

14
19

Strategic Plan
Summary
2014-19

Index		
1	Executive Summary	2
2	Market Analysis and Context	4
2.1.1	National Context and policy	4
2.1.2	Local Context and Central North West London NHS Foundation Trust's position in the Local Health Economy	5
2.1.3	Partnership	5
2.1.4	Divisional Structure	5
2.1.5	Drivers for Changes:	6
	1. Policy	6
	2. Quality	7
	3. Commissioning	8
	4. Demand	9
	5. Capacity	12
	6. Income and Cost	12
2.2	SWOT analysis	12
3	CNWL's Strategic Priorities and Supporting Initiatives 2014-19	12
3.1	Priority 1: Patients First: High quality care and best outcomes for patients	12
3.2	Priority 2: Partnership for Change: System-wide transformational change	14
3.3	Priority 3: Our People: A workforce for the future	16
3.4	Priority 4: Achieving Financial Stability	17
3.5	Priority 5: Information Technology for the Future	18
3.6	Priority 6: A Strong Trust in a Changing NHS: Consolidation and Growth	19
4	Financial Planning	19
	Glossary	20

1. Executive Summary

CNWL's vision is 'Wellbeing for Life' – by which we mean working with people so that they have the support they need to live a good life and, as people approach the last phase of their life, being there to support them and their families. In this Strategy, our priorities have been chosen to make us an organisation with the resilience, flexibility and local sensitivity to remain effective and relevant through change. Our focus will remain the people who use our services, and services personalised to their needs.

Our strategy to meet this is set out in our priorities – quality, partnership and people – supported by sound finances, technology and business decisions.

Market analysis and context

Nationally, the NHS faces financial pressure and the impact of high profile failures in care. National response to this includes policy to move activity from hospital to primary care, and to promote integrated care and commissioning models. This will increase quality and efficiency and open the door to new options for service design and delivery. CNWL shares this aspiration.

CNWL is facing a serious financial challenge, both internally and externally. This is linked to increased cost, higher demand and reduced income. In addition to these financial concerns, we must address those relating to quality, which have been identified in two locations. Additional drivers for change are policy, commissioning, demand and capacity.

Strategic priorities for transformation

Our response is framed by six Strategic Priorities to be achieved over five years which are set out in more detail in Table 1:

- **Patients First:** High quality care and best outcomes
- **Partnership for Change:** System wide transformational change
- **Our People:** A workforce for the future
- **Financial Stability**
- **Information Technology for the Future**
- **A Strong Trust in a Changing NHS:** Consolidation and Growth

These are consistent with our challenge workstreams which frame the two-year Operational Plan, providing an accelerated start to these priorities, and which are already underway. These are summarised in Table 2.

Financial planning

The financial position includes an adjusted position for year two, reflecting financial pressures and the level of savings that can be achieved. From 2015/16 the Trust will plan to achieve an EBITDA of 5%, lower than the previous rate of 5.5%. EBITDA (Earnings before interest, taxes, depreciation, and amortization) is a measure of profitability and is widely used when assessing the performance of companies.

1.1 Strategic priorities

We have identified six strategic priorities for 2014/15 – 2018/19. These are summarised here and are described in full at Section 3.

Table 1: Strategic priorities

Strategic priorities (five year)		Director Lead
1	Patients First: High quality care and best outcomes for patients	Andy Mattin, Director of Nursing
2	Partnership for Change: System-wide transformational change	Dr Alex Lewis, Medical Director Robyn Doran, Chief Operating Officer
3	Our People: A workforce for the future	Louise Norris, Director of Human Resources and Organisational Development
4	Financial Stability: Stability and savings through control, productivity and efficiency	Trevor Shipman, Director of Finance
5	Information Technology for the Future	Mark Large, Director of ICT
6	A Strong Trust in a Changing NHS: Consolidation and Growth	John Vaughan, Director of Strategic Development and Community Services Ian McIntyre, Director of Commercial Development

The five- year strategic priorities are aligned with the challenge workstreams which framed the Operational Plan.

The Challenge Workstreams are an expression of our strategic priorities, in the first two to three years of the Strategy. This is to support accelerated delivery of work for sustainability over the period 2014/15 – 2015/16. These are set out at Table 2.

Table 2: Challenge Workstreams

Challenge Workstreams (2 year)		Director Lead
1	Service Redesign	Dr Alex Lewis, Medical Director
2	Our People	Louise Norris, Director of HR and Organisational Development
3	Operational Review and Integrated Governance	Robyn Doran, Chief Operating Officer
4	Estates	Ian McIntyre, Director of Commercial Development
5	Portfolio Review	Ian McIntyre, Director of Commercial Development
6	Consolidation and Growth	John Vaughan, Director of Strategic Development and Community Services
7	Accountability and Controls	Trevor Shipman, Director of Finance

In developing our workstream priorities, our Board has tested them against CNWL's vision and values. These are set out at Table 3.

Table 3: Vision and values

Our vision	
Wellbeing for life	We work in partnership with local people to improve their health and wellbeing. Together we look at ways of improving an individual's quality of life, through high quality health and social care and personal support.

Our values	
Compassion	Our staff will be led by compassion and embody the values of care outlined in our Staff Charter.
Respect	We will respect and value the diversity of our service users and staff, to create a respectful and inclusive environment, free from discrimination.
Empowerment	We will involve, inform and empower our service users, carers and their families to take an active role in the management of their health. We will ensure our staff receive appropriate direction and support, to enable them to develop and grow.
Partnership	We will work closely with our partners to ensure that our combined efforts are focused on achieving the best possible outcomes for the people we serve.

2. Market analysis and context

2.1 National and local context

2.1.1 National context

A key driver for change nationally is the financial pressure on the NHS. Another is the linked policy determination that activity must move from hospital into the community. Policy is based around the clearly expressed desire of patients and the wider public to have more say and control over their care. While many people experience clinical care very positively, they say that they can be disempowered once they enter the health care system – a system that too often goes through a series of processes which add cost and may not be relevant or helpful to the whole person.

CNWL shares the aspiration to reduce reliance on hospital, where there are alternatives in other settings. However, alternatives are limited at this time. The difference as we enter 2014-19 is that national and local health communities have levers for change. A number of obstacles to treatment in the community are now being addressed through the development of theory and practice around integrated care and the strengthening of primary care. These will be supported by proposed changes to contracting and remuneration structures including the opportunities provided through the Better Care Fund (BCF) to provide financial support to programmes of integration. These changes in structure and funding are dismantling historic barriers to integration and pathway design around the patient. Redesign of care will be accelerated through delegated budgets and other changes such as direct admission to hospital by GPs.

