South West Yorkshire Partnership NHS Foundation Trust Strategic Plan 2014 – 2019 PUBLIC SUMMARY

30/06/14

1.1 Declaration of Sustainability

South West Yorkshire Partnership NHS
NHS Foundation Trust

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

	One year	Three years	Five years
Financially sustainable	Confirmed	Confirmed	Not Confirmed on current configuration
Operationally sustainable	Confirmed	Confirmed	Not Confirmed on current configuration
Clinically sustainable	Confirmed	Confirmed	Not Confirmed on current configuration

Based on our scenario analysis of the “as is “ the Trust will be challenged to be able to declare a sustainable position clinically, operationally or financially at year 5 of the Strategic plan. Our assessment of the local health and social care economy is that no current NHS provider will be able to certify that they will be in a sustainable position at this point.

In our declaration of sustainability for year 3 the plan presents a strategic direction and option analysis which drives the reshaping of the cost base through efficiency in workforce, service model and infrastructure in years 1 and 2 and creates substitution activity for statutory services in year 3 at lower cost using the Recovery Model and building on the success of Creative Minds and alternative capacity models.

From year 3 onwards the Trust is predicting that sustainability will only be achieved through development of core NHS services on larger geographic footprints e.g. West Yorkshire or Yorkshire and Humber for specialist services; which reduces back office costs but maintains a local responsive delivery of community services which has a greater reliance on self directed support and self care.

Therefore the declaration of sustainability outlined above reflects the Trust position that on its current scope and configuration it is sustainable financially operationally and clinically up to the end of Year 3. Beyond this timescale in order to be sustainable the services would need to be part of a bigger entity with critical mass as a specialist mental health and community provider.

2.3.1 Capacity Analysis - Estates

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The Estates Strategy previously approved by the Trust Board is focused on:

- Development of Community Infrastructure
- Development of Inpatient Estate linked to Acute Care Pathway
- Ensuring Compliance with national standards and the regulators
- Emergent agenda regarding shared premises with partners
- Disposal of Surplus Estate

Capital Plan: The capital programme is aligned to the Long Term Financial Plan and is as per the submission made to Monitor in January 2014. The approach adopted is that all new capital developments will be designed to support service transformation and will be based on agile working principles supported by greater use of IM&T. All new capital developments will be subject to the approval of business cases that clearly set out the service and financial impact. Where the planned development encompasses in patient facilities there will be an emphasis on developments increasing staff resilience whilst reducing revenue and staffing costs by adopting a site wide strategic planning approach on the two main sites at Fieldhead and Kendray through Site Development Control Plans. All developments will adhere to the principles of eliminating same sex accommodation.

Capital Receipts: In 2014/15 the Plan forecasts receipts from disposal of surplus investment property. Future capital expenditure post 2016-17 is dependent on generating capital receipts from the disposal of surplus estate. This represents a critical risk to the overall estates strategy as any slippage in disposal will create increased revenue running costs from 2016-17 and deferring of capital investment.

Transformation Focus: The major enabling schemes in our Capital Plan are set out in the table overleaf. The focus of these schemes is to support integrated team working closer to communities – in line with the transformation vision of the Trust and of our partners. Also opportunities to consolidate sites from which support services are provided enable the Trust to deliver further efficiencies, while minimising impact on front-line clinical delivery. In addition the vision for inpatient services is for high quality in-patient facilities at geographically strategic locations within the Trust area delivering single room en suite accommodation designed to support cost effective staffing models

2.3.2 IM&T Plan

The aim for the next five years is to use IM&T to facilitate the transformation of services

This includes both transformation of the services which we deliver to local populations and the support services which are provided within the Trust to our Business Delivery Units. It also encompasses joint work with partners across the health and social care spectrum to ensure safe and seamless services for the people we serve.

Specific improvements will include more agile working, improving the productivity, accessibility and responsiveness of our services. This will also improve the working lives of our colleagues by reducing unnecessary journeys. The use of clinical records 'bring forward' systems in conjunction with unobtrusive tablet style technology will support more personalised care and enhanced safety through real time updating of clinical records. This will also improve the amount of direct patient facing time of our teams. Improved integration of key clinical systems with social care systems will improve productivity through reducing the need for double-entry of notes.

More service users will be able to access our services through the use of technology. This may include booking appointments at convenient times, reviewing helpful information to better manage long term conditions, or accessing on-line or group based peer support. In addition wider use of Lync technology will support consultations and advice over video link between computers, smart phones or other devices. Our existing telehealth and telecoaching services will be rolled out further, enabling more people to take control of their health and wellbeing, using regular measurements and feedback to reduce reliance on urgent care services.

