



# Strategic Plan 2014-19 Summary

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## Glossary of Terms

<b>2gNHSFT</b>	<sup>2</sup> gether NHS Foundation Trust	<b>LHE</b>	Local Health Economies
<b>ADHD</b>	Attention Deficit-Hyperactivity Disorder	<b>LTC</b>	Long Term Condition
<b>CCG</b>	Clinical Commissioning Group	<b>OD</b>	Organisational Development
<b>CIP</b>	Cost Improvement Plan	<b>PbR</b>	Payment by Results
<b>CYP</b>	Children and Young People	<b>QIPP</b>	Quality, Innovation, Productivity and Prevention
<b>EIS</b>	Early Intervention Service	<b>RAID</b>	Rapid Assessment Interface Discharge
<b>IAPT</b>	Improving Access to Psychological Therapies	<b>SMART</b>	Specific, Measurable, Achievable, Realistic and Timely
<b>LA</b>	Local Authority	<b>SWOT</b>	Strengths, Weaknesses, Opportunities, Threats
<b>LDISS</b>	Learning Disabilities Intensive Support Service	<b>WTE</b>	Whole Time Equivalent

## Executive Summary

### Introduction and Context

In order to ensure that our strategic thinking is as well informed as possible, we have engaged with a broad range of stakeholders while listening hard to what they value, their aspirations and their concerns. We have garnered and analysed data and information, interpreting this as neutrally as possible, again to ensure that our thinking and decisions are the best that they can be. All of these activities at one level are business as usual for us, however we have stepped up our effort because we recognise that the environment in which we are providing services is challenging, complex and in the run up to an election uncertain if not unpredictable.

We have made every effort to align our strategic plans with commissioning intentions where these are clear and have left ourselves options, where possible, where there is insufficient clarity.

Our plan builds towards delivering our purpose in line with our values. At the end of the five year period we will have significantly further empowered people to make informed choices to support their wellbeing, help them spot and where possible avoid crisis, enable rapid access to treatment and support which enables recovery from any unavoidable acute episodes.

We have been prudent in our financial planning. As a consequence we know that unless there is a significant policy shift nationally, and despite having already delivered substantial productivity improvements and cash releasing efficiencies in recent years whilst retaining high quality services that we now have to ask our workforce to deliver further transformational changes. Running still faster is not a sustainable proposition.

The significant changes for our workforce are driven by increasing demand, changing demography, changing knowledge base and changing technology. We will be asking a great deal of colleagues who have consistently delivered already. This will only be possible if we invest now in equipping colleagues with the clarity of what is required, the tools to do the job, the knowledge and skills to execute and supportive enabling leadership.

Our discussions have concluded that we are only sustainable in three and five years if we rise to these challenges by further lowering our operating costs by £22 million, by transforming the way our clinical and corporate functions work and by keeping safety at the forefront of our minds at all times.

We are clear that there are risks to delivering sustainable services.

- If we are unable to change practice safely or deliver the scale of productivity improvements that will keep us ahead of predicted demand and income reductions from commissioners we will fail
- If we are unable to successfully drive, support and enable those changes by utilising technology and by funding leadership development and practice development that allows colleagues to feel equipped for the changes we will fail
- If we are unable to ensure effective integrated services with a broad range of other providers we will fail
- If we are unable to translate our extensive experience of engaging people with both acute and long terms conditions into new service offerings that are compelling for commissioners or for individuals who hold personal budgets we will fail

Our plan addresses these risks by using our strong liquidity position to invest in organisational development, in technology and in partnership working. We have taken the unusual step of planning on breaking even this year, making a small loss in 15/16, breaking even again in 16/17 and returning to surpluses, albeit small in 17/18 and 18/19.

We are committed to making the changes necessary in an honest, open and transparent way. Wherever we can we will co-produce how we deliver challenging change with commissioners, with service users and carers and with staff.

## Background and Context

We currently provide mental and social health care services to the population of Gloucestershire, Herefordshire and some surrounding areas. The Trust employs over 2,300 members of staff (including staff bank) and serves a combined population of 761,000, over nearly 1,900 square miles. At any one time, <sup>2</sup>gether delivers services to approximately 19,000 individuals and offers education and support to their carers and families.

The Trust provides services within two distinct Local Health Economies (LHEs), Gloucestershire (72% of contracted income) and Herefordshire (20% of contracted income). This plan considers the future impact for services provided by the Trust in relation to what is known about the wider planning, financial and commissioning intentions of both LHEs. It then sets out a strategy to ensure the future sustainability of services taking into account the forecast changes in Trust income and expenditure, demand and capacity within the wider market environment.

Our organisation's core purpose is to improve the lives of people in our care and the carers who support them. It is through the competence, commitment and compassion demonstrated by staff across the Trust that we are able to deliver the high quality care we would want for our own family. We wish to place an even greater emphasis on improved experience, safety, integrated local support and recovery for people as we plan our services for the future.

Our key priorities, which the Trust has adopted, remain central to the development of strategic plans and transformation - these are:

### Quality : Engagement : Sustainability

We are a strongly performing NHS Foundation Trust committed to playing our part in ensuring that the communities in which we work have sustainable health and social care services that contribute to the emotional, economic and social wellbeing of local people. Over 27 consecutive quarters, the Trust has reported financial surpluses. We believe that in developing this plan, we

have taken an honest look forward in order that we can continue to achieve safe, quality driven, sustainable services for individual service users.

We believe that we have a five year strategic plan that will sustain safe sound services in the medium/long term. This is based entirely on the premise that we are successful in delivering a challenging service transformation programme – a failure to deliver will result in significant doubt about our sustainability in the medium/long term.