The strategy is linked to a strong focus on prevention and self-care – early intervention to address health inequalities in children, and programmes which inform and empower people to make the right choices about their health. CNWL is committed to full participation in this opportunity, and brings to it our experience of integration and long term care.

Another set of national drivers relates to quality of care and the gross failings that have been found through the enquiries into Winterbourne and the reports by Francis and Berwick. These highlight the tragedies that unfurl when focus on quality and patient experience is lost.

A product of these findings is The Care Act 2014, which creates a new principle where the overall wellbeing of the individual is at the forefront of their care and support. The Act covers carers and focuses on safeguarding, and brings into place the requirement for trusts to be instructed to take on essential services from failing trusts.

Crisis response and urgent care is also high on the agenda. Sir Bruce Keogh's report and recommendations (December 2013), are based around Acute Care but are relevant to mental health and community trusts. Identifying that there is higher mortality out of hours and at weekends, the report recommends a move to services open 24 hours a day, 7 days a week, beginning with urgent care and diagnostics. More recently, the Crisis Concordat has been published around crisis access for those specifically with mental health needs. Issues around equality and the principle of Parity of Esteem between mental and physical health needs is long overdue – for individuals and for organisations. The 20-year mortality gap between those with mental health issues and the rest of the population remains virtually unchanged. Responding to these drivers is integral to our strategic priorities 2014/15 – 2018/19

2.1.2 CNWL and our place in the local health and social care economies 2014-2019

Our vision is 'Wellbeing for Life' – by which we mean working with people so that they have the support they need to live a good life and, and, as people approach the last phase of their life, being there to support them and their families. In this Strategy, our priorities have been chosen to make us an organisation with the resilience, flexibility and local sensitivity to remain effective and relevant through change. Our focus will remain the people who use our services and services personalised to their needs.

In our local health and social care economies there are many challenges and risks which will confront the Trust over the coming five years. At the same time, there is a wealth of opportunity which we will pursue. The potential for integrated care models as vehicles to improve the delivery of more integrated, timely, self-directed care, is an opportunity that we will grasp. Our services include physical and mental health services, partnership across health and social care, and services for people with long term conditions including HIV. As a community-facing Trust providing a range of services, we have a strong contribution to make to our local communities as we all undergo radical change in the coming years. We understand that unless services are designed with people who use them, then they will not be effective, which is why we have well-engaged user and care Governors, an active CNWL Recovery College and mechanisms for long-term involvement of patients.

We see ourselves working in a wide variety of roles to support our vision. At one end, we will operate as part of a chain of delivery – as we already are in areas from primary care with GP providers, through to delivery of cancer care within an integrated team. At the other end of the spectrum, we will take on roles such as lead contracting, pulling together care across providers into an integrated delivery model managing performance of the whole pathway. Again, we can demonstrate our experience and competence in this area – including in providing rapid response service, in prison care and in psychological medicine .

2.1.3 Partnership

CNWL is working in areas of high population and disparate need, with a number of providers. CNWL's main contracts are with eight Clinical Commissioning Groups (CCGs) in which there are over 400 GP practices. The CCGs are located in seven local authorities and one unitary authority (Milton Keynes). These are largely but not completely coterminous. Within this area there are eight acute hospitals, three specialist hospitals, two providers of mental health including CNWL which also provides community services, and there are a further two providers of community health. We have access to the support of three academic science health networks.

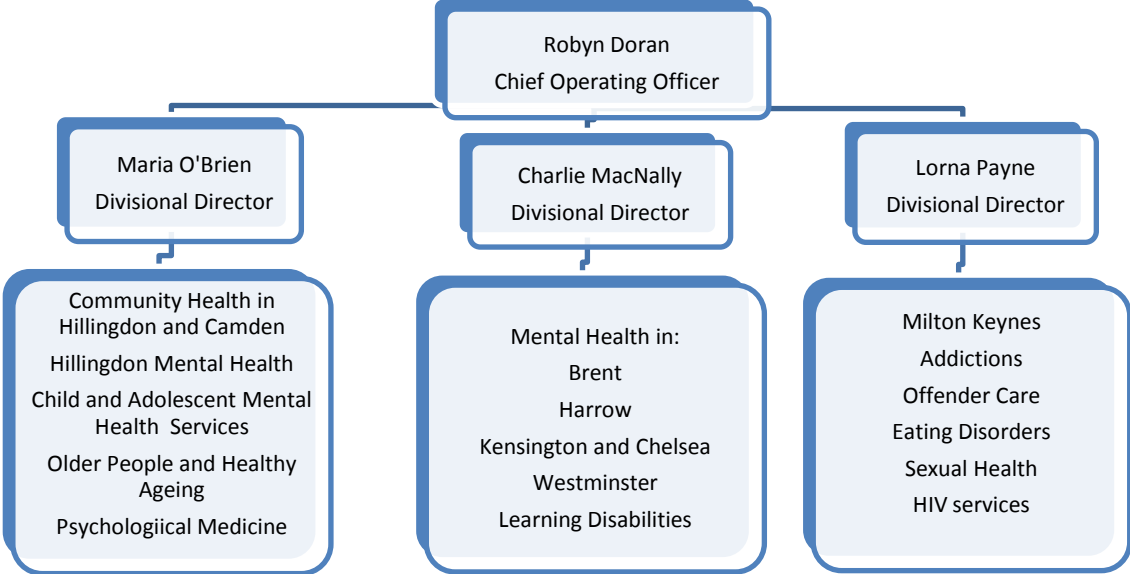
2.1.4 The move to Divisions as the first step in reconfiguration

CNWL's diversity and range of services is strength – giving us flexibility to integrate physical and mental health care and to work across health and social care.

At the same time, staff and people who use our services are clear that we must maintain strong local links and delivery. Service lines have provided us with greater equity, efficiency and consistency. The Board has determined to restructure the organisation around three divisions which will build on the benefits of service lines, while strengthening our borough focus and integration of local provision. These are outlined at Diagram 2 below.

