

Strategic Plan for 2014-19 Public Summary Version

Leeds & York Partnership NHS Foundation Trust

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PUBLIC VERSION

1 Declaration of sustainability

<i>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.</i>	Confirmed
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Our strategic plan for 2014–2019 is based on our two year Operational Plan and our Trust Strategy 'Improving health, improving lives', which set out the improvements to clinical services and transformational change plans that we expect to implement from 2014/15 onwards. The challenge to improve the quality of services while maintaining a financially, operationally, and clinically sustainable organisation is substantial. It will require us to build on the Trust's current strategic and operational plans and to develop, with partners, radically different approaches to how we deliver services; utilise our estate to its maximum potential; and seek to grow our market share in specialist service provision.

Our strategic vision is developed from an understanding that we can collaborate with service users, carers, partners and commissioners across Leeds and York to develop new service models. We aim to support service users to build self-confidence and gain the tools they need for self-reliance. We believe that third sector providers can improve outcomes for service users by building a 'scaffolding' of support beyond statutory services; and we will focus our efforts on the areas where we think the third sector can have the biggest impact. We believe we can also work more closely with GPs and community health services to provide care that meets people's physical and mental health needs.

Our Recovery and Person-centred Care, Provider Partnerships and Integrated Care programmes, alongside initiatives such as crisis assessment units, should reduce the use of inpatient care across adult and older people's services in both Leeds and York. In some instances the new models of care may enable us to vacate estate, generating cash releasing savings while achieving better service user outcomes.

We believe there are opportunities to grow our specialist service provision for mental health, offering excellent services for a wider population from modern premises. This would respond to NHS England's stated intention to commission fewer providers delivering specialist services over a wider geographical area. This expanded specialist service provision would make good use of our existing estate, as bed numbers begin to reduce in response to new service models emerging from our recovery and partnerships programmes.

Overall, we see very little scope for cost reduction in the local York services and we are looking to the clinical commissioning group to invest.

Where opportunities arise we will also tender for new services, consider mergers and acquisitions, and review opportunities to share corporate support services. We will continue to ensure that our estate is fit-for-purpose and cost-effective, with the aim of reducing our estate footprint and reducing cost. In particular, we are working with our commissioners and NHS Property Services Ltd to find alternative premises for inpatient services at Bootham Park Hospital and Lime Trees in York, so that our services are provided from estate that meets the modern requirements of a fit-for-purpose inpatient unit.

We are declaring ourselves as sustainable within the Strategic Plan, maintaining an ongoing Financial Continuity of Service Risk Rating of 3.

2 Market analysis and context

Section 2 of the Plan focuses on the context and challenges in which LYPFT operates. Detailed within this section is an overview of healthcare needs and what commissioners are setting out within their longer term strategic plans.

Healthcare needs assessment

The population of Leeds is around 780,000, that of York around 200,000 and that of Selby district around 80,000. As with other parts of the UK, the number of older people is expected to continue rise.

Levels of mental illness and learning disability are broadly as expected in the populations we serve. Mental health problems and learning disabilities are inextricably linked with health inequalities. People with severe mental illness die on average 20 years earlier than the general population, and have higher levels of physical morbidity. Mental health problems, particularly depression, are more common in people with physical illness including long term conditions.

The rise in the number of older people will increase demand on physical and mental health services, particularly those services providing support for people with long term physical conditions and dementia.

Commissioner plans in relation to healthcare need

Clinical commissioning groups

Although Leeds and York have different service configurations and levels of investment, the strategic priorities for the future are similar. Both the Leeds clinical commissioning groups' (CCGs) Mental Health Framework and Vale of York CCG's strategic plan are heavily based on the publication 'No health without mental health'. The principles of increased awareness, parity of esteem and improved access are fundamental to plans. We know that both local health economies need to improve the population's mental health outcomes and physical health by focusing on recovery, increasing people's positive experience of care and support, and reducing avoidable harm. We know we must continue to put efforts into partnerships by working with multiple providers, in particular the third sector, and continue to integrate across health and social care.

