



# **Summary Strategic Plan 2014-2019**

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## Introduction

This Summary Strategic Plan (the Plan) sets out how we intend to take Northumberland, Tyne and Wear NHS Foundation Trust forward over the next five years. Our Council of Governors have contributed to the development of this Plan helping us shape our direction of travel through constructive challenge of key aspects and we thank them for their contribution.

## The Trust

Northumberland, Tyne and Wear NHS Foundation Trust (the Trust) was authorised as an NHS foundation trust on the 1st December, 2009. The Trust provides a wide range of mental health, learning disability and neuro-rehabilitation services to 1.4 million people in the North East of England across the six geographical areas of Northumberland, Newcastle, North Tyneside, South Tyneside, Gateshead and Sunderland. We are one of the largest mental health and disability organisations in the country with an income of circa £300 million and over 6,000 staff. We operate from over 60 sites and provide a range of mental health and disability services. Our vision, values and priorities have been developed through wide involvement and consultation with patients, carers, staff and partners. Our vision as an organisation is to:

**“Improve the well-being of everyone we serve through delivering services that match the best in the world”**

## Market Assessment

A Market Assessment process has informed the development of this Plan and external data has been analysed, complemented by the Trust’s routine engagement in ongoing market assessment activities together with formal and informal customer relationship management work and our ongoing work with Commissioners regarding the development of their Strategies. The Market Assessment also reflects the legacy information from the Trust’s Integrated Business Plan (2012).

The Market Assessment included a review of the following:

- The Local Health Economy;
- A review of the key factors driving demand including demographics, disorder prevalence and the impact of citizen lifestyle and choice;
- Commissioners strategies and intentions;
- The major changes in the external environment, including policy direction, national strategies and models of care;
- The financial environment;
- An overview of market trends;
- The Trust’s position in the market.

## **The Key Factors Influencing this Strategy**

The Market Assessment confirms that the key factors influencing the Trust's Strategy for 2014-2019 includes:

### **Demographics and Population Changes:**

- An increase in the number of adults with enduring mental illness and dementia with increasing complexity and dual diagnosis (including drug users);
- An increase in the number of individuals with Long Term Conditions (including diabetes, heart disease and chronic obstructive pulmonary disease) who are three or four times more likely to develop a psychiatric disorder than a member of the average population;
- An increasing number of people with multiple co-morbidities who have numerous and complex interactions with health and social care services and early intervention and prevention are key.

### **Service Models:**

- Integrated community based place based services/pathways which support a reduced reliance on inpatient beds in both mental health and acute services;
- Services, including some inpatient services, that meet the needs of those with increasing complexity and are more "specialised";
- Greater emphasis on the provision of "holistic care" and self care;
- Continued development of service models which support those in crisis;
- Recovery focused services;
- Services and service models that support Public Protection;
- Person centred integrated care pathways;
- Services provided in partnership with others.

### **Commissioners Strategies:**

- The intention of local Clinical Commissioning Groups (CCGs) to review and tender for services over the period of this Plan, some of which currently form part of the Trust's existing portfolio of services and some of which provide opportunities for the development of the Trust's portfolio;

- NHS England’s strategy to reduce and consolidate the number of specialised services centres across the country. Currently around 20% of the Trust’s income is received from nationally defined specialised services and this therefore provides both opportunities and threats;
- The need for the development of placed based services shifting care delivery outside of hospital, the over reliance on hospital care and the associated costs, a concern shared by both Commissioners and providers across the NHS community.

### **The Financial Environment:**

- Local Authorities in the North East of England continue to face a disproportionate reduction in funding, which is requiring a continuing and fundamental review of the services that are provided and the degree to which these services can be provided across the local population. This in turn impacts on the burden of service provision across the boundaries of health and social care;
- CCGs also face a range of challenges including; the impact of the differential between growth funding and costs of delivery being eroded, the new national allocation formula which reduces the allocation across the North East CCGs, and both elective and non elective acute hospital activity continuing to grow, as does continuing healthcare all of which puts pressure on other areas of funding, including mental health
- The reliance of the North East on public sector employment and the slower levels of recovery experienced in the region also impact on the general health and wellbeing of the population with particular implications for mental health services;
- The efficiency requirement for providers, including the Trust, remaining at 4%;
- The establishment of Better Care Funds across the Trust’s localities posing financial risks but also opportunities to improve wellbeing, early intervention, support the important link between physical and mental healthcare and designing local services around the needs of patients.