The new divisions form the basis of the redesign programme (Priority 2) which will support improved clinical care, reduced management costs and responsiveness to changes in the local health and social care economies.

Diagram 1: Divisional structure



2.1.5 Drivers for change 2014-19

Through our understanding of the organisation, analysis and discussion internally and with partners, we have identified the following key drivers to address in our forward planning:

- The policy environment for health and social care – as discussed above under national context
- Quality – addressing current issues and maintaining quality in a challenging environment
- Commissioning Intentions
- Demand – demographic change
- Capacity
- Income and Cost

Driver 1 – The policy framework

Nationally, drivers around cost reduction, promotion of integrated care and the focus around choice and quality set out in the Care Act 2014, as one example, are changing the face of the NHS and its partners.

Locally, five-year strategies are emerging from the CCGs and other partners: North West London’s five-year strategic plan 2014-19 ‘Transforming the NHS in North West London’ sets out five transformation workstreams, of which one is mental health:

1. Health promotion, early diagnosis and early intervention
2. Out-of-hospital strategies including the Primary Care Transformation
3. Whole Systems Integrated Care
4. Transforming Mental Health Services
5. Shaping a Healthier Future (SaHF) acute reconfiguration
6. Cross cutting plans: Urgent and Emergency Care

Milton Keynes CCG's Strategic and Commissioning Outline and Operational Plan identifies five programmes for completion by the end of 2019:

1. Citizen participation and empowerment: The commissioning changes are to be developed and implemented by five programme boards, each including clinicians and patients.
2. Wider Primary Care at Scale: Using the 'Call to Action' interim report which describes NHS England's vision for general practice and the work needed to develop the necessary clinical and organisational models to support the new vision.
3. Modern Model of Integrated Care: The initial focus is on vulnerable older patients. The vision is similar to that in North Central London and North West London – support to people to live at home, with inpatient care to be as short as possible, self care and the GP at the centre. Milton Keynes has a more explicit focus on the role of housing and employment services, as well as telehealth and telecare than the other whole systems proposals.
4. Access to Highest Quality Urgent and Emergency Care: This includes bolstering existing intermediate care services and developing further teams to support out-of-hospital care, as well as reducing variation in response between 'in hours' and 'out of hours'.
5. Increased productivity in Elective Care: This has a two year vision, not five and is based around a suite of actions to improve pathways including a referral management system (RMS).

Camden CCG's Five Year Strategic Plan identifies eight improvement interventions:

1. Frailty Programme
2. Long Term Condition Programme
3. Primary Care Programme
4. Acquisition of Barnet and Chase Farm
5. Unscheduled Care
6. Mental Health
7. Children's Programme
8. Further investment in existing programme.

Other key documents are:

- Early Adopter Plans for Whole Systems in North West London
- Health and Wellbeing Board Plans for all key boroughs where CNWL is operational
- Better Care Fund Plans
- Joint Strategic Needs Assessments
- The Commissioning for Value Packs and North West London SPG pack have been used.

In terms of acute hospital redesign, key documents have been:

- Shaping a Healthier Future 2012 for North West London
- Milton Keynes and Bedfordshire Health Care Review – A Case for Change 2014.

These plans have been used extensively to triangulate our analysis and plans. There is potential for changes to national and local policy in the light of recent council elections in England and with the General Election of 2015. CNWL will continue to monitor any indication of change closely.

Driver 2 – Quality

- The immediate quality concerns which have been highlighted by the CQC will provide learning which will be built into future planning.
- The Care Act 2014 will also drive change

- The CQC's new inspection model has established a framework for organisations to measure themselves against to ascertain whether they are safe, effective, caring, responsive to people's needs and are well led
- To test its quality in these areas, CNWL has commissioned a review of its governance structures. This will identify change requirements in addition to those already anticipated by the organisation
- Coherence between operations to reduce budgets while maintaining quality, is a driver for change – underpinning the move to a divisional structure, redesign, our productivity programme and participation in system-wide transformation to integrated care
- Quality governance is based on the Monitor Quality Governance Framework. Care quality groups are in place at every layer of the organisation, providing organisational learning and identifying action to be taken.
- A key repository for quality plans to meet the three goals of patient experience, safety and clinical effectiveness is the Quality Account. CNWL's Quality Account for 2014-15 has three quality priorities, co-produced annually with service users and carers, our Council of Governors, Board and other partners. The reasons and process for agreeing these are set out in our quality account.

CNWL's Quality Account Priorities for 2014/15 are:

- Quality Account Priority 1: Helping our patients to recover by involving them in their care or treatment
- Quality Account Priority 2: Supporting carers to look after their loved ones
- Quality Account Priority 3: A competent and compassionate workforce

CNWL has reviewed its adult safeguarding practice and structures due to changes in Trust business, feedback from service users and carers, recent Care Quality Commission inspections and feedback on the Self-Assessment and Assurance Framework (SAAF) process. The Trust recognises the need to make a step change in the robustness of operational and governance processes. Key factors are:

- Development of Trust services over the last couple of years has diversified the range of service provision such as prisons.
- The impact of adults at risk (including alcohol misuse and domestic abuse) continues to be a significant factor in the Trust serious incident reviews.
- The learning following the report in 2012 on the failures of care and abuse at Winterbourne View private hospital for people with learning disabilities
- The learning from the failures of care and abuse at Mid Staffordshire NHS Foundation Trust between 2005 and 2009.

The Board receives regular updates against the Francis action plan and these are shared with commissioners. Measures taken in relation to adult safeguarding are also being actioned in relation to safeguarding of children where appropriate. CNWL is a member of LSCBs in the principle boroughs of activity.

Action to address the staffing workstream is set out in the Chapter on Workforce Section 3.3.

Driver 3 – The commissioning framework

The commissioning environment continues to change. CNWL has a history of positive working relationships with our commissioners and other stakeholders, and successful change will rely on this continuing.

As CCGs, NHS England and local authorities increasingly take on their new and changed responsibilities in commissioning, there are ambitious programmes for change across the systems. CNWL is working with all partners to achieve change, but is mindful that the very large number of initiatives and aspirations must be balanced by the reality of staff being able

to do their day to day work. Our first three Strategic Priorities linking quality, partnership and people are designed to work together to balance these pressures.