Our name is a statement of our intent. It defines the way in which we will continue to work, in forming, developing and sustaining productive partnership working to deliver easily accessible and easily understood integrated pathways of support and treatment from early detection, early intervention through to recovery. The environment in which we provide services continues to be complex and challenging. Despite having delivered significant transformational changes to service delivery every year for the last six years, we know that to achieve our strategic priorities the need for further substantial transformational change will continue.

We have taken into account commissioning intentions of our two LHEs and built transformation plans focusing on the delivery of the following themes:

Our developing strategic plan could be summarised as:

- To ensure that mental health and learning disability services continue to PROACTIVELY co-develop service delivery, shape, capacity and capability with Commissioners, service users and carers, communities and delivery partners
- That we utilise our strong liquidity position to pump prime developments which improve our medium to long term sustainability, quality - effectiveness and consumer experience - OD - Leadership, model for improvement - partnership working and technology enablement
- That we respond to the desire for integrated solutions by developing and offering solutions for a broader range of acute and long term conditions that utilise our experience of developing and delivering crisis services and care co-ordination within AOT and EIS for example. The principles of co-

development with commissioners and delivery partners is again critical

This means we will:

- Invest time, energy and resources in strengthening partnership working
- Work with commissioners and delivery partners to strengthen the coordinated response to individuals experiencing a crisis
- Invest in technology to change the way that the population thinks about their health and wellbeing, is supported to self-manage aspects of their long term conditions and the way services are delivered and received
- Invest in developing and supporting leaders across our organisation
- Amend our Capital programme to enable investment and support liquidity

Financially the Trust has an excellent track record having delivered surpluses in each year since becoming a Foundation Trust. Nevertheless, robust action is required this year and throughout the five year period of this plan to transform, improve efficiency and reduce costs if this track record is to be maintained. If we were to fail in delivering planned cost improvement plans then our ability to sustain services, is questionable. Maintaining the status quo and doing nothing is not an option.

### Feedback from the 'Thinking Ahead' Strategic Planning workshop with people who use <sup>2</sup>gether services

People with lived experience would like more opportunities to help those who can't speak for themselves.

More psychotherapists within the service, currently I have to go private!

Will need to finely balance transparency with up-skilling/preparation for diversification. Other Trusts will be considering the same challenges, as will private concerns. University co-operation invaluable, e.g. ADS at Worcester University. Keeping lines of communication open seems essential as does building market intelligence nationwide.

An example of diversification within our core capabilities and core business. Diversification:

1. Assess our core skills.
2. Having decided what we are best at.
3. Look at what others are doing on which we could build, e.g. dementia adventure take those with D and their carers on walks/holidays and experiences. Outcome: better quality of life

A bigger Mental Health Service i.e. joining or taking on other CCG areas has both very positive and negative possibilities:  
+ a) ability to offer more services, more cost effectively (lower admin costs).

- b) <sup>2</sup>gether quality standards could be diluted by absorbing another trust/location which is badly run.

So the answer to the question is not a simple yes/no, it depends on what <sup>2</sup>gether take over or join with!

We are all individuals. Managing expectations will always be a challenge due to perceptions of want/need. Good communication about what an individual may expect is crucial.

People with disabilities who get involved should be able to win a ROSCA

Culture of proactive services that offer ideas and support for you to lead your own recovery: not just 'in limbo' between

Give everyone a physical and mental health passport at birth.

1. Prevention as a baby
2. Education as a child
3. Knowledge of how to get help/when
4. Holistic care for everyone
5. Learning gathered from experiences at 1-4
6. Future influenced by 5

No feedback from GP from Consultant's report

We have reviewed the impact of our strategic plan on individual services within the Trust and these are summarised within the plan.

A robust annual strategic planning process has been developed, led by the Executive team and Trust Board and with active engagement of stakeholders. The Evaluation Framework self-assessment tool has been used to further develop this.

There has been an active engagement process with Governors, Managers, staff teams, service users and carers to inform, invite and take into account expressed views and provide feedback. We have sought the views of our stakeholders to potential organisational options to ensure the future sustainability of services.

The unanimous feedback from service users and staff was that we should remain a quality provider of mental health services, who should work towards integrated provision of support and care for both physical and mental health needs. Comments received are summarised below.

Different organisations (i.e. <sup>2</sup>gether, Social Services etc.) should use the same data system to improve data sharing and referrals, so the onus isn't on the patient.



## The Strategic Planning Process

In developing our five year strategic plan, we have taken the opportunity to further strengthen our planning system which forms part of an annual cycle of activity within the Trust to ensure that plans:

- Reflect national policy, evidence based practice and national assumptions about cost efficiency requirements and inflation
- Are based upon the premise that services delivered will be safe, sustainable and high quality to meet assessed local needs
- Are cost efficient, within overall forecast resources available to the Trust
- Are based upon accurate and analysed data from within the Trust and also that of Commissioners, Local Authorities and other providers
- Take into account the views expressed by governors, staff, service users, carers and other stakeholders within the LHE, who are engaged on a regular basis about the five year strategic plans and the operational plans which are developed
- Are ambitious and transformational but realistic and pragmatic
- Are led by the Executive team with regular involvement of the Board
- Are aligned with strategic plans of Commissioners and Local Authorities

The Trust Board is satisfied that it has put into place robust arrangements for an annual planning review process within the Trust in future – Fig 1. Detailed plans will be regularly considered, monitored and reviewed by the Development, Delivery, Governance and Audit Committees of the Board. Each has a specific role to play in the process. The Committees each report regularly to Trust Board, to review and adapt to ensure services are safe and sustainable.

