

Strategic Plan Document for 2014-19
East London NHS Foundation Trust

Strategic Plan for y/e 31 March 2015 to 2019

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

In signing below, the Trust is confirming that:

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

Approved on behalf of the Board of Directors by:

Name <i>(Chair)</i>	Marie Gabriel
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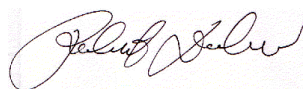
Signature



Approved on behalf of the Board of Directors by:

Name <i>(Chief Executive)</i>	Dr Robert Dolan
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Signature



Approved on behalf of the Board of Directors by:

Name <i>(Finance Director)</i>	Jitesh Chotai
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Signature

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A. Introduction

National and local context

Rising health care demand, rising costs and flat real funding mean the NHS could face an estimated £30 billion financial shortfall by 2021. Forthcoming changes to pensions and the creation of the Better Care Fund (previously known as the Integrated Transformation Fund) are likely to bring the affordability challenge to an unprecedented peak in 2015/16. Following the publication of the Francis Inquiry there are increasing concerns, and increasing expectations, regarding the quality of services provided by the NHS, and increased regulatory activity by the Care Quality Commission and Monitor.

In addition, there are regular reports of the increasing financial pressures within the NHS, as well as the related social care sector. Monitor reports that 27% of NHS Foundation Trusts are currently in financial deficit, and 41% are predicted to be in financial deficit in 2015/16. There have been recent reports of a £2 billion funding shortfall in 2015/16.

Locally, the Trust operates in a challenged health economy, and in East London there is a predicted 6.9% population growth by 2018. Choice in Mental Health came into effect on 1 April 2014, and poses both potential risks and benefits to the Trust, and the Care Bill is predicted to have a major impact on social care services. There is also evidence of increased competition for services.

The Trust's 5 Year Strategy

This 5 Year strategy sets out how the Trust will meet this challenge by ensuring that it designs services in conjunction with commissioners to deliver the right care in the right setting, and develops new ways to deliver high quality care through the Trust's ambitious Quality Improvement Programme. As such, it allows the Board to make the declaration of sustainability set out below.

The 5 Year Strategy is consistent with the Trust's 2 Year Operational Plan, which was submitted to Monitor in April 2014. Monitor has positively reviewed the Trust's 2 Year Plan, and have confirmed that Trust's financial risk rating as 4, and governance risk rating as green. Much of the Trust's strategy statements were developed at an early stage, and incorporated into the 2 Year Plan. They are repeated here to provide the context of the strategic options and plans set out later in the document.

The North East London Sector was one of 11 "challenged health economies" identified by the national partners NHS England, NHS Trust Development Authority and Monitor. McKinseys (an external management consultancy) were appointed to provide additional support to the Local Health Economy partners. The Trust has actively participated in the programme, and this strategy incorporates relevant findings of the McKinseys work. The Trust's plans align well with local commissioner intentions.

The Trust's mission to provide the highest quality mental health and community care is central to all its plans, and the delivery of the Trust's ambitious quality improvement programme will also support the Trust's sustainability by identifying and eliminating inefficiencies.

As part of its commitment to the success of the Local Health Economy and the NHS as a whole, the Trust is eager to utilise its skills and expertise to provide solutions for commissioners seeking to improve the quality and value for money of services that they contract for, and to improve the experience of patients and carers who use them.

Over the course of the 5 year plan, the Trust Board will work closely with the Council of Governors in order to further develop and implement the proposals set out in this document, and the Council will hold the Board to account for progress towards the objective of providing high quality, sustainable services.

Local Health Economy engagement

The success of this plan and the sustainability of the Trust as a whole is dependent on effective partnership working between the Trust, Governors, commissioners, Local Health Economy Partners, the third sector, service users, carers and staff. The Trust is committed to working in partnership in order to deliver and monitor its strategic and operational objectives.

The Trust is working closely with the Clinical Commissioning Groups for the three East London Boroughs and the Corporation of London and continues to strengthen commissioning relationships with NHS England and East London local authorities. This includes working with local government partners on social care priorities to deliver integrated health and social care services.

The Trust remains a key partner of the Local Health Economy's Integrated Care Projects (Waltham Forest and East London Pioneer Project and City & Hackney Integrated Care Project), led by the local Clinical Commissioning Groups. This project covers mental health and community health services across East London and forms a major plank of the local commissioners' Quality, Innovation, Productivity and Prevention and demand management strategy for acute services.

The Trust also works closely with commissioners and local stakeholders in the other areas that it provides services (i.e. Richmond, Barnet and Luton).

To develop more effective collaboration with the key East London acute trusts, we are building senior level strategic alliances with Barts Health NHS Trust and the Homerton NHS Foundation Trust.

To ensure our services remain at the cutting edge of research into practice the Trust is participating in the University College London Partners academic networks.

Commissioners and the Trust have set up a Joint Transformation Programme Board in order to ensure that transformation activities across multiple service settings are effectively developed, coordinated and monitored. The Transformation Board will be the key forum where the Trust further develops the strategic options and plans set out in this strategy.

