageing population.

We have also reviewed the new models of care that we have described as part of our strategic plans, and assessed the likely financial impact of these changes.

Based on these findings, our five-year financial forecast is shown below

	2014-15 £'m	2015-16 £'m	2016-17 £'m	2017-18 £'m	2018-19 £'m
Income	359.1	359.3	356.8	352.2	347.9
Expenditure	(347.9)	(342.7)	(339.9)	(335.1)	(330.6)
EBITDA [1]	11.2	16.6	16.8	17.1	17.3
Non-Operating Expenditure	(12.4)	(12.6)	(12.5)	(12.6)	(12.6)
Surplus / (Deficit)	(1.3)	4.0	4.3	4.5	4.7
Year End Cash Balance	13.0	16.7	16.5	17.2	18.2
Cost Improvement Programme	20.6	20.6	15.4	15.1	14.9
Capital Expenditure	(9.6)	(7.1)	(7.1)	(7.3)	(7.3)
Continuity of Service Rating [2]	2	2	3	3	3

[1] Earnings before interest, taxes, depreciation and amortisation.

[2] This is a rating used by Monitor (the regulator of Foundation Trusts) to describe the risk of the organisation failing to carry on as a going concern. The rating is from 1 (poor) to 4 (good).

We are projecting a decrease in our income across the five years due to national deflation of the Payment by Results tariff that is used to determine the price that the Clinical Commissioning Groups pay for the services that we provide, along with changes in our activity levels.

Our expenditure over the period is projected to decrease. The two main impacts on expenditure are an increase due to inflationary pressures which is offset by the requirement to deliver a Cost Improvement Programme (CIP). We are projecting that this CIP will be £20.6m in years 1 and 2, followed by an average value of £15m in each of the subsequent years.

Our capital expenditure projections have been set at a level that is required to maintain the current value of the Trust's asset base. However, the key challenge in this area is the need to invest in new technologies to support our medical equipment and our need to enhance our use of telehealth and electronic ways of working.

Taking these assumptions into account, we are forecasting a deficit in 2014/15, before returning to a surplus position in 2015/16 which then increases across the strategic planning period.

These projections indicate that we will achieve a Continuity of Service rating of a level 2 in years 1 and 2, followed by a level 3 in subsequent years.