The strategic review process has identified a deficit in appropriate skills within the corporate team in areas of strategic planning and we will create a central strategic team led by the Executive, to drive transformational change and work closely with key partners to ensure alignment and integration.

## The Engagement Process

The development of this plan has included an active engagement process with Governors, Managers, staff teams and service users and carers which

will be built upon as an ongoing regular cycle of activity to inform, invite and take into account expressed views and provide feedback. We will introduce new and enhanced communication methods reaching out to a wider group of service users and the general public (Fig.2).

There have been significant meetings within LHEs to share proposals and to gain support for service strategies with particular focus on commissioning intentions, integration, service strategies, scope and plans for transformation

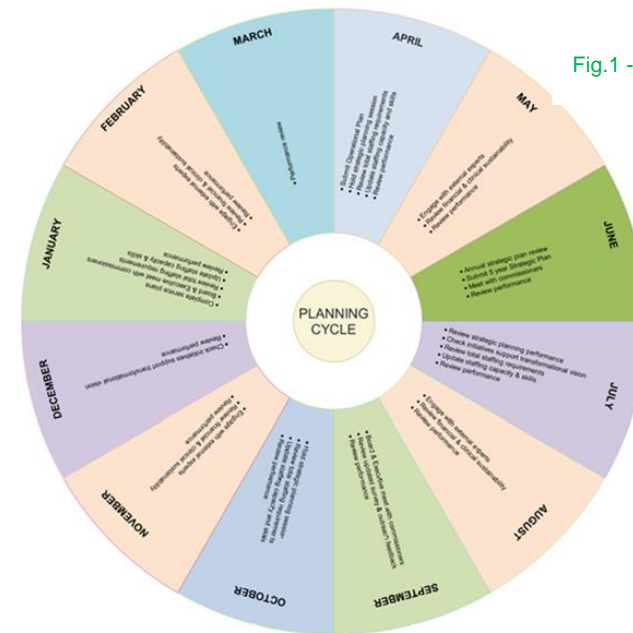


Fig.1 - Annual Planning Cycle

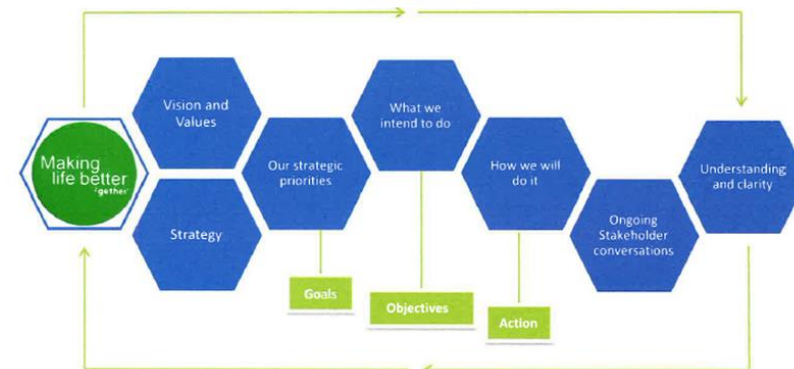


Fig.2 – Engagement Process

## Factors that Influence our Five Year Plan

### Demand and Demographics

**The expected impact on services provided by the Trust as a result of reported demographic changes in Gloucestershire and Herefordshire can be summarised as follows:**

- There is an increase in population across all age ranges which will place added pressure on existing services within the next five years – the projected increase in older age groups poses particular challenge
- The change in ethnic and cultural minority groups requires new and different approaches to identifying and working with vulnerable people and addressing the specific health needs of these communities
- The expected growth in older age groups in both counties will lead to significant increase in numbers of people with dementia
- The continuing incidence of alcohol and drugs misuse will lead to an increase in associated mental health problems
- There are hotspots of suicide rates and this requires targeted services
- There is projected to be an increase in the number of people with a learning disability

### Our Staff

**The expected impact for the Trust given the analysis of staff is summarised as follows:**

- In recent years there has been a continuous programme of transformation, efficiency and productivity improvement within the Trust, which staff have delivered whilst maintaining quality and standards. Staff understand that they will be engaged over the next five years in further challenging transformation, improvement and service redesign, which will result in changes to the skill mix within the workforce and ultimately to the overall headcount
- We consider our staff to be our greatest asset as they are highly skilled to meet the range of needs presenting from the population served across all age groups and assessed health needs. We will continue to ensure skills and knowledge are maintained at a high level
- A comprehensive workforce plan is to be developed, aligned with the cost efficiency programme, taking into account the changes which will occur as new integrated services and roles are introduced and the impact of technological changes in practice are assessed. It will also address the expected challenge in recruiting to specific posts in key service due to retirement of key clinical staff in the next five years. This is likely to include a change in skill mix and a reduction in headcount
- It can be difficult to recruit to some posts e.g. CYP posts. Developmental posts and other means of attracting staff will be used to recruit to services where there are ongoing recruitment problems
- Innovative ways of making us look more competitive in relation to workforce costs will be examined by engagement with staff. We will continue to work in partnership with our staff and staff side colleagues in the next year to discuss how costs can be reduced innovatively and in ways which are acceptable, whilst maintaining safe and high quality services. This will include a range of measures including use of appropriate legal entities
- A gap in skills has been identified in the corporate team in relation to transformation and service redesign, we will invest in targeted training to equip our staff with the necessary skills to deliver the significant transformation programme