B. Declaration of sustainability

“The board declares that, on the basis of the plans as set out in this document, the Trust will be financially, operationally and clinically sustainable according to current regulatory standards in one, three and five years’ time”

Summary of key evidence base and critical schemes

The key evidence base to support this declaration is as follows:

1. The Trust's has had exceptional financial performance over a prolonged period. The Trust has a Monitor financial risk rating of 4, a strong cash position, and the Board have recently signed the going concern statement as part of the 2013/14 accounts. The Trust has a track record of delivering CRES plans, with £41m delivered over the past four years. The Trust has strong financial governance and controls, as evidenced by internal and external audit reviews.
2. The Trust is one of the highest performing Trusts in the country, with robust governance and performance arrangements. It has maintained a green Monitor governance rating and full Care Quality Commission compliance for a prolonged period. The Trust was the first mental health and community trust to reach Level 3 of the NHS Litigation Authority Risk Management Standards, and is one of the highest performing trusts in national patient and staff surveys. The Trust is ranked 5th in the country in relation to the standard of community mental health services provided, and is also ranked 5th by staff recommending the Trust as a place to work and receive treatment.
3. The Trust is a clinically led, management partnered organisation and as such, benefits from strong clinical leadership at all levels of the organisation. The Trust recruits high quality staff, and invests in their development. Board and management capacity and capability is also a key strength, and the Trust has significant experience of delivering service transformation and major transactions.
4. The Trust has built good relationships with local and regional commissioners and stakeholders, and works in partnership with service users, carers, staff and governors to design and deliver the highest quality services. The Trust has plans to further strengthen these partnerships to help meet the challenges ahead.
5. Local commissioners all identify mental health and community services as a priority, and commissioners in Tower Hamlets and Newham have set out their intentions to invest more in mental health services over the next five years.
6. The Trust has embarked on an ambitious quality improvement programme to support its mission to provide the highest quality mental health and community care in England
7. The Trust has consulted widely on its operational and strategic plans, and has received positive feedback from the Council of Governors and other stakeholders. The Trust Board have discussed the plans in detail at six Board meetings and two development sessions over the past six months.

In line with the evidence base set out above, the strategic options and plans set out in this 5 Year strategy are based on our experience of how to build and maintain a successful and sustainable NHS Foundation Trust. The development of plans has been led by the Trust's clinical leaders, and they are consistent with the commissioning intentions of local and regional commissioners.

Delivery of the plans will, however, be extremely challenging and all the strategic plans set out in this document are critical schemes to ensure the sustainability of the Trust.

Given the changing nature of the national and local context in the NHS, this declaration is made at the present time with the following key assumptions:

1. That there will not be further significant national savings requirements or other national changes which adversely impact the Trust
2. That there will not be significant commissioner QIP plans that are inconsistent with the Trust's service line strategy and CRES plans
3. That increases in demand and activity due to demographic changes will be funded through increased commissioner investment, in line with their commissioning intentions
4. That the Trust receives commissioner and stakeholder support for the service transformation required to deliver its CRES plans
5. That challenges faced by local acute trusts, or the worsening national picture, do not adversely affect the Trust
6. That there are no significant changes in competition and tendering rules
7. That there are no other significant changes in the national and local context which adversely affect the Trust

C. Executive Summary

Background to the Trust and its Services

East London NHS Foundation Trust (formerly known as East London and The City University Mental Health NHS Trust) was formed in April 2000. It brought together mental health services from three community trusts in Tower Hamlets, Newham, The City and Hackney to become a large specialist mental health trust.

In April 2007, the Trust was awarded University status in recognition of its extensive research and education work. The Trust was granted Foundation Trust status on 1 November 2007.

In February 2011, the Trust integrated with community health services in Newham. We are now a trust which provides mental health and community health services. In June 2012, we joined with Richmond Borough Mind to provide The Richmond Wellbeing Service, and in 2013 the Trust won contracts to provide Improving Access to Psychological Therapy services in Luton, and speech and language therapy services in Barnet.

In addition, the Trust provides forensic services to the London Boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest, and some specialist mental health services to North London, Hertfordshire and Essex.

The specialist Forensic Personality Disorder service serves North London and the specialist Chronic Fatigue Syndrome/ME adult outpatient service serves North London and the South of England. The Institute of Psychotrauma serves East London.

The Trust's specialist Mother and Baby Psychiatric Inpatient Unit receives referrals from London and the South East of England.

Summary of the Trust's performance

East London NHS Foundation Trust is a high performing organisation. The Trust operates in a financially challenged local health economy, but has increased its income base from £170m to £260m and met all of its demanding financial and performance targets over this time, including delivery of £41m Cash Releasing Efficiency Savings (CRES) plan since 2010. This includes delivery of a number of transformational schemes involving major service re-design. The CRES programmes over time are set out below:

Year:	CRES plan
2010/11	£9m
2011/12	£10.8m
2012/13	£12.1m
2013/14	£9.1m
Total	£41m

The Trust is currently compliant with all Care Quality Commission standards, is the first mental health and community trust to reach Level 3 of the NHS Litigation Authority Risk Management Standards, and is one of the highest performing trusts in national patient and staff surveys. The Trust is ranked 5th in the country in relation to the standard of community mental health services provided, and is also ranked 5th by staff recommending the Trust as a place to work and receive treatment. This is set out in the table overleaf, where the Trust's ranking in the Staff Friends and Family Test, and in the National Community Patient Survey, is compared to other London mental health trusts.