### **The impact of a “do nothing” scenario and resulting financial gap across the Local Health Economy**

As at April 2014 if the Trust adopts a “do nothing” scenario the resulting financial gap across the Trust’s CCGs across Northumberland, Tyne and Wear over the period of this Plan would be in the order of £50-£60m.

The Trust also has a wider contribution to make to the local health economy. Northumberland Tyne and Wear, an already challenged financial system, is facing reduced funding from 2016/17 due to the impact of the new allocation formula.

The emphasis on age rather than deprivation in this formula will see a significant shift of funds from the North East. At the same time, the local authority budgets are being radically reduced. It is recognised by all partners across the local health and social care economy that a failure to radically transform the way we deliver services will see a failure in the delivery of local services.

## **The Trust's Existing Strategy (The Transformation of Services)**

The Trust's existing Strategy is outlined in our Operational Plan 2014-17, which was submitted to Monitor in April 2014. The existing Strategy takes the organisation forward to 2017 and is supported by detailed implementation plans which are also included in the Operational Plan 2014-17.

The Strategy going forward 2014-2017 was agreed in 2011 and implementation plans and achievements, in terms of our progress have been reflected in our Annual Plans from that date.

The Strategy being progressed was developed in acknowledgement of the need to radically change and improve the way we provide services. The Strategy was informed by the work of a group of clinicians from across the organisation, who at the request of the Executive Directors, formed a Clinical Project Group to draw together all of the evidence and best practice relating to service provision, to seek feedback from a range of interested parties in mental health and disability services, to produce a vision for future services that truly does what is right for service users and carers. The result (the Service Model Review) is a high level model, which is underpinned by a single set of values and principles key to its quality and success.

Our service redesign is underpinned by information derived from the Care Pathways and Packages approach which is mandated by the Department of Health and endorsed by the Trust. It ensures that service users consistently receive the right service, at the right time and in the right place: depending on the nature of the problem, the level of complexity, the urgency and the risk. The fundamental aspects of the model include:

- Improved access to services;
- Stepping up and stepping down the intensity of care according to need;
- Scaffolding the clinical workforce

The success of this model depends on the Trust's ability to implement all aspects of it. The key recommendations from the Clinical Project Group form the basis of the Trust's Clinical and Quality Strategy which is as follows:

- **Reconfigure Services**
- **Develop and improve clinical systems and processes**
- **Increase the capacity and capability of the clinical workforce**

As outlined the environment in which the Trust now works is such that we have to improve the quality of services whilst at the same time reducing our costs by 4% year on year.

The Trust's spend on the provision of its mainstream adult inpatient services is £90m compared to £77m on its community services, this means that at any time 3% of patients are consuming 54% of resources. Many inpatients don't necessarily need to be in an inpatient service but there are not always the necessary community services to support them out of hospital. The Trust is therefore committed to working with Commissioners to rebalance resources, improving community pathways/services and reducing the reliance on inpatient beds thereby balancing resources to maximise quality over cost.

The Trust's Transformation of Services Programme is the vehicle for implementing the new service model, improving community pathways and reducing the reliance on inpatient beds and providing sustainable specialist services.

The Programme is configured as a set of delivery projects that will change over time, supported by a central clinical reference group and a communications and engagement group. The objectives of each component element of the Programme over the period of this Plan are summarised below.

### **Principal Community Pathways Programme**

The Principal Community Pathways Programme is responsible for implementing the changes required across all community services in order to deliver new community-based care pathways. This includes improving access to services.

The Programme commenced in 2013/14 the design, testing and implementation of effective, evidence based interventions focussed on recovery and effective support for people to live and work in their own communities with the aim of reducing reliance on hospital beds in Sunderland and South Tyneside.

This work will be rolled out across Newcastle, Northumberland, Gateshead and North Tyneside over the period of this Plan. The Programme will redesign services to meet the following needs in adults: Psychosis; Non-psychosis; Cognitive Disorders and Learning Disability.

### **The PRiDE Development (including the reprovision of Cherry Knowle Hospital)**

The PRiDE development (providing improved mental health and learning disability environments in Sunderland and South Tyneside) is a keenly awaited development to provide state of the art, inpatient and support services to replace the Cherry Knowle Hospital.