## Service Activity Variation 2012/13 and 2014/15

**The expected impact for the Trust given the analysis of activity is summarised as follows:**

- The impact of previously transformed services to provide more care in the community and the parallel reduction of inpatient services have improved overall efficiency and productivity
- Inpatient services are currently under pressure, but this is actively managed to maintain safe and sound delivery and support
- Further efficiency gain is needed and this will be produced by the introduction of technology to change the fundamental way in which services are provided and received and by the introduction of integrated pathways of care which reduce the potential for duplication and gaps in provision
- There has been an overall increase in total referrals of 16% in 2013/14 on the previous year – due to increasing population and reduction in stigma associated with mental health
- Referrals to Older People Services fell in Gloucestershire due to the impact of service transformation, but the overall trend remains upwards
- Adult mental health teams have had an increase in referrals, contacts and discharges with the transformation of services and the move to a recovery based service
- Increased activity for community teams demonstrate that more care is being delivered nearer to home
- There is pressure on inpatient services, rehabilitation and low secure services, but this is proactively managed to ensure people receive safe, high quality support
- There is an increasing number of referrals for IAPT services reflecting the national policy and a corresponding increase in complexity of needs receiving support
- Children and Young People Services have increase in referrals and number of children supported with pressure for access to Tier 4 inpatient services

## Capital Assets and use of Buildings

We have taken advantage of the strategic planning process to review our planned capital programme and have made changes to reflect the overall strategic direction contained in this plan so that there is less emphasis and spend on buildings and more on technology and support for transformational change. This is in line with the service transformation plan outlined in this document.

The majority of the major buildings from which services are delivered have been recently constructed or refurbished, so the capital stock generally is well designed and in good standard of repair in order to provide services.

**The expected impact for the Trust given the analysis of capital, estate and equipment is summarised as follows:**

- Bed numbers have reduced in recent years, however this was complemented by improved community based services. This had had an impact on the way buildings are used. Much greater flexibility is required to meet the changing nature of service provision
- The existing capital programme is predominantly aimed at providing Community Hubs and refurbishment together with IT improvement. The revised plan prioritises IT development and reduces the focus on buildings
- The revised plan supports the strategic direction for service provision



## Funding Analysis

- 2gether NHS Foundation Trust has a good track record in financial performance
- Since its inception as a Foundation Trust it has delivered 27 consecutive quarters delivering surpluses and has ended each year in a surplus position
- We have a strong liquidity position
- A capital/disposal programme is in place and has been reviewed as part of this five year strategic development process
- The challenging cost efficiencies in the last six years have been addressed by a series of transformational change to services and those planned for the next five years require a robust transformation programme if the Trust is to remain viable and its services sustainable
- Fig. 4 below shows the revised five year financial forecast, which includes the newly developed robust plans to transform services and to implement a series of challenging CIPs. A small amount of unidentified CIP remains in the latter years

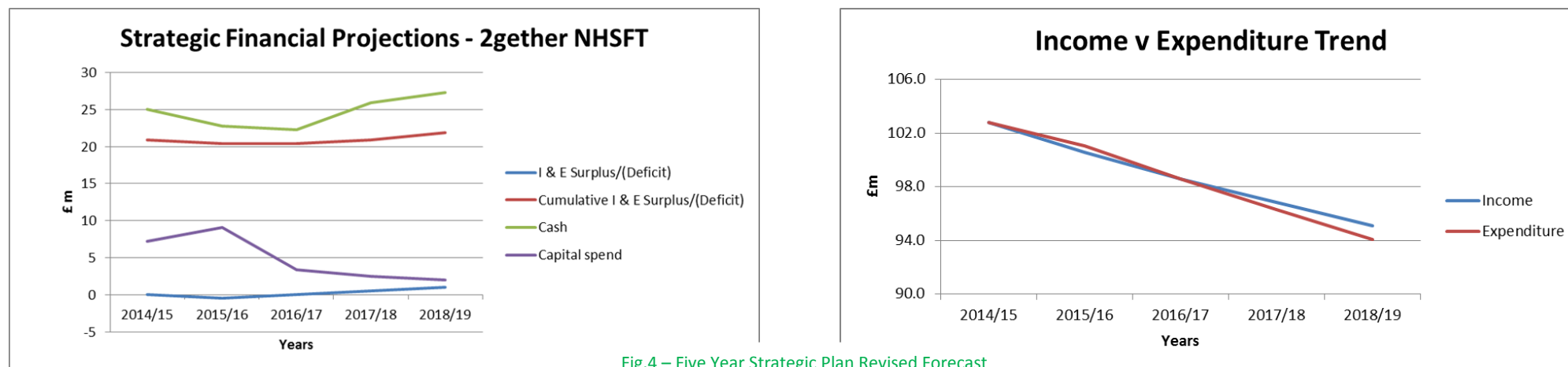


Fig.4 – Five Year Strategic Plan Revised Forecast

**The expected impact for the Trust given the financial analysis above is summarised as follows:**

- We have secured contracts with Gloucestershire and Herefordshire which amounts for 92% of our income
- We have a strong liquidity position, which can be used to support the five year strategic plan
- We have developed a sound financial strategy which will safeguard and sustain services and the organisation provided the CIP and transformation process is achieved
- 2015/16 is the most challenging year for the Trust (along with the NHS as a whole) and there is the potential for a small deficit in funding. However a review of CoSRR still sees the Trust achieve level 4 for the period of the plan - the highest level that can be achieved.
- A review of the Capital Programme has revealed that it is possible to realign resources to focus on the delivery of a transformation programme

## Local Health Economies - The strategic commissioning intentions which impact on <sup>2</sup>gether NHS Foundation Trust

### Gloucestershire

As a health and social care economy, Gloucestershire faces significant financial challenges. In order to remain within its financial allocation and deliver the surplus required the CCG has to make QIPP savings of £84.9m over the next five years.