	Recommend the Trust as a place to work and receive treatment	Standard of Community Mental Health Services
	RANK (57 TRUSTS)	RANK (53 TRUSTS)
EAST LONDON	5	5
OXLEAS	2	13
CENTRAL & NORTH WEST LONDON	6	7
SLAM	13	13
WEST LONDON	39	17
CAMDEN & ISLINGTON	29	37
NORTH EAST LONDON	37	32
BARNET, ENFIELD & HARINGEY	45	39
SOUTH WEST LONDON & ST GEORGES	43	41

The Trust's success can be attributed to the work of its 3600 staff, and the involvement of the Council of Governors, service users, carers, commissioners and the local community in the planning, delivery and monitoring of services.

The Trust is very proud to have the responsibility to provide services to the most diverse population in the country, and to have a highly diverse staff group. The Trust is committed to ensuring equality and promoting diversity in every aspect of its work, and is refreshing its Equality & Diversity strategy to make further improvements in this area.

The Trust has a Business Strategy and has continued to pursue opportunities to provide new services in circumstances where the Trust can provide high quality care and value for money.

Process used to develop the plan

The process used to develop the Trust's 5 year plan is made up of three main components:

- Development of priorities and plans with staff and other internal stakeholders
- Joint work with commissioners and Local Health Economy Partners to ensure alignment of strategic intentions
- Consultation with the Council of Governors, service users, carers, staff and members and the local community

The Trust Board has discussed an update on the planning process every month since November 2013. The Board also discussed the initial financial planning update at the January 2014 meeting. Additionally, the strategic planning process has been the key agenda item for the Board Development event in January March and May 2014.

NHS England have asked for Clinical Commissioning Groups to form "units of planning" with local health economy partners for developing joint commissioner strategic plans. The Trust is part of two local units of planning, as follows:

- Tower Hamlets, Newham and Waltham Forest (led by Tower Hamlets Clinical Commissioning Group)
- City & Hackney (led by City & Hackney Clinical Commissioning Group)

The Trust has engaged with commissioners through regular Mental Health Consortium and other key meetings.

Financial Assumptions 2016/17 – 2018/19

The long term plan for the Trust has become increasingly challenging. The pressure is compounded by the year on year 4% savings, 80% of the cost base pay related and income linked to block contract whereby additional activity is not reimbursed as is the case under a tariff system. With this in mind, the plan set out here displays continued financial sustainability, but as already stated the challenge is increasingly difficult.

NHS England and Monitor are now responsible for the NHS payment systems. In the published 2014/15 National Tariff Payment System they indicated that the nominal price adjustment (deflator) for acute services will be 1.5% and for non-acute services, 1.8%. This means all providers are expected to provide the same level of services, unless otherwise commissioned, at a lower cost than in the previous year. A further 1.0% deflator is expected in 2016/17, 0.6% in 2017/18 and 2018/19. These assumptions have been factored in for the purposes of income modelling.

Provision has been made for the additional costs that will arise from pay awards, pay increments and non-pay inflation. The pay provision for 2014/15 and 2015/16 is based upon the recently announced two year pay award, whereby staff will either receive an annual increment or a 1% unconsolidated payment. Provision has been included for a further 3% pay award in 2016/17, and 3.4% in 2017/18 and 2018/19. Specific non pay provision has been made in respect of drugs at 5% and 3% other generic non-pay costs. In 2017/18 and 2018/19 the generic inflation assumption is lifted to 3.4%.

Whilst the 5 year plan is based on a 4% CRES requirement year on year, the deflationary effect on income, combined with the inflationary assumptions around costs, has resulted in a diminishing surplus. Although the plan risk rating maintains a Continuity of Service Risk Rating of "4", the planned surplus in 2018/19 is almost at break-even level.

Recent work completed by McKinsey's highlighted to the Trust that local commissioners have factored population growth investment into their own financial plans. This has not been included in the Trust plan at this stage as the scale and value has not been shared. It is an encouraging sign that such investment has been indicated but more details need to be shared before any financial values form part of the Trust plan.

D. Trust strategic context

Vision, mission and values and strategic priorities

The Trust's vision, mission, values and strategic priorities are based on the core values of the NHS as a whole. They have been developed through feedback from staff as part of the Appreciative Inquiry project, consultation with the Council of Governors and recent learning from the Francis Inquiry. The Trust's values are also consistent with the values of our commissioners and Local Authority partners.

Vision

To be making a positive difference to people's lives

Mission

To provide the highest quality mental health and community care

Values

Our three core values are:

- **We care**
Everyone is entitled to the highest quality care
- **We respect**
Everyone should be treated with kindness and respect
- **We are inclusive**
Everyone should have access to our services when they need them, and we actively seek suggestions from all on how we can improve

And the following values support us in achieving them:

- **We work together**
Together with our service users, carers and partners we work as a team to promote the health, wellbeing and independence of the people we serve
- **We strive for continuous improvement**
Our mission to deliver the highest quality services is a continuous process
- **We discover and share our knowledge**
We encourage research and innovation to find new and better ways of treating people and keeping them healthy and well. We then share what we learn

The Trust has three main strategic priorities as a framework for delivery of its strategic and operational plans:

- Improving service user satisfaction
- Improving staff satisfaction
- Maintaining financial viability