We will use data more to identify improvement opportunities and to measure benefits. This will include wider participation in benchmarking, both within the Trust and beyond. It will also include participation in local integration initiatives such as the Barnsley Integration Pioneer and Calderdale and Huddersfield locality teams initiative. Where appropriate we will consider opportunities to use data to support risk stratification in support of efficient resource deployment.

Support Services will explore the wider use of technology to drive efficiency. This may include increased automation and self service options for routine transactional requirements, allowing more emphasis on high value adding business partnering support activities which meet the needs of internal customers. This approach will also support the development of a unified support service infrastructure capable of providing both scale efficiencies and enhanced access to practical and knowledgeable support to efficiently meet the needs of a significantly larger organisation operating across a wider geographic footprint.

2.3.4 Key Workforce Trends

Changes in Skills and Roles: The movement from a professional model of service to an enabling recovery focused approach is the key driver for changes to skills and roles. This includes the development of peer support worker roles both within the Trust and in local partner organisations, supporting initiatives such as Recovery Colleges and Creative Minds. It also requires a change in emphasis for the existing clinical workforce, where more staff will spend more of their time focus on the development of partnerships e.g. with housing support providers, and on the delivery of education and enablement. Other important changes will include:

- Review of administrative support provision to enable greater use of resources, including use of technology
- Changes to the clinical support worker roles between bands 1 through to 4. The Trust envisages a stepped approach to implementation of a Healthcare Support Worker Career structure which will have greater career progression opportunity
- Increase in clinical and non clinical apprenticeship posts at both intermediate (level 2) and advanced (level 3) roles.
- Potential to develop Assistant Practitioner roles as a career development opportunity towards band 5 nursing roles
- Review of medical models across the trust to support complex case management and consultancy, and also the provision of a greater range of sub-specialties
- Greater use of volunteers – supporting customer service excellence and other important facets of high quality service provision

Impact of 7 day working: The Trust currently operates services on a 7 day basis, but there are also substantial numbers of services which are operated on a 5 day working week. The most significant impacts of a move towards 7 day access are likely to be in those clinical areas which are part of pathways directly connected to acute wards as they step up efforts to have an even flow of discharges over 7 days. This would impact on Intermediate Care teams and mental health liaison teams which already operate 7 days per week. Other services may see increases in relation to medical and nursing requirements, but this will be off-set through balancing of sessions currently delivered Monday – Friday and through enhanced use of technology to support flexible working and communications.

Impact of Safe Staffing Levels on wards: The Trust's Quality and Nursing Directorate has recently undertaken an analysis of staffing levels within the acute pathway and has supported this with internal comparisons. Steps are being taken to initiate external benchmarking arrangements. This supports the existing work that the Trust undertakes to track trends in incidents and to ensure that investment is made in skills and staff numbers where required in response. In the absence of further analysis an assumed movement would be to invest the difference in tariff deflator from 1.8% to 1.5% which was agreed with local commissioners in respect of our acute pathway related income.

2.3.4 Key Workforce Trends

Flexible working: The Trust will see increased demand from its existing workforce for flexible and part-time working. The Trust is seeing a correlation between the rising age profile and an increasing 'part-time' workforce. The Trust has seen a 6% rise in staff working part-time between 2009 and 2014 (36% in 2009 rising to 42% in 2014). This rise is expected to continue over the next 5 years and potentially reach 50% by 2020. This will allow for greater flexibility of the existing workforce in terms of rostering opportunities and an ability to provide greater levels of service outside of 9-5 Mon-Fri working hours. The adverse effect of this change is expected to be pressure on pension costs and on-cost provision.

Turnover: Turnover within the Trusts workforce has seen little fluctuation over the last 5 years with rates between 9-11% and the Trust envisages that this will remain constant over the next 5 years. We anticipate increases in turnover due to retirement to be offset by a relatively slow NHS job market ultimately keeping the labour turnover rate constant.

Age Profile: Over the next 5 years the Trust must address the rising age profile of our workforce. Over this period we will see an increasing potential for staff to retire from 3% of our total staff in post in 2014 rising to 6% of our total staff in post in 2019. The Trust saw a total of 81 staff retire in 2010 and this has risen to 125 head counted staff in the last 12 months to 2014 with a total of 24 staff opting to take voluntary resignation. The number of people taking retirement within the Trust has risen year on year since 2010 and it is expected to continue to increase each year rising to approximately 182 by 2018. Roles that provide the Trust with the greatest degree of risk centre around nursing roles, HCSW roles, estates staff and admin and clerical roles over the next 5-10 years.