Commissioning Intentions have been triangulated through the most recent contract discussions, two and five year strategic plans under development, and discussion with commissioners. Key themes are integration, shifting settings of care, urgent access, focus on frail elderly and on children (prevention programmes)

Driver 4 – Demand

This section of the plan uses available data from the Office of National Statistics (ONS) and will be updated as CCG-based data is available, and in the light of planned joint analysis with CCGs and local authorities.

As in comparable areas, the population covered by CNWL is projected to rise by 8%. Harrow, Hillingdon and Milton Keynes are CCGs and local authorities with significant financial challenge, and yet will grow by 10% over this period. In inner London, Kensington and Chelsea remains the borough with least growth overall, 2%, as in previous years.

It can be seen that growth is not even between populations across CNWL (Tables 4-8). Responding to need will vary considerably between boroughs where growth in the older adult population is over 30% and those where the growth is in the population of young people, as high as 15%. This indicates potential pressure on adults of working age as carers.

This overall population growth, combined with lack of projected growth in contract values, indicates pressure on CNWL. The need to respond without additional resource will require initiatives around productivity, LEAN structures, reducing duplication and management costs. These are key to delivery of Strategic Priorities (1) and (2).

Table 4 – Projected population growth 2014-2021 – by year and location

	2014	2019	2021	7 year % growth
Brent	318,828	328,878	332,654	4%
Harrow	251,580	269,506	276,229	10%
Hillingdon	290,082	312,125	320,068	10%
K&C	159,540	162,174	163,409	2%
Westminster	234,992	253,081	258,774	10%
Camden	235,953	254,901	260,825	11%
Milton Keynes	262,419	282,134	289,496	10%

Source: Office of National Statistics, Interim 2011-based sub national population projections, persons by single year of age. Trend-based projections – assumptions for future levels of births, deaths and migration are based on observed levels mainly over the 2006 to 2010 period.

The population is growing, with increased survival into great old age. This indicates that, as well as provision for people with multiple long term conditions, which is acknowledged in Better Care Fund plans (BCFs) and in planning around whole systems, there will also be a need for more mental health care, as depression and anxiety increase with age. This informs local commissioning intentions.

Growth in Older Adult Population

In North West London, the greatest growth is in older people over 65, with the speed of increase in some populations rising sharply. This group constitutes an increase of 16,000 individuals over five years, reaching 23,000 in 2021. The greatest rate of growth is in Kensington and Chelsea, which has significant numbers of older adults living alone in private and privately rented accommodation.

Services for frail elderly people with one or more long term conditions are featuring in all the Early Adopter proposals to develop whole systems integrated care models. The ambition of

these integrated models is to drive up quality and outcomes, while squeezing out transactional costs to balance the local economy. A similar focus is needed to develop primary care services to meet this challenge.

As suggested by the analysis of past demographic change in the Operational Plan, Milton Keynes will see its greatest rise in older adults as the originally younger population which characterised this new city, is now ageing. The growth in older adults is predicted to reach 32% by 2021 – against just 5% in adults of working age

In North Central London, unlike the other boroughs where CNWL provides services, Camden is not projecting a significant rise in older adults. It has the lowest rise of this group, and the highest of adults of working age. The challenges for Camden are therefore different and planning reflects this – Camden’s Health and Wellbeing Board plans and BCF have a focus on younger people, although there are strands of work around frail elderly and integrated care systems.

Table 5 – Projected growth in older adult population 2014 - 2021:

	2014	2019	2021	7 yr % growth
Brent	32,761	36,172	37,575	15%
Harrow	34,058	37,554	39,070	15%
Hillingdon	35,554	38,285	39,590	11%
Kensington & Chelsea	20,698	24,335	25,511	23%
Westminster	24,962	27,850	28,939	16%
Camden	23,523	24,717	25,128	7%
Milton Keynes	30,117	37,205	39,878	32%

Growth in Adults of Working Age population

Growth in the working age adult population is generally not as high as for older adults and children in the CNWL area. The number of people to support and care for the other groups is relatively small. It can be predicted that, with this demography, more care will be needed from statutory and non-statutory sources and planning is needed around this. Frail elderly and children feature in BCFs and commissioning intentions.

In North West London, Kensington and Chelsea projects a negative growth value in adults of working age – compared to being the highest area for growth in the older adult population. In North Central London, adults of working age is the largest population group for growth – possibly due to a change in the social make up of Camden as the area develops and there is a rise in cost for owned and rented accommodation.

Milton Keynes is the other area with very low growth in the adult population, projected to be just 5% of overall increase, compared with 32% for older adults and 13% for children.

Table 6 – Projected growth in adults of working age 2014 - 2021

	2014	2019	2021	7 year % growth
Brent	212,919	216,226	217,237	2%
Harrow	159,996	169,152	172,334	8%
Hillingdon	186,340	198,576	202,167	8%
Kensington & Chelsea	110,056	107,831	107,690	-2%
Westminster	172,923	186,342	190,162	10%
Camden	172,024	187,319	191,823	12%
Milton Keynes	165,619	171,624	174,010	5%

Growth in child population

Growth of the population of under-18s is higher in poorer areas, excluding Brent where growth is overall projected to slow. As with older adults, there is greater survival in children with long term needs. This includes children now surviving cancer but with longer term care needs, and much improved survival of children with developmental disorders and learning disabilities. These changes need to be planned for both in children’s services and at transition.

Programmes to tackle factors which disadvantage children, such as obesity, are high on the agenda. NWL has higher than national average levels of childhood obesity (22.6% against 18% at year 6)¹. There are also more children living in poverty in NWL – 27% (17.1%). There is also a strand of work around whole systems in Camden which focuses on breaking the cycle of high use of services through early interventions with families and individuals.