The Trust's quality, clinical and financial strategies are summarised in this operational plan. They provide the basis for delivering the three strategic priorities, as follows:

Improving service user satisfaction – delivered through implementation of the Quality Improvement Strategy, the overall Clinical Strategy and specific service line strategies

Improving staff satisfaction - delivered through implementation of the Quality Improvement Strategy, the Clinical Workforce Strategy, and the underpinning Workforce and Organisational Development Strategies

Maintaining financial viability – delivered through implementation of the Financial and Investment Strategy, and ensuring continuous improvement in productivity and efficiency

Integrated Business Strategy

The Trust's Integrated Business Strategy is designed to provide the Board and the Trust with a high level summary of the Trust's strategic objectives across its key functions (Quality Improvement, Business, Finance, Operations, Organisational Development and Workforce), and ensure that these functions are aligned and working together towards the vision and mission of the Trust.

The overall objectives of the strategy directly support the Trust's three strategic objectives of improving service user satisfaction, improving staff satisfaction and maintaining financial viability. A summary of the main objectives of the key functions are set out below.

Quality Improvement Strategy

The overarching aim of the Quality Improvement Strategy is to ensure the delivery of the highest quality care which is based on values and evidence, utilises expert clinical skills appropriately, and is both effective and efficient, and therefore provides the best possible outcomes. More detail is set out in section I below.

Business Strategy

The overarching aim of the Business Strategy is to ensure that the Trust builds on its strengths and achievements and actively considers opportunities to expand its services to areas in which it can provide high quality care to service users and carers.

The Trust actively considers opportunities to expand our Forensic, adolescent inpatient unit, Mother and Baby inpatient service and Improving Access to Psychological Therapy services and should consider any potential opportunities to provide aspects of its core business in other geographical areas.

Research Strategy

The Trust's Research Strategy should maintain, and if possible widen, its focus and excellence in clinically relevant research which is linked to service and business development. The Trust should maintain and strengthen its collaboration with academic partners and potentially invest in research units that support the competitive profile of the Trust.

Financial Strategy

The Trust's key financial objective is to maintain the long term viability of the Trust and generate sufficient surplus to reinvest in capital schemes to support the Trust objectives of improving service user and staff satisfaction. More detail is set out in sections K and L below.

Organisational Development Strategy

The overall objective of the Organisational Development strategy is to ensure that the Trust continues to be a "clinically led, management supported" organisation that is able to learn and adapt based on changes to the internal and external environment.

The Trust's leadership development programmes should continue to develop strategic, commercial, quality improvement and change management skills, and to ensure that talent development and succession plans are in place. The Trust's Organisational Development and Learning and Development programmes should focus on the development of all teams (clinical and non-clinical) within the Trust. Support functions (Finance, HR, IT, governance etc.) should be developed together with clinical services to ensure that they support front-line clinicians in an integrated, reliable, flexible and supportive manner. Specific initiatives should be delivered in order to improve capability in relation to quality improvement and change management.

Workforce Strategy

The overall objective of the workforce strategy is to support the Trust's strategic objectives by recruiting and developing the right staff, optimising skill mix and productivity, improving working lives and therefore delivering an engaged workforce.

The Trust should recruit a workforce that is able to meet the diverse needs of service users and carers, is reflective of the communities in which it operates, and provides the highest standards of customer service. The optimal numbers and skill mix of staff should be in place in order to deliver high quality services in line with the strategic objectives of the Trust, and local and national commissioners. Sufficient clinical capacity must be available to ensure

that expert clinical skills are close to the service user and provide effective support to primary care.

The Trust is committed to support training and teaching of health professionals in collaboration with local academic partners. This will develop future staff in the Trust and elsewhere in the NHS and improve the quality of existing staff in different professional groups.

The Learning and Development Strategy focuses on reducing the burden of statutory and mandatory training; increasing the availability of training in relation to clinical skills and the delivery of therapeutic interventions; and providing the opportunity for team based development across all teams in the Trust.

E. Market analysis and context

This section sets out a detailed analysis of the external and internal factors that are likely to impact on the Trust over the course of the 5 Year strategy. The section includes the following:

- Healthcare needs assessment
- Capacity analysis

Healthcare needs assessment

Local health needs assessment of the population ELFT serves to indicate significant health inequalities between East London and the rest of the country. The table below summarises the key components of the needs assessment, which is then explored in more detail.

	City and Hackney CCG	Newham CCG	Tower Hamlets CCG
Population	Hackney c. 260,700 City c. 8,000. The local authorities are anticipating a 5.4% growth between now and 2018.	c.330,600. The borough currently has the highest birth rate in London and is anticipating a c.7% population growth in the period 2014-18	c.277,900. The borough's population is expected to grow rapidly, projecting growth in excess of 8% for the period 2014-18
Age profile	Hackney has one of the lowest % of over 65s in London. City has a particularly small proportion of children. Adults over 65 constitute 7% of Hackney's population.	The borough has a larger than average proportion of children aged 10 and under and of adults aged 20-39. Newham has a below average proportion of adults aged 40 or over. Adults aged 65 and over make up only 6.7% of the population.	The borough has a larger than average proportion of adults aged 20-39. Only 7.6% of Tower Hamlet's population is aged 65 or over, compared to an 11.1% average in London.
Gender profile	Male: 51% Female: 49%	Male: 52% Female: 48%	Male: 49.6% Female: 50.4%