Figure 2: Workforce Age Profile

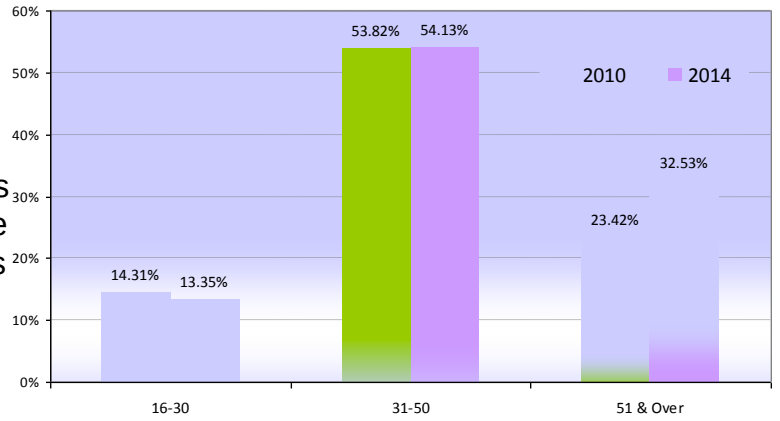
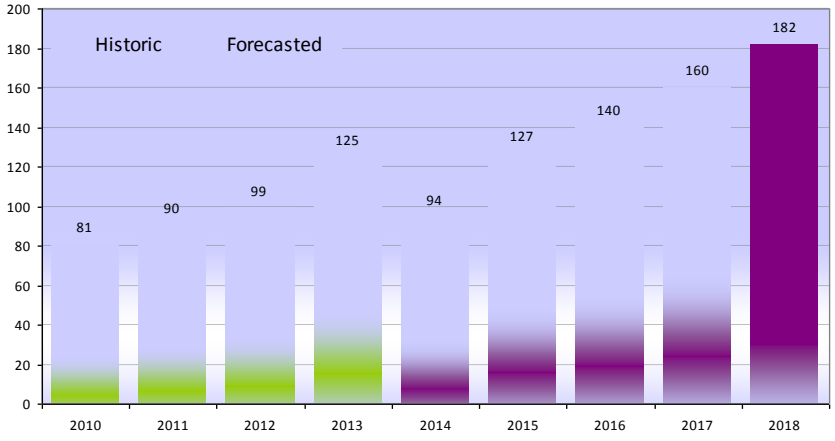


Figure 3: Workforce Retirement Potential



2.3.4 Key Workforce Trends

Hard to Recruit to posts: Allied Health professionals have traditionally been a staff group which is difficult to recruit but which is critical to delivery of holistic care and supporting recovery. It represents around 6% of the workforce with a current turnover rate of 10%. Current information on numbers of graduates indicates that in future there will be sufficient pool of staff to recruit from. The priority for AHP workforce development will be to develop workforce structure which will create better progression pathway for professional development through promotion of AHP support workers, assistant practitioners and AHP mentors and preceptorship programmes

Changes in WTE

In the last 4 years the Trust has seen an increase of 400 WTE (10.3% growth) reaching 4,594 in April 2014. This growth was driven by increases in several areas of the clinical workforce, partially as a result of the Trust's success in providing community based alternatives to hospital admission and health and wellbeing work.

In the last 12 months the increase has been just 14.4 WTE. Based on the Trust's current footprint and range of services the plan is to reduce workforce numbers during the next five years. This reflects the application of the Trust's efficiency and productivity programmes (CIP and Transformation) and also reflects the projected income and expenditure profile, which is aligned to commissioning intentions.

The scale of change indicated by the Year 1-3 CIP requirement is a reduction of 5-6% annually. The impact of these reductions is offset by the workforce predicted retirement potential of 6.17% by 2019, and the natural churn associated with posts becoming vacant. In addition the plan for sustainability (section 3) anticipates the development of a much larger platform for the services which we deliver. This means that the net effect (primarily in latter years of the Plan) is a growth in WTE numbers by the end of the 5 year period. This does not change the underlying trend which is to drive CIPs and transformation in the initial years of the Plan, driving a downward pressure on the number of WTEs in preparation for sustainable growth in the second half.

The table overleaf highlights the high level movements in WTE anticipated by this plan. It includes elements related to both continued delivery of efficiency through CIP and transformation programmes and also the development of a sustainable footprint for clinical services which involves increases in workforce as well as efficiency related downward pressure

2.4 Funding Analysis

Figure 1 highlights the relative shares of our income by source.