Table 7: Projected growth in child population 2014-2021

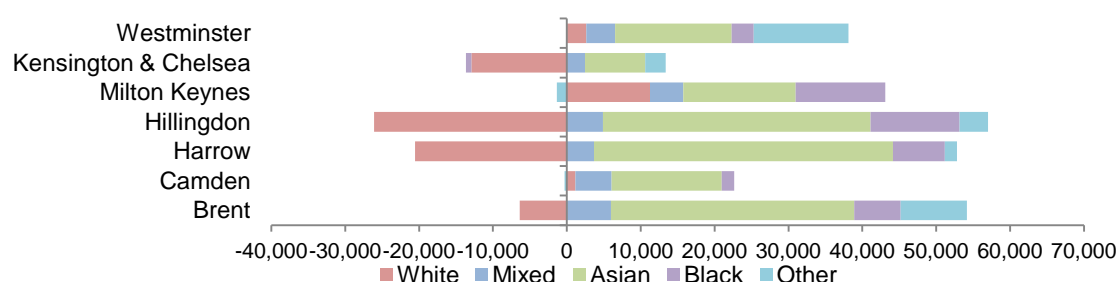
	2014	2019	2021	7 yr % growth
Brent	73,148	76,481	77,841	6%
Harrow	57,526	62,800	64,825	13%
Hillingdon	68,188	75,264	78,311	15%
Kensington & Chelsea	28,787	30,008	30,208	5%
Westminster	37,107	38,889	39,673	7%
Camden	40,405	42,865	43,874	9%
Milton Keynes	66,682	73,305	75,608	13%

Ethnicity

The history of the changes to the ethnic make-up of CNWL areas provides a guide to the future. Between 2001 and 2011 there was significant change, indicating the need for appropriate and culturally acceptable planning in order to reach all those with a need for community or mental health services. It is established that services are not sufficiently accessible to people from Black and Minority Ethnic (BME) backgrounds. This can impact on access to support in a timely way, potentially increasing crisis presentation.

There are particular issues for vulnerable groups within minority groups – particularly where physical or mental health is seen to be something to be managed entirely within the family. This impacts on people with long term conditions but also those who are the most vulnerable in families – the old and young. A key element of our planning must be using the whole systems concept to work with social care and third sector agencies to proactively seek out and provide care to those who are hard to reach. There is a particular challenge around those who have no recourse to funds, and who, again, do not present until in crisis.

Table 8: Changes in ethnicity 2001/2011



¹ North West London SPG November 2013

Driver 5 – Capacity

There is increased demand as demonstrated. This is not matched nor projected to be matched in commissioning budgets. A straight line analysis would therefore quickly indicate over use of provision. However, the local health economies are working to develop models by which cost is genuinely removed from the system. These models are focused around integrated care, which will be one of the greatest drivers for service redesign, over the next few years. A second vital change model is the development of primary care to diversify and increase capacity.

CNWL supports this process. The risk for CNWL is that the system redesign will be slower than growth in demand, with continuing over-use of services and impact on patient experience. Further, that commissioners will continue to wish to make efficiencies in CNWL's contract in excess of 4%.

An agreement has been reached with CNWL's CCGs in North West London to undertake a detailed, joint piece of work looking at demand and capacity – to include activity, morbidity and population. This will form the basis of future planning based on a joint understanding of need and agreed programmes of transformation.

Driver 6 – Income and cost

A summarised position is that income has reduced over recent years. Projecting forward the growth in population, and history of reduced income, indicates an affordability gap that needs to be met in CNWL's planning – organisationally and as part of the local health economies.

2.2 CNWL's strengths and weaknesses, opportunities and threats

Summarising the findings of the above, an analysis has been undertaken of CNWL's strengths, weakness, opportunities and threats (a SWOT analysis). This shows that CNWL is an experienced Trust where service users and carers are engaged in service design and delivery. Staff are engaged and we have a history of positive external relationships. Integrated Care and Whole Systems present an opportunity to build on our strength and experience. However, sustaining high quality services in the current financial climate is challenging. We need to be able to cope with ongoing change at corporate and team level. CNWL needs to improve its delivery of CIPs for future sustainability. We are in the midst of procurement of a new clinical system to improve limited interoperability. Addressing these opportunities and challenges is reflected in our choice of Strategic Priorities.

3. Strategic priorities and supporting initiatives 2014–19

3.1 Priority 1: Patients First

Delivering high quality care and best outcomes for patients

This programme of work, is one of two guiding principle, together with Priority 2. It confirms that our patients are at the centre of our work. It encompasses our immediate work to address quality issues, and the valuable learning from this and other sources for the long term delivery of services which are safe, effective, responsive, compassionate, professional and well led. It includes prevention, early diagnosis and recovery. Estates is included in this section although it relates to a number of objectives. There is a large body of work led by different partners across the CNWL area, which will contribute to this objective. Led by Andy Mattin, Director of Nursing

3.1.1 Responding to the CQC

On 19 March 2014, the Care Quality Commission issued critical reports about services provided at two of our locations. These are subject to programmes of work which are

overseen by the Board and regularly shared with commissioners and stakeholders. These will feed into the organisational learning processes for CNWL.

CNWL has commissioned a review of its governance structures. This will help us to identify areas for improvement in addition to those already anticipated by the organisation and these will be added to our plans.

3.1.2 Quality

The Quality and Performance Committee (QPC) receives monthly assurance around quality on behalf of the Board. As access to data improves, we are developing dashboards which triangulate information so that areas of risk and opportunity are identified and actions can be taken in a timely way.

As well as the robust system of reporting on performance against agreed quality objectives, the Board receives feedback from service users at each of its meetings and Non-Executive and Executive Directors undertake regular 'Board to Ward' visits where they informally visit services to talk to front-line staff and service users. Any issues or themes arising from these visits feed into the Trust's organisational learning. These processes are constantly reviewed, with projects to improve our ability to hear and act on patient experience, including mechanisms to support real-time feedback. Further improving this is part of our plan going forward.

CNWL's Quality Account Priorities are a feature of our planning for 2014-15 and will be revised in each subsequent year.

3.1.3 Recovery

Recovery has been an important concept in mental health for some years. It was given impetus by its inclusion in the 2011 Mental Health Strategy 'No Health Without Mental Health'. The strategy identifies promoting recovery as a key outcome of services. It is essential both clinically and financially, contributing to sustainability.

The CNWL Recovery College is an important component of this programme, providing co-produced courses where staff and service users jointly develop and present courses to internal and external groups. There is a challenge to maintaining CNWL's Recovery College which is not directly funded by Commissioners.

3.1.4 Prevention, self-management

Prevention and self-care, alongside recovery, will be vital to the sustainability of NHS and social care services.

It is significant that there is a focus in BCF plans on prevention and recovery – with Early Years programmes; prevention and management of obesity particularly in children; care of frail older adults and for those with Long Term Conditions.

3.1.5 Estates

Looking ahead over five years, we will review and rationalise our estates to improve quality and patient experience, as part of service redesign and to achieve efficiencies. Over the next five years we expect to develop one of our inpatient sites to bring together the best care and environment, while closing three properties with limited improvement potential and where essential savings need to be released. A dependency for our Estates Strategy is access to agile working through the ICT strategy.