	City and Hackney CCG	Newham CCG	Tower Hamlets CCG
Ethnicity profile	<p>47.2% White 22% Black 7.4% South Asian 8.9% Other 14.5% Not stated</p>	<p>29.8% White 15.9% Black African 11.6% Indian 10.7% Pakistani 10.6% Bangladeshi 6.6% Black Caribbean 5.3% Other 4.8% Other Asian 3.1% Other Black 1.6% Chinese</p>	<p>50% White >33% identified as Bangladeshi</p> <p>59% of residents in the 0-20 range are Bangladeshi. 7% are Black, 3% Chinese, 2% Indian, and 4% Other.</p>
Life expectancy	<p>Hackney Male: 77.7 Years Female: 82.8 Years</p> <p>City Male: 83.8 Years Female: 88.6 years</p> <p>The life expectancy gap for Hackney:</p> <p>Male gap: 8.9 years Female gap: 12.2 years</p>	<p>Male: 76.2 Years Female 81.1 Years</p> <p>The life expectancy gap (between the most and least deprived wards of the borough) is narrowing for women but noted to be increasing for men.</p> <p>Male gap: 10.2 years Female gap: 10.6 years</p>	<p>Male: 75.3 Years Female: 80.4 Years</p> <p>Life expectancy gap (between the most and least deprived wards of the borough):</p> <p>Male gap: 11.2 years Female gap: 6.5 years</p>
Deprivation	<p>Hackney is the 2nd most deprived borough in England. All but 1 ward are in the top 10% most deprived wards in the country, and 11 wards are in the top 5% most deprived.</p> <p>Hackney unemployment rate is 11.5%.</p>	<p>Newham is recognised to be the third most deprived local authority area in England. All 20 wards are ranked in the 20% most deprived wards in the country, with 8 wards being in the 5% most deprived.</p> <p>The borough unemployment rate is 14.4% which is the highest in London.</p>	<p>Tower Hamlets has high socio-economic deprivation- 33% of families live on a household income of £20k or less, and overcrowding of homes is common. 16 out of 17 wards are in the 20% most deprived in the country.</p> <p>The borough unemployment rate is 12%.</p>

	City and Hackney CCG	Newham CCG	Tower Hamlets CCG
Health needs/challenges	<ul style="list-style-type: none"> • High DSR mortality including CVD, respiratory illnesses and cancer. • High childhood obesity rates • Significant decrease in teenage pregnancy rates since 2009 • Low levels of physical activity despite young population • High mental health need • Mental health problems in the City of London workforce 	<ul style="list-style-type: none"> • High rate of mortality related to smoking, although the percentage of smokers in the borough is average. • Has the highest DSR mortality rate for males in London; second highest for females. • Largest causes of mortality are cardiovascular diseases, cancer, and respiratory diseases. • High diabetes prevalence. • High child poverty, high child obesity. • High rates of teenage pregnancy. • Low levels of physical activity. • Significant levels of serious mental illness, reflected in rates of homelessness and substance abuse. 	<ul style="list-style-type: none"> • High proportion of low birth weight babies compared to other London boroughs. • 1 in 4 children reported to be obese. • Largest causes of mortality are circulatory diseases, cancer, and chronic lung disease. • High (and increasing) diabetes prevalence. • High numbers of admissions due to mental health related causes. • High levels of long-term illness/ disability. • High smoking prevalence and mortality from smoking related illness. • High levels of problem drinking and problem drug use. • Low levels of exercise and healthy eating.
Stated strategic priorities	<ul style="list-style-type: none"> • Reduce premature mortality • Reduce emergency admissions • Transform primary care services • Safe, high quality hospital services • Address mental health need 	<ul style="list-style-type: none"> • Primary Care development • Prevention • Long term care • Virtual wards • Urgent care 	<ul style="list-style-type: none"> • Integrated services around individual needs • High quality health and social care services • A vibrant and stable health and social care system
Outlier areas-quality/outcomes and spend	<p>Areas where the CCG has outlying spend (higher than average/area for potential saving):</p> <ul style="list-style-type: none"> • Circulation problems • Cancer and tumours • Endocrine and metabolic systems • Mental health <p>Areas where the local authority has outlying quality outcomes (worse than average/area for potential improvement):</p> <ul style="list-style-type: none"> • Circulation problems • Cancer and tumours • Respiratory system 	<p>Areas where the borough has outlying spend (higher than average/ area for potential saving):</p> <ul style="list-style-type: none"> • Endocrine and metabolic systems • Circulation problems • Genitourinary systems • Maternity • Infectious diseases <p>Areas where the borough has outlying quality outcomes (worse than average/ area for potential improvement):</p> <ul style="list-style-type: none"> • Endocrine and metabolic systems • Circulation problems • Musculoskeletal • Maternity • Infectious diseases • Cancers and tumours <p>Mental health</p>	<p>Areas where the borough has outlying spend (higher than average/ area for potential saving):</p> <ul style="list-style-type: none"> • Endocrine and metabolic systems • Cancers and tumours • Genitourinary systems • Maternity • Neonates <p>Areas where the borough has outlying quality outcomes (worse than average/ area for potential improvement):</p> <ul style="list-style-type: none"> • Endocrine and metabolic systems • Musculoskeletal • Respiratory systems • Cancers and tumours