In summary 83% of our income is derived from CCG and NHS England contracts, 10% is from Local Authority contracts, and less than 1% related to activities undertaken for other NHS organisations. The Trust's 'other operating income' accounts for 6.5% and includes education & training and Research & Development

In terms of Service Lines our income relates to the following high-level groupings of services:

- Mental Health, including;
  - CAMHS
  - Adult Acute Mental Health
  - Adult Community Mental Health
  - Rehabilitation and Recovery
  - Older People's Mental Health (incl. Dementia)
- Forensic
- Learning Disabilities
- Community Physical Health, including:
  - Community Nursing and therapies
  - Long Term Conditions
  - Intermediate Care
  - Health and Wellbeing services

Figure 4: Share of income by source / type

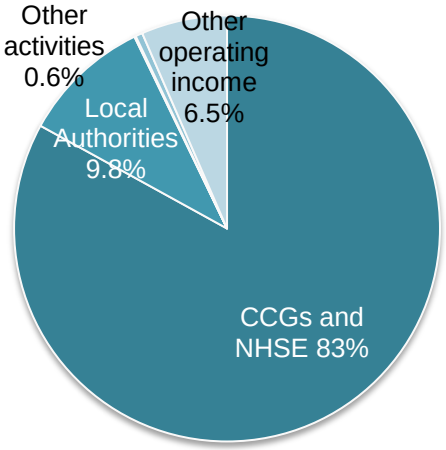
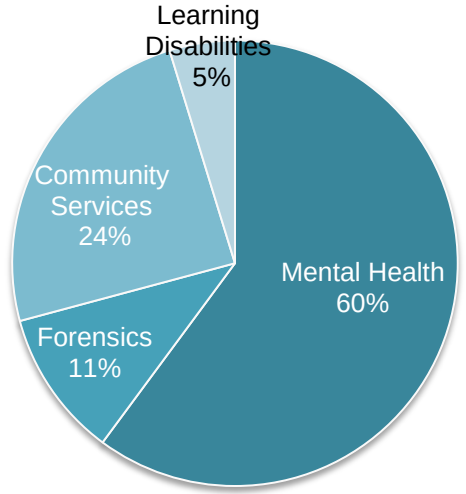


Figure 5: Share of income by grouped service line

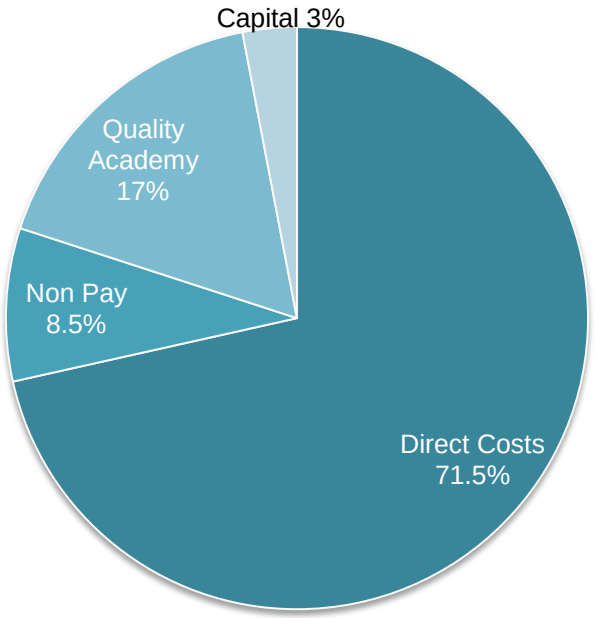


2.4 Cost Analysis

The Trust uses the income received to cover the costs of delivering and supporting services. Figure 3 highlights the breakdown of costs into

- Direct Costs, including;
  - Clinical and support staff involved in direct service provision
  - Agency and bank staff costs
  - Other pay costs
  - Redundancy costs
- Non-Pay Costs, including;
  - Drugs
  - Supplies
  - Sub-contracted services and SLAs
  - Travel and vehicle costs
  - Utilities and property costs
- Indirect costs and overheads, including;
  - Quality Academy
- Capital Charges, including:
  - Public Dividend Capital
  - Depreciation, and
  - Impairment

Figure 6: Breakdown of expenditure by cost type



2.6 PESTLE Analysis

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Political
- Austerity – particularly Local Authorities
- Parity of esteem
- Integration and personalisation
- Better Care Fund – linked to above
- Role of Health and Wellbeing Boards
- Electoral cycle – timescales for major change?
- 'Marketisation' of NHS
- Changing dynamics between DH, NHSE and Monitor + compete/collaborate dichotomy
- Fragility of partners and political dimension associated