3.2 Priority 2: Partnership for Change

Achieving system wide transformational change through working with partners and stakeholders nationally and locally

This programme encompasses CNWL's response to, and role in delivering, the planned programmes of change set out in our three localities. Drivers include demographic and economic change; programmes to shift care from secondary to primary care, and; further development of the integrated care programmes. An essential component will be transformation of primary care to support out of hospital service delivery. Our work under this priority includes specific focus around vulnerable groups including those with learning disabilities, children, frail older people and offenders where funding streams are split and where transition needs to be planned across the system. This work is set within the context of the growing and changing population. Led by Dr Alex Lewis, Medical Director and Robyn Doran, Chief Operating Officer.

3.2.1 Organisational redesign

A programme of organisational redesign is underway across CNWL and all service lines. Planned benefits of this include: improved experience of care for those with physical and mental health needs; an organisation shaped around integration and care pathways which have been co-designed with service users; streamlined access to services – both urgent and routine; increased organisational flexibility and strengthened borough-level links; increased productivity supported by agile working; delivery of efficiencies to CNWL and the wider health and social care economy.

3.2.2 Integrated Care

Milton Keynes was one of the first adopters of an integrated care approach, and since Milton Keynes Community Health Services joined CNWL in 2013, valuable learning has been brought into the organisation. There are potentially exciting opportunities to develop integrated care models in Milton Keynes, which are under consideration within the locality.

Camden has developed and is developing models which include a Complex Case Management (Frailty) pathway and an approach to primary care which interrupts the cycle of deprivation in troubled families. Camden CCG has also set up, and will continue to run, an integrated service for disabled children working across 17 disciplines and providing services to 650 children and their families, in partnership with GPs, Camden Council, Whittington Health NHS Trust, Tavistock and Portman NHS Foundation Trust, and Royal Free London NHS Foundation Trust.

The Whole Systems Integrated Care programme in North West London is one of fourteen national pioneers of this way of working. It is also one of the five transformation workstreams in the North West London five-year strategic plan. CNWL is involved in early adopter programmes in each borough – mostly focussing on older adults with long term conditions including mental health needs, and one which is focused on mental health alone. The full impact of these commitments will emerge over the next few years as we work with patients and partner organisations to apply the tools of change, which we took part in designing. Our first transformation priority will be critical to how the organisation, services and individual staff members are able to adapt to these changes.

3.2.3 Changes to the acute hospital environment - Shaping a Healthier Future (SaHF)

This is a programme focused in North West London, and is one of the five transformational workstreams. For CNWL's client groups, this will create the capacity needed for many of those who use our services to leave hospital. At the same time, it will move demand and access to A&E services which are heavily used by people with mental health issues. The programme of urgent access and service redesign will be part of addressing the impact of this.

3.2.4 Supporting transformation of primary care

There are well developed Primary Care Plus services in West London CCG, Central London CCG and Camden. These will, over the next years, provide the capacity for patients to leave secondary care services, some after many years of contact with CNWL. This is essential for the funds to be transferred away from acute and mental health secondary care.

Primary care capacity in Milton Keynes, Harrow, Hillingdon and Brent is at different stages. The next stage will be to support the development of primary care plus services in these localities, for which the major block is funding.

3.2.5 Transforming mental health care

This is a workstream in the North West London strategy 'Transforming the NHS', which sets out a number of commitments which will impact on the future shape of CNWL. Programmes include:

- Improving urgent access to mental health services to meet standards around access times to create. Urgent access is part of service line redesign.
- Rehabilitation beds and residential provision: As part of this, CNWL will continue to run the successful PEP (Placement Efficiency Project) which has run for 4 years with total income of £26.6m, into the local health economy.
- Improving learning disability services: CNWL has ongoing programmes around the Green Light Toolkit and access to services and will continue to work with partners to establish ways to meet the growing need and complexity of this population.
- Improving Access to Psychological Therapies (IAPT): There is national commitment to expanding this programme – to include those who are marginalised such as prisoners, victims of sexual assault and people in immigration centres.
- Liaison psychiatry: This is a successful programme in which CNWL has been a leader. We will look to drive programmes in this area to build on the success of psychological therapies.
- Physical health care for people with mental health issues: This is a CNWL priority over the next five years as it is an area that is identified by patients and carers and where we know there are efficiencies to be made through reducing use of acute and primary care.
- Dementia: Again, a key area given pressures identified in our analysis. CNWL has good memory services in all boroughs now – and will be working with partners to ensure that these are used as efficiently as possible, with patients, once diagnosed and stabilised, supported to return for as long as possible to daily life and their GP's care.

3.3 Priority 3: Our People

Recruiting and developing a workforce where every member of staff takes responsibility for care that is safe, effective and provides patients and carers with a positive experience

This will review and redesign CNWL's workforce, systems and processes to ensure we have a competitive, high quality workforce that is flexible and responsive to the changing needs of the organisation and the new models of care being developed. This will include a focus on skills to meet demand; ensuring a more competitive workforce and a review of the organisation development strategy. Safeguarding training will be a focus within this stream of work. The priority encompasses how we manage staff, cost avoidance activity and the use of technology to support staff and mobility. It includes a workstream around safeguarding . Led by Louise Norris, Director of Human Resources and Organisational Development

3.3.1 Aim of programme By the end of the programme we expect:

- Our people are able to provide high quality care across whole clinical pathways
- Our people have the right skills to meet the demands of the population we serve.
- Our workforce is future proofed and resilient to the changing and ever increasingly competitive environment

- Our organisational development strategy responds proactively to change
- Our systems, policies and processes are aligned to current and future ways of working which will emerge from new models of care and integrated care pathways
- To have achieved the financial targets set for Our People Programme.

3.3.2 Staff engagement

While CNWL scored well in the staff survey around engagement, the pressures on individuals and the organisation are leading to reported high stress levels, and these are a risk to morale over a period of time.

We have examined the key themes in the Staff Survey 2013 and have an action plan around them. We will monitor and evaluate our staff engagement strategy through quarterly feedback from the Friends and Family Test; annual feedback from the staff survey and monitoring of action plans; local engagement events and processes.