	City and Hackney CCG	Newham CCG	Tower Hamlets CCG
Total budget	TOTAL: £341	TOTAL: £362.6m, inclusive of: Acute: £208.9m Community Health Services: £41.9m Mental Health: £44,1m Prescribing: £37.9m	TOTAL: £340m, inclusive of: Acute: £164m CHS: £51m Mental Health: £42m Prescribing: £30m.
Number of GP practices and registered population	44 GP Practices (43 Hackney; 1 City) Registered population: 263,613	62 GP Practices Registered population: 360,995	36 GP Practices Registered population: 278,982

F. Challenged health economy programme

As stated above, the North East London Sector was one of 11 “challenged health economies” identified by the national partners NHS England, NHS Trust Development Authority and Monitor. McKinseys were appointed to provide additional support to the Local Health Economy partners. The Trust has actively participated in the programme, and this section incorporates relevant findings of the McKinseys work.

Introduction - current service provision

In the London Borough of Newham, the Trust is providing community and mental health services to children, adults and older people. This includes new contracts to provide the Newham Urgent Care Centre, Newham Transitional Care (GP service) and the Newham Improving Access to Psychological Therapies for Medically Unexplained Symptoms. Barts Health NHS Trust is the local provider of acute services. Barts is currently forecasting a deficit of between £40m and £50m. Its provision of specialist cancer services is currently under review by NHS England. A GP federation is in development.

In the London Borough of Tower Hamlets, the Trust is providing mental health services to children, adults and older people. Barts is the local provider of acute and community services. A new borough wide GP federation is being formed.

In the local authority areas of Hackney and the City of London, the Trust is providing mental health services to children, adults and older people. Homerton University Hospitals NHS Foundation Trust is the local provider of acute and community services in Hackney. The City of London is serviced by Barts Health NHS Trust and University College London Hospital. City & Hackney Urgent Healthcare Social Enterprise provide the Out of Hours GP Service.

A new group is working as a GP Federation. They are considered as integrated care providers in the One Hackney challenge fund.

Local health economy challenge

The challenge faced by the local health economy can be summarised as follows:

1. The local health economy has a growing population with significant health needs that need to be addressed by commissioners
2. Models of primary and community care need significant change to enable improved access to care, improve the health of the population and reduce demand for expensive, inappropriate acute care services
3. There needs to be more integrated models of care to provide better quality of care for specific groups of high risk/need populations
4. There is a long lived financial challenge at Barts Health which predates the merger

Forecasted activity and revenue in a 'do nothing' scenario and resulting financial gap across the LHE

The system gap by 2018/19 is estimated to be £282m for commissioners (before tariff efficiencies and QUIP) and £434m for providers (Barts Health £324m; Homerton £54m; ELFT £56m). There is a projected gap for specialist commissioners of £66m.

Funding analysis

Commissioners intend to reduce the proportion of their spend on acute services, whilst maintaining the proportion of spend on mental health and community services.

Tower Hamlets and Newham commissioners have stated their intention to identify opportunities to reinvest efficiency savings into the mental health programme, with the aspiration of increasing their proportionate spend on mental health over the five years of their strategy.

Local Health Economy strategic intentions

The strategic intentions of the Waltham Forest and East London local health economy have the most impact on the Trust, and these are outlined in the WELC Five Year Strategic Plan.

Each of the East London Clinical Commissioning Groups has included integration as a core strategic aim. There are several common themes across the Clinical Commissioning Groups, including a focus on patient engagement, a commitment to high quality services, efforts to address health inequalities, efforts to ensure a financially stable health and social care system and efforts to improve health outcomes.

The specific activities planned in relation to mental health services are as follows:

- Developing a new model for CAMHS services, using an outcome based approach, ensuring that Tier 2 services are delivered effectively within schools and other settings, and ensuring that access to Tier 3 services is quick and effective
- Delivering against parity of esteem commitments to ensure that people with mental health problems have prompt assessment and treatment for physical health problems, and people with long term conditions have support and treatment for mental health problems

- Developing mental health at the heart of our plans to develop an integrated care system; this will include better liaison services across the Bart's Health economy and a stronger focus on mental health within community services
- Developing primary care for people with mental health problems including primary care mental health services for adults and older people, ensuring that there is appropriate infrastructure within primary care and the voluntary sector to support people to be discharged from secondary care promptly into mainstream services
- Developing new models for adults and older adults community services, in the context of developments in primary care mental health services and CAMHS
- Developing improved crisis pathways for people with mental health problems and maintaining high quality inpatient services
- Using tariff development to promote improved access and more streamlined pathways and choice
- Improving quality, with a particular focus on developing a recovery culture within mental health services across the system, supporting more people with mental health issues into employment and appropriate accommodation

The City & Hackney CCG strategic priorities are as follows:

- Commissioning of the RAID service
- Investment in the primary care mental health service
- Investment in community provision for dementia sufferers and their carers
- Investing in a training programme for community staff to recognise the symptoms of psychosis in order to enable swifter referrals
- Ensuring that every patient with mental health problems has a recovery plan which has an introduction to benefits and employment support
- Commissioning shorter waiting times for psychological therapy assessment and treatment services and commissioning an extended range of interventions
- Improving early intervention and outcomes for CAMHS services

Local Health Economy strategic alignment

There is a strong strategic alignment between the Trust's vision and the visions of the local health economies in which we operate. The Trust is well positioned to respond to the Clinical Commissioning Groups' drive towards integrated care. This alignment is apparent through our role in each of our Clinical Commissioning Groups plans for the Better Care Fund.