Economic
- Declining investment/ continued austerity
- Impact of Better Care Fund
- Technological/pharma developments driving costs
- Impact of economic factors e.g. benefits reform on demand for Trust services
- Current pay and pension model sustainability?
- Continuing care costs
- Regeneration in local authorities – presents opportunities to partner
- Development of alternative/community capacity

Social/ Cultural
- Ageing population
- Ageing workforce and extension of working lives
- Changing perception of work/life balance
- Public expectations of welfare state changing
- Public expectations of customer service changing

Technological
- Improved access to information
- Social media
- Interoperability
- Increased numbers dependent on technology
- Trust capacity to digitise at the scale needed
- Telehealth/telemedicine
- Channel shift – more self serve
- Enables 'long tail' services – less geographically restricted
- Double running – those that don't want/ cant use IT

Legal / Regulatory
- Monitor / CQC / OFT – competition and collaboration
- Engagement/consultation requirements
- Partnership framework/partnership vehicles
- Framework for social enterprise

Environmental
- Carbon footprint
- Sustainability of estate
- Growth of alternative forms of provision
- Perception of what is seen as 'local' services

2.6 SWOT Analysis

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Strengths	• Wide range of services – offering opportunities for person centred integrated care – particularly physical/ mental health • Market leading co-production and engagement approaches – leading to Recovery focused service offers e.g. 'Creative Minds' and 'Recovery College' • Biggest Forensic contract in Yorkshire – wide range of services and estate fit for purpose • Clear understanding of service offers and service user requirements through mental health currency • Good track record – financial, risk and quality KPI performance
Weaknesses	• Need to develop more robust standardised approach to lead provider roles • Under developed commercial and marketing capability and capacity, highlighted by most service lines as a development area • Some service models increasingly considered old-fashioned by commissioners – not fully aligned to Recovery and Self Care agenda • Under developed capacity planning approaches will require co-ordination and regular review
Opportunities	• Recovery College and Creative Minds as focus for partnership – also supports offer to Health and Wellbeing market – both mental and physical health • Forensic clinical network • Development of Trust-wide specialist services (CAMHS, ADHD, PD etc)
Threats	• Loss of contracts through tenders if do not transform and engage sufficiently with commissioners • System focus on acute hospital economics plus local authority funding restrictions challenges parity of esteem • Acute overspend on specialised commissioning budget

2.7 Base Case: Sustainability

Clinical and Operational Sustainability: Within the Base Case we have assumed delivery of CIPs and transformational changes in line with our Two Year Operational Plan. We are also assuming funding for all cost pressures deemed necessary to deliver operational and clinical sustainability over the initial three years of this Plan. We have an agreed set of CIP and transformation schemes which are subject to a Quality Impact Assessment process and have been shown to be deliverable without compromising safety and service quality. In years four and five the opportunity to make internally generated efficiencies without some impact on clinical and operational sustainability is challenging.

Financial Sustainability: The Trust is aware that the forthcoming period will be more challenging. The financial climate is heightened by; an increase in the number of people requiring support, an increase in expectations from those people receiving the service in terms of availability and standard of service.

During this period we will need to maintain a downward pressure on costs at the same time as delivering significant efficiencies. These efficiencies will come from services changes, increased productivity and changes in skill mix. At the point when other parts of the social care and health sector are being squeezed we will prioritise our efforts on those people who require the service the most whilst looking for creative alternatives to support community and individual resilience.

The financial plan and execution is therefore complex but equally ambitious. It sets out to reduce the net expenditure over the Plan years 1-3 so that it's fit for purpose and ready and able to secure a sustainable platform for the services it provides. This is likely to be on a bigger footprint. It is anticipated that the growth will enable efficiencies to be realised from support service functions, provide greater resilience and have the capacity to respond to and effectively engage with our stakeholders.

the overall financial position is set out overleaf. This assumes that CIP of 5% can only be sustained for the first three years of the Plan. After that the opportunity for finding internally generated savings on the cost base is significantly reduced. The mode, also recognises relatively high proportion of cost pressures throughout the period because of the impact of 7 day working workforce configuration and investment in technology. The position at Year 5 is predicted to be an in year deficit and a Financial Risk Rating of 3. the combination of which is not sustainable.