The commissioning investment is to focus on more patients to be supported in the community or closer to home and in order to facilitate these investments will be made in community care, mental health, primary care and to increase integrated working with social care over the five year period.

The Better Care Fund is made up as £35,989m from the CCG in 2015/16. We anticipate that we will be able to access funds from the Better Care Fund to provide integrated support but as no details are yet available, no provision has been made within this plan in relation to this.

#### Continuation of Service Improvements

- Review, update and implement the country wide Suicide Prevention Action Plan incorporating findings of the ongoing population wide suicide audit
- Reduction in hospital admissions for self-harm
- Improve the wellbeing and self-management of young people following a diagnosis of psychosis
- Improve the mental health of the long term unemployed
- Development and redesign of Learning Disabilities Inpatient Services

#### New service developments

- As a result of the changes to the adoption regulation in 2013, an additional 0.5wte band 7 psychotherapist will increase post adoption support

Gloucestershire CCG and the County Council commission as an integrated Commissioner and are adapting an approach of one system one budget.

Within both LHEs there is a commitment to integrated working and partnership in the delivery of the challenging transformational programmes and to new and efficient clinical pathways and programmes of care.

### Herefordshire

As a local health and social care economy, Herefordshire faces significant financial challenges. The acute services provider has a recurring operating deficit, whilst the CCG has a challenging QIPP programme to deliver in support of its implementation of commissioning intentions. Herefordshire Council has demanding transformation programmes in both Adult and Children's Services.

#### Continuation of Service Improvements

- IAPT remains a national priority
- Dementia - dementia care will continue to be a priority in 2014/15
- RAID – We will work with Wye Valley Trust CCG to develop the psychiatric liaison service 24/7 across all secondary care settings in Herefordshire
- Local Urgent Care Recovery Plan - we will work to reduce waits in A&E, reducing length of stay and improve inpatient flow
- We will build upon our service-user charter, demonstrating that children, young people, adults and their carers/families are able to influence local service improvements

#### New service developments

- We will work with CCG to continue implementing the following service developments - ADHD, Virtual Wards, ABI pathway, CAMHS

As in Gloucestershire the priorities are to deliver more care closer to home, to work in integrated ways and to develop care pathways. We believe that there is excellent cooperation, commitment and joint working to deliver the agreed priorities and changes.

We are involved in discussions with Herefordshire Commissioners around a multi-agency project to help shape the future for health and care services. We are providing Executive sponsorship to a number of pieces of work, alongside project management support for delivery. This is an exciting programme of work, looking at whole-person care within an integrated system.

## Risk to Sustainability and Strategic Options

### Assessing the strategic risks for the Trust and developing sound, safe and sustainable services for the next five years

Key risks for <sup>2</sup>gether NHS Foundation Trust over the five year period have been identified as follows:

- Increased demand over and above that forecast and contracted by Commissioners in relation to changing demographics
- Wider financial and economic context for Commissioners – overtrading/under delivery in any in any part of the LHEs e.g. in Acute Trusts which will have an impact on the Trust
- Failure to deliver planned Trust cost improvement efficiencies over the period
- Delay or failure to deliver the transformation of service delivery within the timescales planned
- Failure to maintain minimum statutory standards for compliance
- Failure to maintain quality standards of service delivery throughout the period
- Failure to take advantage of technological changes
- Insufficient understanding of our costs at service level and what drives them
- Capacity issue with regard to information requirements
- Failure to engage and build/maintain relationships in both LHEs
- Competition from other providers with lower costs

In identifying the above risks, the Trust will ensure that mitigating action is taken to minimise the potential for these to impact upon the successful delivery of the strategic plan. The Board and its Committees will be regularly monitoring progress, assessing the risks to successful delivery and taking action to rectify any delay/wider impact affecting timely delivery of plans. Key Managers will be identified to develop robust transformation plans and to deliver these whilst maintaining high standards of safe care.

Without doubt the next five year period will be a time of great challenge for the Trust. It has the benefit of a solid financial base from which to move forward but nevertheless there are risks as outlined above to the sustainability of services in future unless a significant and challenging programme of transformation is undertaken.

Whilst we are actively working on the basis that we will deliver a challenging and significant transformational programme over the five year period, we have nonetheless given consideration to organisational structure as a further means for ensuring sustainable services for the population it served and have engaged with stakeholders to look at three potential scenarios for organisational change in the event of failure to deliver. The “do nothing” scenario has been ruled out as we believe that unless the transformation of services is achieved, then the future viability of the Trust is in question. We have identified the significant risk of its current sound position being diminished unless radical and different solutions are found.

In doing so we sought the views of stakeholders for organisational options to ensure the future sustainability of services.

The unanimous feedback from service users, carers and staff was that we should remain a quality provider of mental health services, who should work towards expanding into integrated provision of physical and mental health support and care. There were some reservations expressed about the potential for dilution of skills and loss of quality of service unless safeguards are in place in an integrated model. The views expressed significant confidence in <sup>2</sup>gether NHS Foundation Trust as a provider of quality services and a desire that this should be maintained.

## The Trust Strategic Plan

We are determined to uphold our commitment to agreed values and objectives throughout the planning process. These are outlined earlier in the plan and are summarised as Quality, Engagement and Sustainability.

It is these which will guide the transformation and redesign process and delivery of cost improvement efficiencies.