Both health economies recognise that more needs to be done with young people and the transition to adult services. The ageing population presents challenges to the whole health economy, not just in relation to mental health and growing dementia issues, but also the increase in complex and co-morbid conditions this population will present.

Parity of esteem, and ensuring that the health outcomes of those with mental health problems improves is a major focus of all commissioning plans, as CCGs seek to develop plans that add years to life for their populations and reduce acute emergency hospital admissions. Integration programmes, supported by the Better Care Fund, are being developed in collaboration with health and social care partners and will enable us to focus on new models of care where services are wrapped around the needs of people with long term and multiple conditions, including dementia.

The two health economies differ in their historical levels of investment into mental health services, not just within statutory service provision but also into third sector partners and the resulting benefits this brings. Within Leeds this means the Trust can develop and build on closer

partnerships to achieve better outcomes and integration opportunities as set out within the Leeds Mental Health Framework. This will be a key element of achieving more efficient approaches to service provision. York services operate from estate that is not fit for purpose and will require investment into new estate. In addition mental health service investment into core service models such as liaison psychiatry and support services provided by the third sector is not in place and will require further investment from commissioners to bring York services at least in line with models of service that exist in Leeds and other parts of the country.

Both Leeds and York are similar in their support of the need for specialised services concentrated in centres of excellence which will form an integral part of LYPFT's development plans.

The plans of Leeds and York say little about the strategy for people with learning disabilities, other than continuing to reduce out-of-area placements in line with the Winterbourne Review.

NHS England specialist Commissioners

Although both Leeds and York plans make reference to specialist commissioning being concentrated in centres of excellence, no clear strategy is yet to be produced by NHS England. Discussions with regional specialist commissioning leads have highlighted that larger and fewer units will be operating in the future; however at this point in time we can only base our plans on those assumptions. We are seeing growth within offender personality disorder services and we expect that to develop further over coming years.

3 Risk to sustainability and strategic options

Section 3 focuses on the likely contractual income we should expect from commissioners. In addition, we explore the potential impact of commissioner requirements on the strategic options that we have considered for the Trust. The likely future scenario we set out forms the basis for our strategic plan.

Sustainability

Leeds CCGs

We have agreed a two year contract with our Leeds CCGs, which is a roll forward of the recurrent block, less 1.5% tariff deflator in 2014/15. The contract includes a range of incentives linked to CQUINs (Commissioning for Quality Indicators) which require us to develop the outcomes and integrated care pathways work that will support potential future changes to payment. Going forward we expect to continue to be the main provider of secondary mental health services within Leeds. We will continue to roll out our Provider Partnerships Programme and will be working closely with partners and commissioners to maintain income levels to support new ways of working in the community that will allow us to reduce inpatient bed capacity. This option is supported across the wider health economy and will lend itself to the principles of the Better Care Fund and new models of working.

Vale of York CCG

This contract is subject to the fixed three year payment. This contract expires on 31 January 2015, and the CCG have requested an extension for eight months (to 30 September 2015). There is good alignment between our plans and the intentions of the commissioner; and increased collaboration around the challenges linked to service redesign and the impact of the Care Quality Commission (CQC) inspections. Going forward we must assume that CCG plans to deliver greater improvements in mental health services in York will require investment. The Trust will bid for new service models in York; and a realistic assessment of income to deliver the CCG's strategy will form a key part of that bid.

NHS England (specialist commissioners)

In 2014/15 we have agreed a service development linked to the opening of a 22 bed women's low secure unit in York. We have been notified of a national procurement exercise for CAMHS in 2014/15. We also anticipate that low secure services will be tendered at some point in 2015/16.

Specialist services present both a risk and an opportunity to the Trust. NHS England has signalled that they will be looking for specialised services to be concentrated in centres of excellence with fewer providers managing larger services. The Trust is ideally placed to build on current provision across Leeds and York and utilise estate to offer larger provision. However such tendering opportunities may also pose a significant risk if the Trust were to lose. Establishing a strategic plan that takes this risk into consideration and how we deal with any loss of service is fundamental to our sustainability.