3.3.3 Safeguarding

CNWL has reviewed its adult safeguarding practice and structures due to changes in demand and services, feedback from service users and carers, recent Care Quality Commission inspections and feedback on the Self-Assessment and Assurance Framework (SAAF) process. Safeguarding basic awareness has been reviewed, with training opportunities at corporate and local level. E-training is mandatory for all and is part of induction. Multi-professional training, provided by each of the local authority partners, is available to Trust staff. The Trust has commissioned bespoke Safeguarding Adult Managers and Investigators training for 2014. In addition the Trust Adult Safeguarding Leads are carrying out service inspections and on site case scenario training to staff with particular focus on areas identified in our quality reviews.

3.4 Priority 4: Achieving Financial Stability

Stability and savings through control, productivity and efficiency

This priority encompasses our internal focus to ensure proper stewardship and accountability across the Trust for the use of all resources; delivering savings plans through more cost efficient methods of delivery and achieving the Trust's savings plans. The Board has reassessed plans for year two of the Operational Plan and has agreed to move from a projected EBITDA of 5.5% to one of 5% as the optimal option for balancing efficiencies against financial security. Target saving over three years: £8m. Led by Trevor Shipman, Director of Finance.

- **Management of contracts:** A plan is in place to strengthen CNWL's contract management to ensure it is robust in a changing commissioning and commercial environment.
- **Controls programme in place:** A key focus for CNWL over the next two years, and beyond, is to establish a controls programme, overseen by the Programme Management Office (PMO).
- **Managing internal efficiencies to the required level and to meet all savings plans:** The PMO has been established to ensure that all projects under this umbrella deliver a cost saving and/or service improvement. The PMO will ensure that this is done in a disciplined and rigorous way, with reports to the Executive Board each month or more frequently as required.
- **Delivery of a Productivity programme /Drive:** Linked to the Service Redesign work is the Drive programme. The work will be integral to redesign and whole system development over the next 5 years. Initially led by a LEAN partner, part of their brief is to develop robust LEAN skills in all parts of the organisation.
- **Transition to Mental Health Tariff or other tariff system:** Changes to the way care is funded need to be managed while retaining clinical and financial stability. Changes

include a move to capitation for some budgets over the next years – potentially with a system-wide change of funding across North West London. Alongside this move, there will be some form of Payment by Results for mental health and some community services. CNWL is engaging with partners around these changes to anticipate change.

- **Developments, acquisition or loss of contracts:** Currently, the strategy for major growth programmes is paused during a period of consolidation and income plans are not predicated around this. Future options will be kept under critical review.
- **Achievement of 5% EBITDA:** The Board has reassessed plans for year 2 of the Operational Plan and has agreed to move from a projected EBITDA of 5.5% to one of 5% as the optimal option for balancing efficiencies against financial security.

3.5 Priority 5. Information Technology for the Future

Implementing our strategy for information and communications technology, so that we have systems which meet our needs, those of our partners and patients

This programme of work over the next five years will be a key enabler to all our workstreams and priorities. The strategy lays out an ambitious plan to fundamentally improve infrastructure and systems to support better understanding of our work including early signs of risk; supporting external scrutiny, and; a single view of a patient record. These benefits to be accessible wherever needed, quickly and appropriately. This will improve staff performance and support wider change around services and estates. Led by Mark Large, Director of ICT

The strategy is a living document, delivered through multiple programmes of work, each covering an essential area. The programmes of work include:

Infrastructure Programme: This is underway, to improve the central IT ‘backbone’ on which all the Trust’s clinical and corporate systems are run.

Clinical Systems Programme: This programme is focused on a new system to meet our needs going forward. A formal procurement process is underway and a preferred supplier will be appointed in November 2014. Providing updated clinical systems is a vital step in preparing the Trust to share clinical data with appropriate external organisations such as GPs and social services and also making records available to service users.

Other programmes planned over 5 years include: ICT Organisation Programme; Information and Knowledge Management Programme; Integration and Collaboration Programme; Service User Access Programme; Corporate Systems Programme.

Diagram 2 – ICT Strategic Programmes:



3.6 Priority 6: A Strong Trust in a Changing NHS

Building organisational resilience through consolidation and growth

This priority covers the commercial review of each of CNWL's service lines going forward. Currently, the strategy for major growth programmes is paused during a period of consolidation and income plans are not predicated around this. Future options will be kept under critical review. Looking ahead, CNWL is reviewing its criteria for growth and processes to ensure that all business activity is consistent with this and there is rigorous realisation of economies of scale in any major acquisition. This involves ensuring the availability of appropriate capacity to deliver savings and the delivery of a 5% EBITDA across all services. (Led by John Vaughan, Director of Strategy and Community Services and Ian McIntyre, Director of Commercial Development)

3.6.1 Commercial review

Led by the Commercial Development Unit, a robust commercial review of all services is underway to ascertain the financial viability of service lines so that a decision can be made regarding future provision of loss-making services including alternative business models. These decisions will be subject to discussion with stakeholders including commissioners where there is an impact on contracts. A process has been started to undertake a review of service lines by March 2015 at a rate of one each two months. Two reviews are complete and the third is due in July 2014 with five remaining in the selected group.

3.6.2 Consolidation and growth

Currently, the strategy for major growth programmes is paused during a period of consolidation and income plans are not predicated around this. Future options will be kept under critical review.

4. Financial plans – 5 years

4.1 Forecast budgets

The financial position includes an adjusted position for year two, reflecting financial pressures and the level of savings that can be achieved.

	2014/15 (£m)	2015/16 (£m)	2016/17 (£m)	2017/18 (£m)	2018/19 (£m)
Income	424.92	411.43	407.00	399.06	390.99
Pay	(296.74)	(290.74)	(286.97)	(280.55)	(274.06)
Non-pay	(105.11)	(100.12)	(99.68)	(98.55)	(97.37)
EBITDA (forecast plan)	23.07	20.6	20.33	19.9	19.49
EBITDA (%)	5.5%	5.0%	5.0%	5.0%	5.0%
Depreciation	(8.52)	(10.42)	(11.07)	(12.36)	(13.51)
Interest income	0.1	0.1	0.1	0.1	0.1
Restructuring costs	(2.85)	(4.35)	(3.45)	-	-
Profit on disposal	-	3.27	-	-	-
Dividends	(6.10)	(7.87)	(7.75)	(7.38)	(7.10)
Surplus (forecast plan)	5.71	1.30	(1.82)	0.32	(0.95)

4.2 EBITDA

It is assumed that from 2015/16 onwards the Trust will plan to achieve an EBITDA of 5%, lower than the previous rate of 5.5%.