Our developing strategic plan can be summarised as:

- To ensure that mental health and learning disability services continue to PROACTIVELY co-develop service delivery, shape, capacity and capability with commissioners, service users and carers, communities and delivery partners
- That we utilise our strong liquidity position to pump prime developments which improve medium to long term sustainability, quality - effectiveness and consumer experience - OD - Leadership, model for improvement - partnership working and technology enablement
- That we respond to the desire for integrated solutions by developing and offering solutions for a broader range of acute and long term conditions that utilise our experience of developing and delivering crisis services and care co-ordination within AOT and EIS for example. The principles of co-development with commissioners and delivery partners is again critical here

This means we will:

- Invest time, energy and resources in strengthening partnership working
- Work with commissioners and delivery partners to strengthen the coordinated response to individuals experiencing a crisis
- Invest in technology to change the way that the population thinks about their health and wellbeing, is supported to self-manage aspects of their long term conditions and the way in which services are delivered and received
- Engage with staff to review the skill mix and headcount required to deliver the safe and sustainable transformation of services and to align these with the cost efficiency programme – i.e. develop a comprehensive workforce plan
- Invest in developing and supporting leaders across our organisation, at pace
- Amend our Capital programme to enable investment and protect liquidity

Staff have been engaged and were key to the delivery of service redesign and transformation in recent years and they understand that there remains a further period of fundamental change ahead. They are ready and willing to work with us in our next development phase. The cost efficiency programme, involving fundamental service redesign, to encompass integrated care pathways, use of technology in clinical practice and service specific redesign, will impact on skill mix and ultimately head count.

We will engage with them in the process of redesign in order to identify innovative solutions, which are acceptable and practical in delivering safe and sustainable services.

## Developing a financial strategy for the five year period

Following feedback from Monitor on the two year Operational Plan and Monitor's assertion that 2015/16 will be more challenging, there has been a review of the overall financial strategy as described below:

### Process to Review the Financial Scenario

The following steps have been undertaken in reviewing the financial scenario:

- (i) Take account of the Monitor guidance
- (ii) Review the levels of surplus planned
- (iii) Review the key assumptions underpinning the current position, including inflation assumptions, cost pressures and the capital programme and disposals plan
- (iv) Review the levels of CIP needed in each year, along with how these can potentially be delivered
- (v) Undertake further sensitivity analysis on the Financial Plan
- (vi) Assess the impact of any changes resulting from these reviews on our CoSRR rating

SCENARIO FOR 5 YEAR PLAN										
KEY FEATURES	EXISTING SCENARIO IN 2 YEAR PLAN					POTENTIAL NEW SCENARIO				
	2014/15	2015/16	2016/17	2017/18	2018/19	2014/15	2015/16	2016/17	2017/18	2018/19
Surplus/(Deficit) - £'000	0	500	533	488	465	0	-500	0	500	1,000
CIP - £'000										
Target	5,433	5,438	4,589	4,495	4,501	5,433	3,566	4,401	4,320	4,290
Identified	5,433	3,385	1,365	1,371	1,377	5,433	3,566	2,358	1,659	1,910
Unidentified	0	2,053	3,224	3,124	3,124	0	0	2,043	2,661	2,380
Inflation Assumptions - %										
Income Tariff Deflator	-1.90	-1.90	-1.90	-1.90	-1.90	-1.90	-1.90	-1.90	-1.90	-1.90
Pay	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Incremental Drift	0.50	0.50	0.50	0.50	0.50	0.50	0.25	0.25	0.25	0.25
Non Pay - Drugs	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Non Pay - Utilities	5.00	5.00	3.00	3.00	3.00	5.00	5.00	3.00	3.00	3.00
Non Pay - Rates	5.00	5.00	3.00	3.00	3.00	5.00	5.00	3.00	3.00	3.00
Non Pay - Other	2.00	2.00	2.00	2.00	2.00	2.00	0.00	0.00	0.00	0.00
Cost Pressures Included (Rec) - £'000										
General	499	708	707	807	807	499	708	707	707	707
Capital Programme	0	100	100	0	0	0	-50	-50	-100	-100
RIO	0	500	0	0	0	0	250	0	0	0
Reserves (Non Rec) - £'000										
CQUIN	200	200	200	200	200	200	200	200	200	200
Organisational Development	125	125	125	125	125	125	125	125	125	125
Continuity of Service Risk Rating (CoSRR)	4	4	4	4	4	4	4	4	4	4



## Strategic Service Plans

We will continue to form and develop sustainable and productive partnership working to deliver easily accessible and understood integrated pathways of support and treatment from early detection, early intervention through to recovery. The environment in which we provide services continues to be complex and challenging. We recognise that despite having delivered significant transformational changes to service delivery every year for the last six years, in order to achieve our strategic priorities the need for further substantial transformational change will continue.

In developing plans and considering the next steps in transforming services, we have taken into account the commissioning intentions of our two LHE's and built transformation plans which focus on the delivery of the following themes:

- Maintaining and further developing Specialist Mental Health skills
- Maximising the use of technology and mobile working to fundamentally change the way in which care is delivered and how service users receive support and care. This will have the added benefit of improving productivity and ultimately making better use of assets including buildings
- More care delivered closer to home with less reliance on inpatient services. Based upon disease specific integrated pathways of care and individual service user support underpinned by a rigorous risk stratification process
- Supporting and Providing system leadership with integrated disease specific pathways delivered by a lead contractor/provider responsible for developing partnerships, federated programmes and/or relevant sub-contractors to deliver fully integrated service provision
- Adopting new models of engagement with staff and stakeholders to facilitate creative and flexible working patterns which result in productivity gain and using a range of different solutions
- Using our liquidity to invest in a significant programme of organisational and staff development to enhance the capacity of the Trust in identifying further skills requirements in the areas of strategic planning, leadership

### and delivering successful transformation

In the short term, we have identified seven specific goals to improve the quality of care provided. These are aligned to the three key themes set out in the NHS Outcomes Framework: Safety, Effectiveness and User Experience and are:

1. Improve the physical care for people with schizophrenia
2. Measure the effectiveness of our falls prevention work for inpatients
3. Ensure appropriate access to psychiatric intensive care
4. Improve the experience of service users across a number of defined key areas
5. Minimise the risk of suicide of people using services
6. Ensure the safety of people detained under the Mental Health Act
7. Ensure people leaving inpatient services are follow up within 48 hours

In planning and transforming services, the following areas have been reviewed – Service User needs, best practice and national policy, local practice, use of technology, skill mix, training needs, overall efficiency and productivity, the potential for more integrated approaches, flexibility and hours of provision.