The Specialist Care Dementia Centre at Monkwearmouth Hospital opened in November, 2013 and Hopewood Park is due to be opened in August, 2014.

During 2014/15 the Trust will therefore be focusing on the final realignment of adult assessment and treatment services, older people's and stepped care services across South of Tyne into Hopewood Park, in line with the agreed South of Tyne Model of Care including:

- The redesign of Stepped Care Services (Move on/ Relapse Prevention Services) South of Tyne bringing together inpatient provision in Hopewood Park supported by additional investment in the Community Rehabilitation Service;
- The rationalisation of the Sunderland and South Tyneside Dementia Services optimising the use of the new Dementia Care Centre at Monkwearmouth Hospital;
- The realignment of the secondary care pathway South of Tyne (assessment and treatment services) optimising the use of Hopewood Park;
- The rationalisation of older people's functional in patient services South of Tyne optimising the use of Hopewood Park;

### **Augmentation Programme**

The Augmentation Programme includes leading on the design and implementation of the future configuration of inpatient services based on patient need. This forms the cornerstone of augmenting services as articulated in the Service Model Review. The Trust has already made significant progress in this programme of work achieving the following during 2013/14:

- The review of the dementia care pathway in Newcastle, particularly long term care provision, with the aim of the Trust focusing its service and resources on the provision of care to those at an earlier stage of the illness who may exhibit challenging behaviour;
- The review of long term complex care services North of Tyne as a part of the move towards an improved stepped care pathway;
- Expansion of Hospital Based Liaison Services in Sunderland in line with the recognised Rapid Assessment, Interface and Discharge (RAID) model;
- Realignment of female adult mental health assessment and treatment services in North of Tyne, in line with demand.

Over the period of the Trust's 3 year Operational Plan the Trust will continue to progress the programme of work, subject to Commissioner approval and, where required, the outcome of consultation, including the following:



- Completion of the review of the dementia care pathway in Newcastle;
- The redesign of Stepped Care Services (Move on/ Relapse Prevention Services) North of Tyne bringing together inpatient provision for Newcastle and North Tyneside into one unit on the St. Nicholas Hospital site;
- Consolidation of the Trust's two existing Psychiatric Intensive Care Unit Services into a purpose built unit at Hopewood Park;
- Establishment of a specialist Augmentation Personality Disorder (PD) Hub Team;
- Development of a male High Dependency Unit for the North of Tyne and a female High Dependency Unit to serve both the North and South of Tyne;
- Further expansion of Hospital Based Liaison Services across localities in line with the recognised Rapid Assessment, Interface and Discharge (RAID) model.

The implementation and roll out of Principal Community Pathways in 2013/14 and 2014/15, with evidence based interventions focussed on recovery and more effective support for people to live and work in their own communities, will:

- Result in improved quality outcomes and experience for service users accessing community services and their carers leading to;
- A reduced need for inpatient services;
- A reduction in the number of beds (around 400 beds), wards and hospital sites;
- Improved quality environments.

During 2013 the Board of Directors therefore asked a group of senior clinicians, managers and service users to help model the options available with regard to the future configuration of services and hospital sites in the light of the roll out of Principal Community Pathways and the anticipated reduced demand for inpatient services. It was agreed that the options must satisfy three principal objectives:

- Clinical Fit - is the solution clinically appropriate;
- Safety - is the solution safe;
- Financial viability - is the solution affordable.

A long list of options were evaluated to produce a shortlist of options and further workshops were then held to consider the merits of the four shortlisted options. During 2014/15 the Trust will work with commissioners on the next phase of the inpatient bed model together with communication and consultation plans.

The outcome of this will shape the next phase of the Augmentation Programme which, subject to the outcome of consultation, will be implemented during 2015/16 and 2016/17.