Leeds City Council Public Health

The main contract with Public Health is for the Leeds Addiction Unit. Leeds City Council is currently retendering all substance misuse services, with a view to commissioning a revised service delivery model in place from 2015/16. The Trust is working with partners to be in a strong position to respond to this tender and anticipates retaining the bulk of service.

Strategic options

As an organisation we have spent considerable time debating how the Trust should position itself for the future. Multiple factors shape what we believe the landscape will look like in five years' time. We have considered national objectives relating to mental health and learning disabilities, specifically those set out in 'No health without mental health', 'Closing the Gap', and significant assurance expectations arising from the Francis Report and Winterbourne Review. We have considered the issues relating to parity of esteem, and the disparity in approach between people with physical health problems and those with mental health and learning disability issues, and how more integrated care across NHS, social care, and third sector providers is needed. We have factored in challenges facing the NHS, such as a 20% reduction in available resources over the next five years, and expectations of Monitor and NHS England that there will be bigger and fewer providers.

LYPFT's future market position must take into account our estate, particularly inpatient units, and how these are utilised in Leeds; whilst new estate is required within York. The decision by commissioners in York to retender services raises the prospect of LYPFT not winning the tender and becoming a smaller trust, potentially a threat to long term sustainability. The Trust must also ensure that it continues to improve outcomes and the quality of services provided. Commissioners will require increased monitoring of improvements in recovery outcomes that will span beyond Trust services. Future payment mechanisms to support this will be based on how well this is delivered, and will include expectations on physical health.

The Provider Partnerships Programme will provide the basis for the Trust to focus on specialist mental health and learning disabilities provision, whilst beginning to sub-contract responsibility for recovery based community service provision to the third sector. This will enable the Trust to shape and own how recovery and outcomes are delivered. This approach could easily lend itself to the Trust being a transactional lead for a vast array of service provision from primary care mental health to related community and physical health initiatives. We believe that this aspect of the future is within the Trust's control, is supported by service users, carers, commissioners and partners, and will ensure a viable approach to improving outcomes in a more efficient manner.

One of the outcomes of the Recovery and Person-centred Care and Provider Partnerships programmes is to reduce reliance on inpatient care. As estate costs in Leeds are relatively fixed, the Trust will focus on ensuring that vacated PFI estate is fully utilised. We will concentrate on centralising as much service and support service provision onto reducing estate. In addition we will focus on the marketing of acute inpatient care to out-of-area purchasers and expanding specialist inpatient service provision.

In addition to inpatient services, liaison psychiatry services and those with referral to treatment time targets (18 weeks) will be considered for expansion and marketed to primary care and the public. This could include assessment and treatment for chronic fatigue, autism, and psychosexual counselling.

Our assessment of the local health economy landscape has identified a number of potential opportunities that we will also consider over the next five years. Many are beyond our immediate control; however we plan on positioning the Trust to respond to opportunities as they arise. These opportunities could include mergers, acquisitions and integration with neighbouring providers.

4 Strategic plans

Our transformational plans begin with the principle of recovery and improving people's lives; not just in relation to exceptional mental health or learning disability care and support, but in ensuring that our service users have parity of esteem in relation to long term conditions and co-morbid physical conditions. Key to our plans is how well we can work in partnership with commissioners and multiple service providers, and how we make best use of our facilities and expertise in delivering better health outcomes across the wider healthcare system.

Our strategic vision is developed from an understanding that we can collaborate with service users, carers, partners and commissioners across Leeds and York to develop new service models. We also focus these plans on growth in specialist service provision for mental health. This is partly based on demographic need but also based on the potential of our current estate, the location of Leeds in particular, and the intended outcome of NHS England to have fewer but larger units providing care and treatment. Delivering our strategic objectives and achieving a significant resource reduction requires a new way of promoting ourselves and how we utilise our estate. This modular approach to service configuration would also allow us to reduce service, or close an entire unit, if market opportunities did not materialise.