## Children and Young People (CYP)

### Gloucestershire Only

#### CYP Services - Serving those aged birth – 19 years

- A transformed Children and Young People community services have been introduced
- There has been significant increase in referrals and demand for services in recent years
- A review of CYP services is to be undertaken to ensure that they continue to meet local needs and optimise the role of the voluntary and independent sector partners, where appropriate, and beneficial to creating efficiency and improving outcomes so that access rates are improved and waiting times reduced
- CQC visit to Acorn House and Wotton Lawn – satisfactory on services, there is a need to build on existing 'Think Family' arrangements to embed early intervention of family support, especially in transition to adult services
- There are challenges to maintaining the on-call psychiatry rota for children and young people services. Recruitment to posts currently covered by locums is being pursued
- Recruitment to nursing posts in children's services is problematic at times and the means of creating development posts are being considered

### Herefordshire Only

#### CAMHS - Serving those aged birth – 19 years

- A traditional CAMHS Service is currently provided in Herefordshire – a review to provide an integrated CYP Service is planned and will take place in the next two years
- There has been a significant increase in referrals for service in recent years
- The Trust will work with partners in the voluntary and independent sectors locally to maximise efficiency and increase access to support and care whilst reducing waiting times for services
- The withdrawal of the CAMHS grant of £180,000 will require us to stop our dedicated Looked After Children Service and to redesign the CAMHS model of service delivery, so that it becomes a specialist health service rather than a health and social care service. Discussions are underway to agree how the service will be redesigned

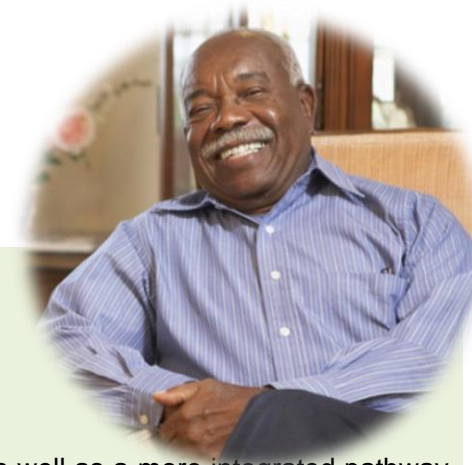


## Older Age Services including Functional and Organic Services

**Community based and Inpatient Services are provided in both Gloucestershire and Herefordshire**

Key Improvement areas include:

- A need to increase capacity to provide for changing demography and increased diagnosis of dementia
- Commissioner funded developments in Dementia Services
- Closer working with primary care colleagues to support increased diagnosis in primary care
- Redesign of services to provide an integrated approach to service delivery
- To work closely with social care to implement the personalisation and personal health budgets agenda
- Working closely with voluntary and independent sector providers to ensure improved access and reduced waiting times, as well as a more integrated pathway of care for people with dementia, including a reduction in the number of people admitted as emergencies to acute hospitals
- In both Gloucestershire and Herefordshire to review the operation of the Acute/Community Hospital Liaison Service in order to improve the quality of care to older people with mental health problems/dementia in hospital settings so optimising patient throughput and minimising lengths of stay – thus producing the potential for QIPP savings and reducing pressure on bed requirements
- To ensure equity of access to adult services including crisis intervention, rehabilitation etc
- In Gloucestershire the older people inpatient beds are in top quartile, they continue to meet needs due to increasing care provided by Specialist Dementia Services – this may need review as demographics change
- In Herefordshire, there is an extensive service development in dementia – we have reached a contractual agreement working with Alzheimer's Society in which they will provide a number of link-workers to support people in accessing a range of community services in alliance us



Key opportunities for development:

- As lead provider providing integrated care to people with dementia in both Gloucestershire and Herefordshire
- Closer working with primary care to introduce more diagnostic services in primary care
- Fewer admissions to hospital by providing more care at home via a risk stratification system and use of integrated pathways
- Working closely with Commissioners and other providers to develop integrated services generally

## Working Age Adults

### **Community Services – Early Intervention, Crisis Resolution, Intermediate Care, Recovery, Liaison and Community Mental Health Teams** **These services are provided in both Gloucestershire and Herefordshire**

Key Improvement areas include:

- Service referrals increased, discharge increased, contacts increased – In both Gloucestershire and Herefordshire we will continually review practice and ensure easier access and improve waiting times at a time of increased demand to ensure safe, quality services are delivered
- By developing closer working relationships with organisations in voluntary and independent sector, there is the potential to create more integrated service provision
- In Herefordshire, we have significantly transformed mental health services; they now have a robust pattern of community/recovery focused services, embracing the national service framework for mental health. In developing this model, it has required a whole system service reconfiguration and development of robust relationships
- By exploring the use of technology, it is planned to redesign the way services are delivered by staff and received by service users and create significant efficiencies as well as providing more personalised responses to service users. This is a key element of our five year strategy
- In Gloucestershire, the pressure on primary care and IAPT will be addressed by them coming together to form an intermediate mental health care team. This will work in a fully primary care facing role alongside GPs, helping to manage overall demand and ensuring people are treated outside specialist mental health services wherever possible
- In Herefordshire, the key development in the next period, is to manage an integrated health response whilst social care staff are extracted from integrated teams and repositioned alongside the reconfigured health teams – close working with social care will remain, as will integrated service responses
- The community teams will be reviewed as a whole, to ensure they adapt practice to reflect new integrated working arrangements and enhanced use of technology and mobile working
- The teams will continue to prioritise the prevention of admissions to inpatient services and help in easing the pressure on bed occupancy levels and admissions
- The acute hospital liaison teams continue to work in partnership with hospital and community teams to prevent unnecessary admissions to hospitals, thus reducing pressure on inpatient services and providing more care and support near to home