### **Specialist Care Services Programme**

The Specialist Care Services Programme is responsible for ensuring the Trust retains sustainable specialist services as part of the overall service model and over the period of this Plan the work of this programme will include, subject to commissioner approval and, where required, the outcome of consultation, the following:

- The further review of Neurological Services to ensure long term sustainability including the review the future of Heppell House, a 4 bedded Head Injury Unit in Corbridge offering long term rehabilitation and care;
- Review of the Children's and Young People's Medium Secure and Forensic Outreach Services;
- Reviewing the Trust's Forensic Services to ensure long term sustainability including developing a Specialist Learning Disability Community Transitions Team to support and expedite the discharge of patients in Learning Disability Forensic inpatient services from North and South of Tyne (re-providing the existing Hebron service);
- Securing capital to support the development of a purpose built assessment and treatment unit for people with Autism;
- Review of the Regional Affective Disorder Service, including the potential to relocate and expand the inpatient service;
- Establishment of an Attention Deficit Hyperactivity Disorder (ADHD) service on a sustainable basis (pilot service currently provided);
- Reconfiguration of Eating Disorder Services

The Specialist Care Services Programme will also work with NHS England with regard to their strategy and proposals for specialised commissioning.

### **Social and Residential Services**

In terms of the Trust's Social and Residential Services over the period of this Plan the Trust will:

- Progress the next phase of the review of Northumberland Adult Residential Mental Health Care Services;
- Review Northumberland Mental Health Day Services.

### **Corporate Services Programme**

The Trust's Corporate Services provide direct support to clinical services and also ensure that the Trust meets the requirements of external partners and complies with the law, regulatory/compliance frameworks and performance monitoring and reporting frameworks which are applicable to us as an NHS Foundation Trust.

The Trust is committed to improving the quality of services provided by our corporate services whilst at the same time reducing the costs incurred in providing these services.

As clinical services are re-designed and reshaped through our Transformation of Services Programme so too must Corporate Services, they must work in different ways and be provided as efficiently and effectively as possible.

During 2014/15 the Corporate Services Programme will commence a programme of work to focus on the realignment of the existing corporate services model and methods of delivery to support the priorities and objectives of the Trust's service model.

### **Our response to market opportunities**

Over the period of the Trust's 3 year Operational Plan 2014-2017 the Trust will also focus on not only the retention and strengthening of existing core business but also on maximising opportunities for targeted growth through market penetration, product development, diversification and market development strategies.

We will work to improve our competitive position through the review of the cost base and service models pertaining to individual services, having regard to Benchmarking Information, Reference Costs and Market Intelligence.

In terms of the Trust's secure estate some elements require replacement in the medium term to meet modern models of care, commissioner specifications and legislation.

We will also build on our existing success relating to the development of partnerships with NHS organisations, the community and voluntary and independent sector in the provision of innovative service models, in response to Commissioners tenders for services.

### **Divest Services**

Subject to the outcome of consultation and reaching agreement with Commissioners regarding alternative models of care the Trust at this stage proposes to divest the following services over the period of the Trust's 3 year Operational Plan 2014-2017:

- Northumberland Adult Residential Mental Health Care Services;

- Northumberland Mental Health Day Services.

### **Integration, collaboration and merger**

The implementation of Principal Community Pathways is consistent with the development of “place based services” however the Trust is committed to working with local authorities, CCGs and other provider organisations across all six localities to maximise the benefits to be gained from the integration agenda with the aim of:

- Developing integrated services designed around the needs of the local population, seamless at the point of delivery;
- Removing waste and duplication across services;
- Enabling effective earlier interventions focussed on prevention, recovery, avoidance of crisis, promotion of stability and self care;
- Reducing the use of hospital beds by avoiding inappropriate admissions and reducing length of stay.

In terms of collaboration the Trust has a long history of working with partners from other NHS organisations, the community, voluntary and independent sectors in the provision of innovative services and we will continue to develop and build upon this work.

The above work will include exploring potential models relating to:

- Greater emphasis on the provision of “holistic care” (including to those with Long Term Conditions) and self care;
- Continued development of service models which support those in crisis;
- Recovery focused services;
- Services and service models that support Public Protection;
- Person centred integrated care pathways;
- Services provided in partnership with others.

In terms of merger or any organisational restructuring they will not feature in the Trust’s Strategy going forward unless there are demonstrable benefits to be gained for the population we serve. However, the Trust is fully committed to the provision of integrated, place based services designed around the needs of the local population, and the Board would consider any proposal which is seen to be in the interests of the delivery of better care

## **The Trust's Position in 2017**

With the implementation of the agreed Strategy going forward 2014-2017, outlined above, by 2017 the Trust will have achieved the following (subject to, where required, the outcome of consultation):

### **Principal Community Pathways Programme**

The Principal Community Pathways Programme will be completed and embedded across all localities delivering new community-based care pathways. This will include improved access to services.