We have used this base case position to understand the scale of the challenge and determine the remedial action required. We used this as a starting point and examined our strategic options. These are set out at Section 3

2.8 Alignment with Commissioners

The Trust operates mainly in four local health economies; Barnsley, Calderdale, Kirklees, and Wakefield, and across the whole of Yorkshire & Humber for Forensic services. This sub-section reviews commissioning intentions of both CCG and local authority commissioners in each patch, including planned use of the Better Care Fund. Where possible all of the following sources have been reviewed as part of this analysis:

- CCG 2 year and 5 year plans
- Health & Wellbeing Strategies
- Better Care Fund submissions
- Published service line commissioning intentions
- Pre Qualifying Questionnaires and Invitations to Tender
- Informal intelligence from contract management processes

Section 2.8.1 addresses the Calderdale local health economy, section 2.8.2 refers to the Kirklees area made up of both Greater Huddersfield and North Kirklees CCGs, 2.8.3 covers Wakefield, and 2.8.4 is Barnsley

Extent of Alignment of assumptions: To the extent that commissioning plans have been published they have been noted and incorporated into the assumptions used in the development of this Plan. In practice this means that commissioning intentions with regards to mental health service strategy are relatively well understood but financial assumptions regarding contract values and any specific decommissioning threat is less clear.

Engagement with commissioners and other local health economy partners is generally good, with the Trust actively participating in a wide range of strategic planning and service development activities. As such we have good relationships with our commissioners and are working together for a collectively sustainable future.

Working together with NHS provider organisations locally: The Trust continues to be an active partner in the development of provider-led responses to local health economy challenges. In Calderdale and Huddersfield a commissioner led strategic review of health and social care has led to the development of an Outline Business Case by a number of local provider organisations (CHFT, Locala and SWYPFT). This work offers a proposal to commissioners of how providers can work together to offer more effective integrated care and address the financial challenges facing the health economy. In Wakefield we are participating in the development of a similar provider led response (with Locala, Mid Yorkshire Hospitals Trust and others).

3.2 Service Line Analysis - Summary

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Each of the service lines at section 3.1 have been analysed in terms of the market conditions, SWOT for our own services, consideration of risks and issues and exploration of possible future scenarios. At the end of each analysis a review of strategic options has been undertaken. Table 21 summarises the Strategic Intent in each area. The full analysis for each service line is included at Appendix C. The key messages arising from the Service Line Analysis, which apply generally are;

- Consolidation of existing service portfolio
- Transformation including channel shift to self care, and
- Further development of Partnership for synergies in skills and service offerings

Table 21: Summary of Service Line Analysis

Service Line	Grow	Shrink	Partner	Transform	Comments
Acute MH	✓			✓	Growth Yr 4 onwards re sustainable service platform
Community MH	✓	(✓)	✓	✓	Growth in sub-specialisms initially
Rehab & Recovery		(✓)	✓	✓	New community model – partner re housing support
Dementia			✓	✓	Partner re post-diagnosis support
CAMHS	(✓)		✓	✓	Partner potentially re T2 T4, sub-specialism growth
Substance Misuse		(✓)	✓	✓	Integrated partnership for community. Beds viability?
Forensic	✓		✓	✓	Clinical Network, medium secure growth
Learning Disability			✓	✓	Partner around consultancy and advice – system flow
LTCs				✓	Virtual ward, care co-ordination/ referral mgt centre
Health & WB	✓			✓	Scalable multi-channel technology platform is key to grow
Intermediate Care				✓	CCG review of model and consolidation of bed base
Community Nursing & Therapies				✓	Improved access and flexibility of response - lean

(✓) = Applies to part of Service Line only

3.3 Key Opportunities & Challenges

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Calderdale & Kirklees BDUs	Wakefield BDU
• Hospital Liaison continues to build partnership credentials, plus Community Liaison offer into OBC Locality Teams offers growth potential for a Trust wide model • Rehabilitation: although all parties desire to improve the current pathway and to reduce the extent of OATs, the sharing of resulting efficiencies between commissioner QIPP and provider CIP will require further exploration. • The resourcing of Calderdale Crisis and Home Based Treatment continues to be an issue impacting on the effective provision of alternatives to hospital admission, and therefore will require resolution as part of the acute care pathway transformation. • The cross-subsidy of Calderdale services by Wakefield, North Kirklees and Greater Huddersfield CCGs is unsustainable. Although this is being addressed incrementally, resolution is challenging. • Trust wide sub-specialisms delivered locally highlighted by commissioners and Service Line teams in most localities	• Creative Minds funded for first time – but more to do to build commissioners association of the Trust with recovery and prevention • This perception held more widely in relation to Health and Wellbeing • IAPT opportunity – commissioners requiring more complete range of psychological therapies – potential partnership opportunity. • Review of all main adult mental health services = opportunity to realign to recovery principles but also challenge to funding and pathway stability. • Community liaison model allied to GP network locality teams – This offers potential to become a Trust wide model.