Key Risks/Opportunities:

- The continued transformation of service provision to reduce the pressure on our patient services is essential
- The teams provide a quality service in both LHEs and there is a wealth of skill, knowledge and good practice, which will place the Trust in a strong position competitively to demonstrate the ability to transform and deliver safe quality care
- The use of technology will be embraced to develop innovative and extended service responses
- The development of new partnerships and alliances and a new agreement on integrated care pathways, may present the opportunity to review skill mix, whilst maintaining the ability to provide quality care and support



## Working Age Adults – Inpatient Services

**Acute mental health inpatient and rehabilitation services are provided in both Gloucestershire and Herefordshire. PICU and Low Secure In-Patient services are provided in Gloucestershire only**

Key Improvement areas include:

- The number of adult beds has reduced in recent years – there is pressure due to increasing numbers of admissions, but this is managed proactively and the safe care and support of service users is a priority. The role of community teams in admission prevention, support discharge and recovery is key to success. Close working arrangements are in place to provide integrated approaches to care
- Arrangements for the improved physical care of people with schizophrenia are being developed
- Safety of patients is uppermost and the learning from the Francis Report has been implemented and kept under review by the Trust. There are particular issues in relation to the safety of those admitted under the Mental Health Act, which are currently under review
- Rehabilitation beds are also under pressure with increasing lengths of stay in the last 12 months. This is under review and plans will be developed in liaison with community services to minimise this
- There are opportunities around the re-provision of low secure services in both areas – these are commissioned by NHS England – that are being explored

Key Risks/Opportunities:

- Monitoring of inpatient pressures takes place on a regular basis to manage any increase in demand and appropriate action taken to reduce this and ensure access
- We are well placed to respond to the need for alternative Low Secure provision, this is a potential area for growth
- A service re-design of rehabilitation beds may enable more complex needs to be supported locally, which will improve the services, may offer a cash releasing efficiency and help with the low secure opportunities





## **Community Services – Improving Access to Psychological Therapies (IAPT)**

### **These services are provided within both Gloucestershire and Herefordshire**

Key Improvement areas include:

- Recruitment has been completed in Herefordshire to support the further development of IAPT services. This provides the Trust with capacity and full staff group to deliver the national requirement for IAPT services to serve 15% of the target population by March 2015. Close working with universities has resulted in staff recruited with appropriate skills
- In Gloucestershire the IAPT Service is to be extended, but in association with the primary care service to provide an intermediate mental health care service as described above
- Greater flexibility of needs met by the IAPT service has impacted on actual performance levels

Key Risks/Opportunities:

- Appropriately skilled staff have been recruited to provide the IAPT services, thus positioning services to meet national target requirements in both areas
- Maintaining access to services as those with more complex needs are supported is a key challenge over the next five years



## **Eating Disorders Service**

### **These services are provided in Gloucestershire as a standalone service and in Herefordshire in conjunction with the CAMHS service/Adult Recovery Team**

Key Improvement areas include:

- There are significant pressures within the eating disorder services provided in Gloucestershire, which will be addressed by a change to the care pathway or referral criteria, ensuring that those with the greatest needs are supported as quickly as possible, while those with greatest needs are supported within other services such as targeted IAPT programme to help them manage their wellbeing
- The eating disorder service in Herefordshire only provides high level specialist assessment and advice, working in conjunction with other main stream services

Key Risks/Opportunities:

- The provision of safe services to those with severe eating disorders is paramount and changes in provision in Gloucestershire will be monitored carefully
- There is a need for a wider range of eating disorder services to address local needs and those which exist over a wider area

## Learning Disability Services

**Community Learning Disability Teams are provided in both Gloucestershire and Herefordshire**  
**Inpatient treatment services are provided in Gloucestershire only**

Key Improvement areas include:

- The greatest operational challenge in Gloucestershire is to redesign and transform Learning Disability Services. Discussions are underway to agree arrangements with Commissioners. Our plan is to reduce bed numbers and replace the service with new assessment and treatment services - LDISS team at home placement, rather than in inpatient care and for longer term more complex care provided by other providers, supported by the Trust specialist teams

Key Risks/Opportunities for Growth:

- The changes highlighted above may result in challenges in retaining specialist LD staff. To mitigate the impact recruitment to specialist permanent posts have been made. Retirements and staff turnover reduce the likely impact and risk to this strategy.



## Substance Misuse

**Substance Misuse Services are currently provided in Herefordshire only**

Key Improvement areas include:

- To review the effectiveness and efficiency of services in relation to outcomes
- To provide easier access to services
- To work with partners in the voluntary and independent sector to ensure an integrated approach to support and care
- To review service costs, whilst sustaining safe, quality services

Key Risks/Opportunities:

- Herefordshire Commissioners have indicated that they may tender these services in 2015/16
- We will seek to develop partnership arrangements with other providers to strengthen service integration and improve outcomes