The Trust has considered the commissioners' strategic intentions in developing its strategic options and plans, which are set out in the following sections. The further development of commissioner and Trust plans will be the subject of discussions at the Joint Transformation Board.

G. Risk to sustainability and strategic options

This section sets out the likely impact of the identified external challenges on each of its key service lines and the resulting sustainability risk. It also sets out the preferred strategic option, which have been informed by the Trust's performance to date and the Business Strategy. Likely impact on the service line and alignment issues across the LHE are also considered. Throughout all the service lines, the Trust's vision to provide the highest quality mental health and community care has informed the strategic options.

Adult Mental Health

Impact of external challenges	Sustainability risk	Preferred strategic option
<p>5 year CRES requirement will be difficult to deliver and may impact on quality of care provided</p> <p>Increased competition for services may lead to loss of contracts</p> <p>Choice in mental health may lead to service users choosing other providers</p> <p>Projected increase in activity of 6-8%</p>	<p>Medium – the Trust has a strong track record of delivering CRES plan without compromising quality. The Trust is one of the highest performing Trusts in the country, and therefore able to ward off competition. The Choice agenda provides an opportunity for the Trust to attract additional income, Commissioners have indicated intentions to increase funding in Newham and Tower Hamlets.</p> <p>As such, the Trust is able to reject negative strategic options (shrink, merger), and plans to transform services to deliver the CRES requirement and grow the business where possible.</p>	<p>Service transformation of community mental health services in order to meet CRES requirements and improve quality of service provided by providing enhanced primary care liaison services</p> <p>Look for opportunities to attract additional income through the choice agenda, and obtain additional contracts through competitive tendering and contracts with other NHS providers</p>

Community Health Services

Impact of external challenges	Sustainability risk	Preferred strategic option
<p>5 year CRES requirement will be difficult to deliver and may impact on quality of care provided</p> <p>Increased competition for services may lead to loss of the contract</p>	<p>Medium – the Trust has a strong track record of delivering CRES plan without compromising quality. The Trust’s community health services perform well compared to peers, and staff survey results are well above the national average for similar services.</p> <p>As such, the Trust is able to reject negative strategic options (shrink, merger), and plans to transform services to deliver the CRES requirement and grow the business where possible.</p>	<p>Service transformation in order to meet CRES requirements and improve quality of service provided by integrating services with primary care, and supporting discharge from acute care</p> <p>Look for opportunities to attract additional contracts through competitive tendering, or through increased investment in integrated care services</p>

Older Adult Services

Impact of external challenges	Sustainability risk	Preferred strategic option
<p>5 year CRES requirement will be difficult to deliver and may impact on quality of care provided</p> <p>Increased competition for services may lead to loss of contracts</p> <p>Choice in mental health may lead to service users choosing other providers</p>	<p>Medium – the Trust has a strong track record of delivering CRES plan without compromising quality. The Trust has already delivered service transformation in this area (i.e. centralised dementia assessment unit) and quality outcomes are good. The Choice agenda provides an opportunity for the Trust to attract additional income, Commissioners have indicated intentions to increase funding in Newham and Tower Hamlets.</p> <p>As such, the Trust is able to reject negative strategic options (shrink, merger), and plans to transform services to deliver the CRES requirement.</p>	<p>Service transformation in order to meet CRES requirements and improve quality of service provided by further centralisation of inpatient services and redesign of community services</p> <p>Look for opportunities to attract additional income through the choice agenda.</p>

Forensic Mental Health

Impact of external challenges	Sustainability risk	Preferred strategic option
<p>5 year CRES requirement will be difficult to deliver and may impact on quality of care provided</p> <p>Increased competition for services may lead to loss of contracts, but is more likely to create opportunities for the Trust in this service line</p> <p>NHS England commissioning intentions unclear, and commissioning structure may change</p>	<p>Low – the Trust has a strong track record of delivering CRES plan without compromising quality. The Trust performs well against peers, particularly in relation to average length of stay. The Trust has successfully expanded the forensic service in recent years, and is in a good position to obtain additional income in future years.</p> <p>As such, the Trust is able to reject negative strategic options (shrink, merger), and plans to transform services to deliver the CRES requirement and grow the business where possible.</p>	<p>Service transformation in order to meet CRES requirements and improve quality of service provided.</p> <p>Look for opportunities to attract additional income through competitive tendering and/or agreeing contracts with other NHS providers</p>