3.3 Key Opportunities & Challenges

South West Yorkshire Partnership NHS
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Barnsley BDU	Other
• Intermediate Care Review – opportunities regarding Virtual Ward, but challenges regarding potential impact on bed based services – mitigated by consolidation of estate as per capital plan • Barnsley Hospital – opportunity to provide solutions – LTC models including telehealth, but requiring further pace and depth in transformation • Health and Wellbeing model – must adapt to integrated wellness service specifications, and note threat of local authority in-sourcing • Personality Disorder pathway under development offers system efficiencies and qualitative gains – potentially a model for Trust-wide services • Physical / Mental health interface – e.g. smoking cessation highlighted by CCG • Evaluation of Recovery College – opportunity to ensure share of market which is moving towards smaller 3rd sector providers • Self harm attendances at general hospital noted by commissioners – related to transitional arrangements and balance psychology/ psychiatry	• ADHD/ ASD growth potential strong – Trust wide offer • CAMHS quality and access issues being addressed but also offers good potential for niche offers e.g. HSB. • Forensic Clinical Network formation positions positively. Much riding on specific detail of national tender exercise. • Learning Disabilities transformed offer has good commissioner sign up in principle – further work on income model.

3.4 Our Plan for Sustainability

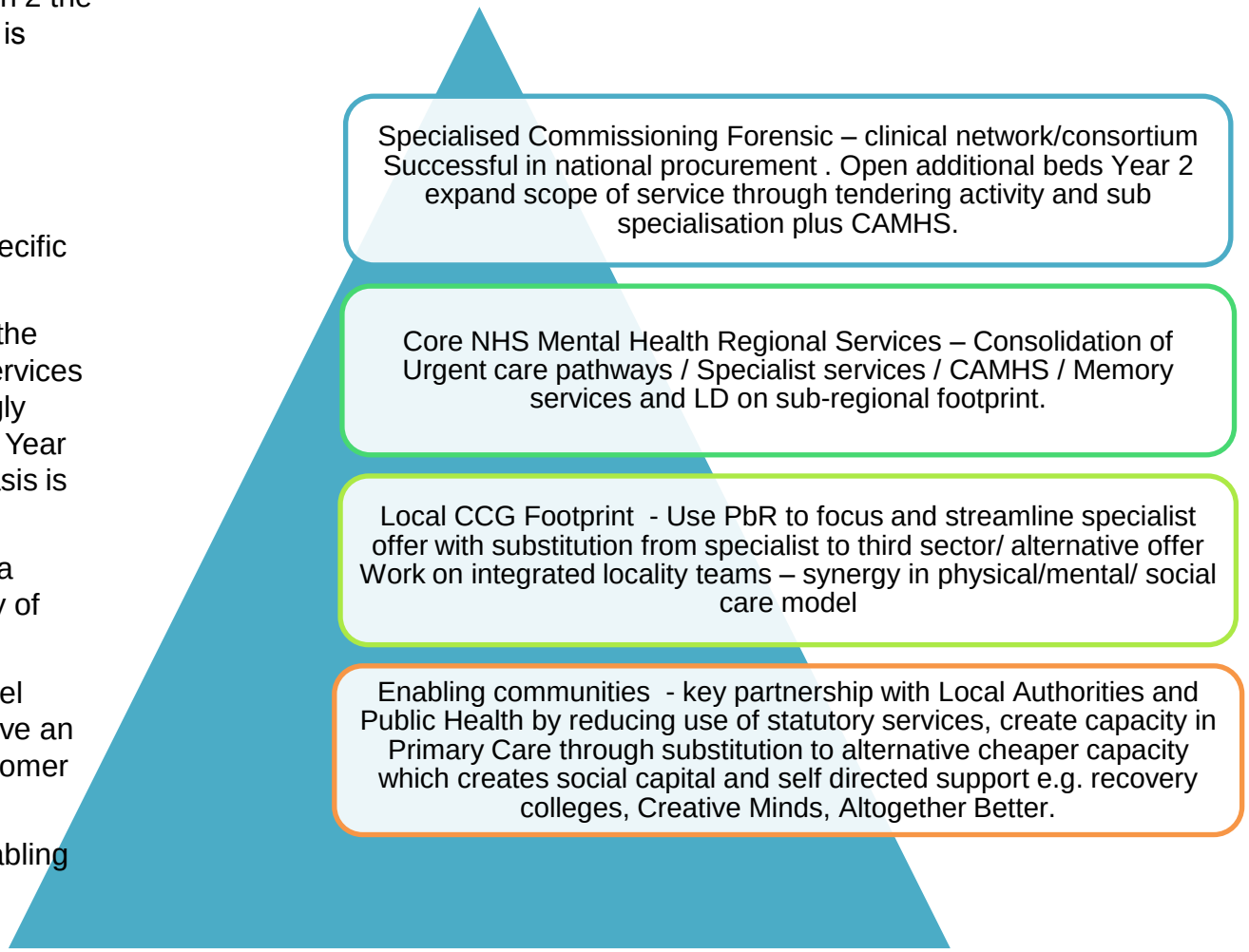
As in the base case set out at Section 2 the Trust's chosen plan for sustainability is predicated on;