The ambitious Recovery and Person-centred Care and Provider Partnerships programmes set out within our two year Operational Plan will reduce the use of inpatient care across adult and older people's services in both Leeds and York. In some instances, such as our Rehabilitation and Recovery Partnerships Project, we will be able to completely vacate a PFI facility, generating large cash releasing savings while achieving better service user outcomes. We do not have the same degree of flexibility with the lease agreements in Leeds; and in the case of York we will need to invest to re-provide services moving out of Bootham Park Hospital. Consequently the future of how we provide services, and what we provide, cannot be considered in isolation from our estate and how it is best utilised or, if practicable and necessary, bought out of.

Summary of transformational change programmes

Over the next two years we will implement three transformational programmes that begin to put in place the building blocks of major changes that will help us deliver our five year strategy:

- The **Recovery and Person-centred Care Programme** is being delivered in collaboration with service users and carers. It focuses on supporting service users to build self-confidence; gain the tools they need for self-reliance; and build a 'scaffolding' of support beyond statutory services. The programme will include improving care planning, increasing choice of treatment for service users, promoting self-management through use of digital tools, developing staff skills and roles (such as peer support workers) and creating opportunities for service users to receive more support from voluntary sector partners. In partnership with service users and carers, the programme should reduce demand at all points along the care pathway, leaving our highly trained and skilled staff to provide treatment and support to service users with the most complex and acute needs. This, in turn, will enable us to achieve workforce and estates efficiency savings. This programme, which has already begun to deliver some improvements, will be supported by the Provider Partnerships Programme.
- The **Provider Partnerships Programme** is being delivered in collaboration with voluntary sector partners. It is an ambitious programme of work which aims rapidly to grow the voluntary sector capacity needed to deliver a new model of care in support of the Recovery and Person-centred Care Programme. We will work up plans to deliver

partnership working at scale, with care sub-contracted to, or delivered in collaboration with, voluntary sector partners. The main areas of focus will be where we believe the voluntary sector can have the most impact on improving outcomes for service users through building a 'scaffolding' of support beyond statutory services: community mental health services, rehabilitation and recovery services; and crisis support services. This work programme is already underway in Leeds where there is a thriving voluntary sector; and we are using the redesign of our rehabilitation and recovery services to trail-blaze this new model of care. Work is also beginning in York, where there may be more challenges in developing the voluntary sector capacity required to deliver at scale. As with the Recovery and Person-centred Care Programme, this work should enable us to make efficiency savings in workforce and estates costs through redesigning the model of care.

- The **Integration Programme** is being developed in collaboration with health and social care partners (including primary care). Plans focus on the development of models of care where services are wrapped around the needs of people with long term conditions, including dementia. We will seek to deliver parity of esteem for people with mental health problems by working with other services to make sure that people's physical health needs are met. The programme aims to improve outcomes for patients by focusing on prevention, self-management and rehabilitation; and a 'risk-stratification' approach will be used to focus health and social care interventions on those patients who are most at risk of repeat admission to hospital. The Integration Programme will describe the part played by our mental health and learning disability services in the integration plans developing in Leeds (which also has Pioneer status), York and North Yorkshire. Our aim will be to improve outcomes and achieve efficiency savings by working with partners to deliver the new model of care and reduce gaps and duplication between services.

Moving forward, the five year Strategic Plan has to take the issue of estate into account and how best we intend to utilise it. We will need to ensure that as a sustainable organisation we can demonstrate credible growth plans within our core business of mental health and learning disabilities. However this alone will not fulfil the resource savings we require and we must initiate with partners, across the local and neighbouring NHS in particular, plans for how we can make best use of our skills and estate.

Summary of service configuration

Leeds Adult and Older People's Centre

Building on new models of service that promote recovery and person-centred care and integrate community services, we would be able to reduce reliance on general mental health inpatient beds in Leeds – for both adults and older people. This reduction in bed numbers would allow us to create a central hub for general inpatient care, centralising services onto one site (currently our general inpatient beds are provided across three sites). This would be supported by the Recovery and Person-centred Care and Provider Partnerships programmes as key enablers.