Child and Adolescent Mental Health Services

Impact of external challenges	Sustainability risk	Preferred strategic option
<p>5 year CRES requirement will be difficult to deliver and may impact on quality of care provided</p> <p>Increased competition for services may lead to loss of contracts, but is more likely to create opportunities for the Trust in this service line</p> <p>Projected increase in activity of 6-8%</p>	<p>Low – the Trust has a strong track record of delivering CRES plans without compromising quality. The Trust has a specialist inpatient unit and quality outcomes are good. Tower Hamlets commissioners have indicated their intentions to invest in CAMHS services, which creates an opportunity for the Trust.</p> <p>As such, the Trust is able to reject negative strategic options (shrink, merger), and plans to transform services to deliver the CRES requirement and grow the business where possible.</p>	<p>Service transformation in order to meet CRES requirements and improve quality of service provided.</p> <p>Look for opportunities to attract additional income through expansion of current services, or obtaining increased funding from local commissioners</p>

Specialist Services

Impact of external challenges	Sustainability risk	Preferred strategic option
<p>5 year CRES requirement will be difficult to deliver and may impact on quality of care provided</p> <p>Increased competition for services may lead to loss of contracts, particularly in substance misuse services</p>	<p>High – Substance Misuse services may not be competitive against third sector providers. Other small services may not be sustainable in the long-term.</p> <p>As such, the Trust needs to review its service model and consider collaboration with a partner.</p>	<p>Service transformation in order to meet CRES requirements and improve quality of service provided.</p> <p>Review clinical strategy for substance misuse services and consider partnering with a third sector provider</p>

H. Strategic plans

This section summarises the Trust’s prioritised set of service line strategy and key initiatives to be delivered.

Clinical and service line strategy

The Trust’s strategic options and plans have been informed by our clinical and service line strategy. The Trust’s overall clinical strategy is to provide the right care in the right setting, focusing on the implementation of recovery orientated practice and interventions whilst providing integrated and holistic care to service users. This directly supports our mission to provide the highest quality mental health and community care, in order to make a positive difference to people’s lives. This strategy will be supported by the following activities:

- Implementation of recovery oriented practice
- Provision of integrated care as part of commissioner led Integrated Care Project, including adult and older adult community services
- Further integration of community health services by integrating district nurses with primary care services, and supporting discharge from acute services
- Increased provision of mental health primary care liaison services in order to maintain patients in primary care, and provision of quick access to assessment and triage service, as well as provision of high quality and effective IAPT services.
- Improving access to, and transition arrangements of CAMHS services in order to ensure that young adults receive a high quality service appropriate to their needs

- Improving throughput of forensic services in order to improve patient outcomes and service capacity

The strategic plan is set out below for each main service line.

Adult Mental Health

Initiative	Key milestones	Resources, dependencies and risk
Remodel existing community mental health services in order to provide two dedicated functions: <ul style="list-style-type: none"> • Primary Care Liaison • Recovery and Assertive Outreach 	October 2014 – service model and specifications developed March 2015 – remodeled service operational	Staffing resources currently available via existing teams Proposal dependent on alignment with commissioner integrated care and other QUIP plans, and Local Authority plans
Ward rationalisation due to improved management of demand for inpatient services by community mental health services and efficient use of bed capacity	Ongoing management of inpatient bed occupancy and marketing of spare capacity	Proposal dependent on the continued management of capacity, particularly in light of projected increase in demand for services

Community Health Services

Initiative	Key milestones	Resources, dependencies and risk
Review of community nursing teams in order to provide better integration with primary care and support discharge from acute services	October 2014 – service model and specifications developed March 2015 – remodeled service operational	Staffing resources currently available via existing teams
Review inpatient facilities in order to provide enhanced home-based rehabilitation services	March 2015 – service model and specifications developed March 2016 – remodeled service operational	Staffing resources currently available via existing teams Proposal likely to require public consultation

Older Adult Services

Initiative	Key milestones	Resources, dependencies and risk
Redesign of inpatient services in order to provide: <ul style="list-style-type: none"> • Modernise continuing care services for City & Hackney and Tower Hamlets • Modernise functional mental illness services for City & Hackney, Tower Hamlets and Newham 	March 2015 – service model and specifications developed October 2015 – estates works commences March 2016 – remodeled service operational	Staffing resources currently available via existing teams Proposal likely to require public consultation

Forensic Mental Health

Initiative	Key milestones	Resources, dependencies and risk
Obtain additional income by securing contracts with NHS England specialist commissioning for 20 medium secure unit beds	Ongoing discussions with specialist commissioners. Contacts to be in place for 2016/17.	Proposal dependent on NHS England commission intentions for forensic services Programme in order to ensure high quality estate is available
Decommissioning of the forensic community service via transfer of patients to community mental health and assertive outreach teams	March 2015 – service model and specifications developed March 2016 – remodeled service operational	Proposal dependent on alignment with redesign of community mental health services set out above

Child and Adolescent Mental Health Services

Initiative	Key milestones	Resources, dependencies and risk
Expand the Trust's adolescent inpatient unit (Coborn Unit) to provide additional PICU capacity for marketing to regional commissioners	2014 – enabling estates works scoped and agreed October 2015 – marketing plan developed	Increased staffing required Proposal dependent regional commissioner intentions and level of competition

Quality Improvement Programme

Initiative	Key milestones	Resources, dependencies and risk
Redesign clinical processes and pathways through quality improvement initiatives, which will lead to identification of efficiencies to be scaled up and spread across the organisation	June 2014 – strategic assessment by external partner (Institute of Health Improvement) 2014 – capability building of staff and recruitment to central QI team	Proposal dependent on capability of staff to implement QI methodology, and the Trust having an effective spread plan