The Teams will have access to mobile 3g laptops and advanced telephony systems to support their mobile working, reducing the time they spend in administrative tasks and improving their productivity in terms of patient contacts.

### **Augmentation Programme**

The Trust will have completed the implementation of the future configuration of inpatient services based on patient need with adult mental health and older people's services being provided from around 400 beds for our local population consolidated onto our main sites. These services will augment the care delivered by the new community teams introduced through the Principal Community Pathways Programme and will focus on providing specialised care with the majority of individuals being admitted under a legal framework. In patient provision will include a male High Dependency Unit for the North of Tyne and a female High Dependency Unit to serve both the North and South of Tyne.

Hospital Based Liaison Services will be provided in Sunderland and other localities, in line with the RAID model together with a specialist Augmentation Personality Disorder (PD) Hub Team.

### **Specialist Care Services Programme**

The Trust will have undertaken three years of transformation in specialised services, including addressing the cost base and sustainability of individual services. The provision of high quality competitive services will have positioned the Trust in terms of managing the threat posed by NHS England's consolidation of specialised services into fewer centres across the country.

The development of a purpose built assessment and treatment unit for people with Autism on the Northgate Hospital site will be completed.

Services and service models that support Public Protection will be provided, where appropriate, in partnership with other agencies.

### **Social and Residential Services**

The Trust will have divested its remaining Social and Residential Services.

## **Corporate Services Programme**

Corporate Services will be remodelled and realigned to support the priorities and objectives of the Trust's service model resulting in a reduction in overheads.

## **Sustainability**

As shown in the Trust's Operational Plan 2014-17 based upon the strategy outlined above the Trust is planning for an underlying recurring surplus of £8.8m over the next 3 years. We believe that our Operational Plan 2014-17 is robust.

## **Consideration of Strategic Options Going Forward 2017-2019**

Given the projected Trust's achievements against its agreed Strategy and position in 2017 the Trust has reviewed the findings of the market analysis and through that process identified the strategic options available with regard to the Trust going forward 2017 to 2019.

This review has confirmed:

- The Principal Community Pathways initiative introduced is central to the continued provision of high quality community based services which support individuals in the community and avoids unnecessary admissions to inpatient services. The integrity and resources associated with the Principal Community Pathways must therefore be maintained and should not be the subject to significant financial efficiencies.
- Through the Augmentation Programme the Trust will have substantially reduced its inpatient bed capacity to around 400 beds, facilitated by the implementation of Principal Community Pathways. These services will focus on providing specialised care, the majority of individuals being admitted under a legal framework. The Trust believes at the present time that this is the optimum number of beds required to meet the needs of the population and that there is no scope for further reductions. The impact of the Principal Community Pathways initiative will however be evaluated including its impact on the demand for inpatient beds and the outcome of this work will inform any future decisions regarding the optimum number of inpatient beds required to meet the needs of the population.
- Progressing the integration agenda and the development of place bases services is key to the provision of services designed around the needs of the local population, seamless at the point of delivery and the future sustainability of the whole health and social care economy. The Trust cannot plan alone for the delivery of locally based integrated services.

- The Trust's inpatient services, which will focus on providing specialised care with the majority of individuals being admitted under a legal framework, together with the Trust's specialist services should be consolidated with the focus going forward being on improving the quality of outcomes and value for money.
- There are opportunities for growth out with the Trust's North East boundaries with the Trust potentially extending its geographical reach and providing those services which it has successfully embedded locally and as the national model develops. Innovation is at the heart of the NHS and the Trust has a significant "knowledge base" and has developed "unique products", including new clinical service models, which could be transferable and be of benefit to other organisations both within and out with the NHS. There is therefore potential to adopt a structured and commercial approach to the marketing and provision of the Trust's "knowledge" and "products" supporting innovation and generating income.

### **The Trust's Strategy Going Forward 2017 to 2019**

In the light of the above review it has been agreed that the Trust's Strategy going forward 2017 to 2019 will focus on three core areas:

- Development of the integration agenda and the development of "place based services" including promoting the benefits and opportunities from the integration of pathways across physical and mental health and social care;
- Consolidation of inpatient and specialist services focusing on quality of outcomes and value for money;
- Identifying and exploiting opportunities for growth, including geographical expansion.