5.5% was based on the previous Financial Risk Rating calculation and the EBITDA required to deliver a sufficient rating and was reflective of the market at that stage. The Continuity of Service rating does not measure EBITDA in assessing our financial risk. However in modelling the level of cash required it has been assumed that the current proposed level of capital investment will be required to maintain the existing quality of facilities and enable the support for estate and IT required for new models of care. This will be reviewed as part of both the ICT and the new models of care work-streams.

4.3 Risk ratings

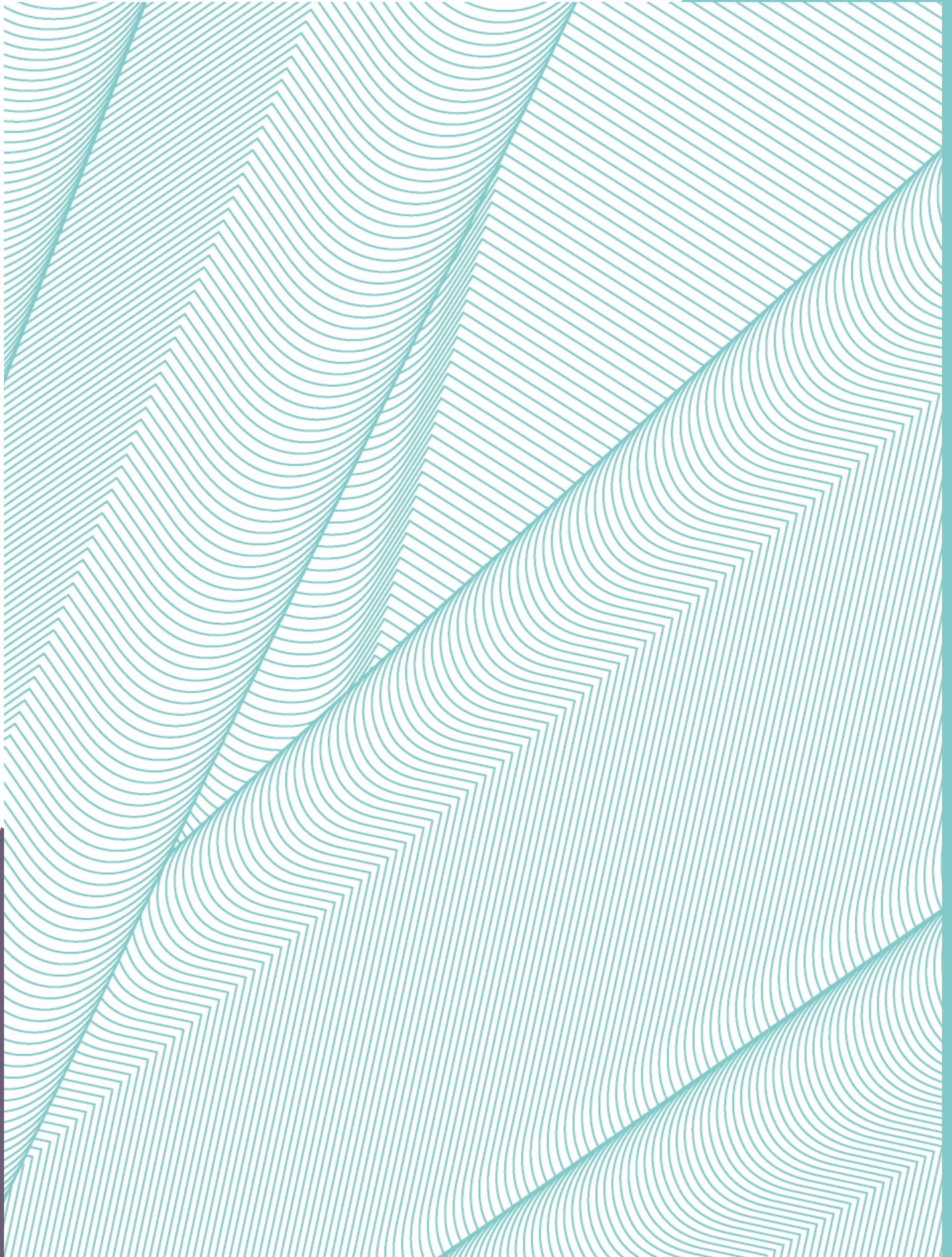
The risk ratings under both the old Financial Risk Rating regime and the new Continuity of Services regime for each of the 5 years under the plan are presented below.

	2014/15	2015/16	2016/17	2017/18	2018/19
Capital Services Cover	4	4	4	4	4
Liquidity	3	4	4	4	4
Overall	4	4	4	4	4

5. Glossary

ASIP	Accelerated Service Improvement Programme - CNWL's internal process	BCF	Better Care Fund
CCG	Care Commissioning Group – GP led commissioning unit	CIPs	Cost Improvement Programme
CLCCG	Central London CCG	CNWL	Central North West London NHS Foundation Trust
CQC	Care Quality Commission		
EBITDA	EBITDA (Earnings before interest, taxes, depreciation, and amortization) is a measure of profitability and is widely used when assessing the performance of companies.	HWB	Health and Wellbeing Board – established under the Health and Social Care Act 2012 to improve integration between practitioners in local health care, social care, public health and related public services
LHE	Local Health Economy	LSCB	Local Safeguarding Children Board
NWL	North West London	NCL	North Central London
PCP+	Primary Care Plus – developed primary care services	PEP	Placement Efficiency Project
PMO	Programme Management Office	QIPP	Quality, Improvement, Productivity and Prevention
SaHF	Shaping a Healthier Future	SWOT	Assessment of organisational strengths, weaknesses, opportunities and threats
WLCCG	West London CCG		

This document is a summary of CNWL's Strategic Plan 2014/15 – 2018/19. CNWL will be publishing an accessible version of the Plan for our AGM (September 2014). This will be found, together with previous documentation, at <http://www.cnwl.nhs.uk/about-cnwl/planning-performance/>



Central and North West London NHS Foundation Trust
Stephenson House, 75 Hampstead Road, London, NW1 2PL
www.cnwl.nhs.uk