Specialist Service Centre (non-forensic)

If we were to centralise general acute and older people's services, significant space would become available across the Trust in Leeds. We could use this capacity to create a centre of excellence, established and marketed as a specialist centre for mental health which could include: child and adolescent mental health services (CAMHS), linked to our CAMHS service in York; eating disorder provision for adults; eating disorder provision for children and young people (linked to CAMHS); the Mother and Baby Unit; and potential growth in national service areas such as autism, gender identity and chronic fatigue syndrome (CFS/ME).

Establishing a specialist centre would require growth primarily from NHS England. It is unclear how commissioners of national services plan on developing service provision. We assume that they will wish to develop fewer and larger facilities for specialisms across the country. If we do not position ourselves to provide on that basis we would risk loss of current provision; and not achieving growth within a largely vacant facility would pose a substantial risk.

Concurrently, we will need to focus our efforts on maximising growth opportunities through working across organisational boundaries. Key to this will be opening discussions with neighbouring trusts about taking a lead on particular specialisms, working in formal partnerships, and potentially enabling partners to discard of surplus estate that could aid their plans.

York and North Yorkshire

There are fewer opportunities with the York services to make significant savings from alternative utilisation of the estate in response to new service models. The cost of estate is currently low compared with the Leeds PFI estate, although the cost following replacement of Lime Trees and Bootham Park Hospital is potentially higher. The reduction in community units for the elderly (CUEs) has not been taken account of in the two year Operational Plan, but is included within our five year Strategic Plan calculations. Beyond this, there is little scope for significant cost reduction and we would be looking to local commissioners to invest in services.

We are also preparing for local York services to be re-tendered and the potential opportunities for growth. We know that the Vale of York CCG will need to invest into new models as per their strategic intent to make any successful procurement viable.

For specialist commissioned services based in York (forensic at Clifton House and inpatient CAMHS), we will continue to promote an integrated service with Leeds. There are opportunities to grow the inpatient CAMHS service following the tender this year. The Clifton House service would be linked closely to plans to grow forensic services in Leeds.

Specialist Secure Care Centre

NHS England have highlighted that they want larger more focused inpatient units for secure services spanning larger areas. Our current forensic facility in Leeds is ideally placed to expand capacity, be re-launched and established and marketed as such a unit. This could also include income generation expansion in locked rehabilitation, which is expected to be a growing market as NHS England refines the low secure inpatient threshold. As noted above, specialist secure care services in Leeds would work as a joint service with low secure services for men and women based at Clifton House in York.

Learning Disability Services

In line with plans to increase the availability of home and community-based care for people with learning disabilities we envisage needing fewer beds in future. In Leeds, commissioners have already signalled their plans to replace existing LYPFT respite beds with other forms of respite care, allowing us to consolidate learning disability inpatient services on our PFI site at Parkside Lodge. This will, in turn, support our plans to release all or substantial parts of the St Mary's Hospital site (where inpatient respite services are currently located).

In York, we have long-standing plans to consolidate all learning disability inpatient services in York (these are currently split between York and Easingwold). Plans are on hold pending the new build for Bootham Park Hospital as estate in York that we would have used for learning disability services is required to provide interim accommodation for the three inpatient wards at Bootham.

Governance processes to support delivery

On 1 April 2013 we introduced a dedicated Programme Management Office function. This function is responsible for supporting, monitoring, and reporting on the organisations priorities described within our two year Operational and five year Strategic Plans. Delivery of the plans is managed by a Strategy Implementation Board which includes all members of the Executive Team. Progress against the schemes described in our two year Operational Plan is reported on quarterly to our Board of Directors and the Strategy Committee of our Council of Governors. Major transformational schemes identified in our plans are managed as formal programmes or projects and adhere to Managing Successful Programmes and PRINCE2 methodology.

All projects have a benefits realisation plan identified at the project initiation stage; and benefits are managed upon closure of the project and embedded as part of our performance management processes. Monitoring the delivery of the plans varies, as each project matures at differing rates; therefore the realisation of some of the resulting benefits may not be fully realised until one to two years after the project has been implemented.

Equally the plans described within our two year Operational Plan and five year Strategic Plan are routinely assessed to determine long term viability. The scope, rationale and objectives for each scheme are reviewed to determine whether the expected outcomes outweigh the expected risks and challenges.