The Trust also acknowledges the need to continue to reduce its cost base and that this should include exploring opportunities to reduce the cost per head count.

## Plans Going Forward 2017-2019

An outline of the programme of work which will be progressed during 2014/15 with the aim of informing the Trust's plans going forward 2017 to 2019 are summarised in Table 1 below

**Table 1: Programme of work required to inform plans going forward 2017-2019**

<b>Development of the integration agenda</b>
Work with the Health and Wellbeing Boards across the Trust's localities on the development of individual locality strategies regarding the integration of services and "place based services".
Consider and model the implications of the agreed strategies, including the opportunities and risks, from the Trust's perspective and secure Board approval on the way forward.
Work with the Health and Wellbeing Boards across the Trust's localities to agree implementation plans aligned to the agreed strategies and incorporate the plans and financial implications into the Trust's Operational Plan 2015/16.
<b>Augmentation Programme – Consolidate inpatient services focusing on quality and outcomes</b>
Work with Commissioners on the next phase of the inpatient bed model together with communication and consultation plans.
Consult on the next phase of the inpatient bed model and subject to the outcome of consultation agree with Commissioners an implementation plan for 2015/16 and 2016/17.
Evaluate the initial impact of the first phase of Principal Community Pathways.
<b>Specialist Care Services Programme - Consolidate specialist services focusing on quality and outcomes</b>
Review NHS England's Strategy for Specialised Services including its potential impact on the Trust's services and reach agreement on the Trust's strategic response and plans for going forward..
Review those elements of the Trust's secure estate which require replacement in the medium term and identify requirements and options for going forward.
<b>Identify and exploit opportunities for growth, including geographical expansion</b>
Review and prioritise the areas of potential growth to be explored.
Undertake individual market assessments in respect of priority areas including Commissioner views on likely funding and views on potential developments.
Based on the results of the market assessments assess the risks and opportunities including those associated with providing new services and agree priorities for the development of Business Cases.
<b>Identify and explore opportunities to continue to reduce the cost base</b>
Explore opportunities with staff side on the potential to reduce the cost per head count.



## Our Financial Plans

The Trust's financial plans are based on maintaining the Trust as a high performing and sustainable organisation while delivering quality improvement.

The priorities in our financial plans include:

- Delivering an income and expenditure surplus each year over the life of this Plan;
- Delivering the Trust's cost improvement programme over the life of this Plan, recognising that the Trust will be dependent on delivering, alongside its partners, new ways of releasing efficiencies across the wider health and social care economy in order to be sustainable in the longer term.
- Continuing to invest in the improvement and development of facilities used by our clinical services.
- Continuing to maximise the money achieved from the sale of our surplus estate which we will use to continue to improve and develop facilities used by our clinical services.

Table 2 below illustrates the key financial data over the life of this Plan

**Table 2:Key Financial Data 2014/15-2018/19**

Key Financial Data	2014/15 £m	2015/16 £m	2016/17 £m	2017/18 £m	2018/19 £m
Income	299.1	295.0	293.2	291.6	290.0
Income and Expenditure Surplus	1.1	3.9	8.8	7.0	5.3
Efficiency Target	11.3	10.8	10.7	8.8	8.8
Cash Balance	17.6	20.7	23.3	23.9	23.0
Capital Programme	25.6	23.9	9.3	7.2	7.2
Asset Sales	12.5	7.9	0.0	0.0	0.0
Loan Drawdown	14.7	15.9	2.1	0.0	0.0
Risk Rating	2	3	3	3	3
Normalised Risk Rating	3	3	3	3	3

## **Conclusion**

We hope this Summary Strategic Plan has given you a useful insight into the work we will be progressing over the coming years.

We are proud of our record of developing and improving services while at the same time maintaining financial stability.

The coming years will be a challenging one for everyone in health and social care but we firmly believe that by focusing our efforts and resources on providing services around patients' needs our plans put us in a strong position to meet the challenges that lie ahead.

## **For Further Information**

This Summary Strategic Plan is available on our web site at [www.ntw.nhs.uk](http://www.ntw.nhs.uk).

If you would like more information about any of the issues covered in this summary please contact:

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