- Driving hard on CIPs through transformation in Years 1-3, and
- Increasing our focus on income generation through Service Line specific plans as outlined at Section 3.4.1.

In addition this Plan recognises that the challenges of sustainability for the services which we provide become increasingly challenging at the current scale from Year three onwards. Therefore the emphasis is additionally on the following:

- Growth through partnership to find a sustainable platform for the delivery of each strata of service provision
- Achieving scale and operating model efficiency in support services to serve an increasingly dispersed internal customer base
- Continuing the journey towards enabling recovery and promoting self care.

Figure 7: Model for Sustainable Services



3.4.3 Our Plan: Sustainability

Clinical and Operational Sustainability: Within our plan for sustainability we have carried forward all of the existing mechanisms to ensure clinical and operational safety, including robust ongoing quality impact assessments of all CIP and transformation schemes prior to implementation and during roll-out. Where the base-case identified decreasing potential for internally generating efficiencies without impacting on quality in the final two years of this five year plan, our revised plan for sustainability addresses this through the establishment of a larger platform for services, which will enable more synergies to be found. This is expected to result in better access to highly specialised services, with a wider range of services being clinically and operationally viable over a wider footprint. Technology will enable access to skills and expertise over a greater number of hours per day, 7 days per week, which will enhance access for service users. Service improvement and practice governance coaching will support the spread of best practice, and oversight of quality will be maintained through current Trust Board committee structures.

Clinical sustainability is reliant upon a shift from a service to person centred delivery model. Clearly this supports the transition towards greater reliance on self directed support. In this context sustainability can only be achieved through significant redesign of clinical workforce, requiring promotion of an enabling rather than the fixing professional culture that currently prevails. In practice this will require substitution of some current roles and activities with peer support.

Financial Sustainability: In response to increasing demand and workforce related inflationary pressures, this Plan ensures that all investment requirements can be met and that efficiencies can be generated with out impacting on clinical quality. In the latter years of the Plan synergies in management administration and support services will become available, as a sustainable platform is found for the services which we provide.

In order to be ready to take advantage of such synergies it is essential that we stick to the delivery of CIPs through transformation of both clinical and support services over the first three years of the plan – building an infrastructure that is fit for the future. In addition to developing the services models and the enabling technology based delivery channels, we must focus on the accompanying work force change required to ensure we have the right skills, role types and sustainable workforce numbers to be in position to execute the Plan from Year 3 onwards.

the overall financial position is set out on the previous page. This plan would see the Trust maintain a surplus in every year and would see the FRR remain at 4 by 2019.

4.1 Key Delivery Milestones

Sustainable Platform: Our plan for Year 3 onwards requires the development of strong external partnerships and potentially new organisational forms. This takes us into relatively innovative territory, where engagement of commissioners and regulators as well as provider partners across the health and social care spectrum will be of major importance. Therefore the milestone plan below focuses on the engagement activities as well as the development of operating models which will be fit for purpose at scale.

Figure 8: Sustainable Platform – Initial Key Delivery Milestones

	Year One	Year Two	Year Three	Year Four	Year Five
CIP Delivery	Mainly driven through workforce schemes	Increasingly transformational service change	Increasingly support service efficiency	synergies	synergies
Transformation	BDU developed quick wins, plus 'ground work' for bigger change	Focus on alternative models – Recovery College, Creative Minds etc. Use technology to support growth in sub specialisms		New roles (peer support, volunteers) embedded in workforce, workforce into new organisational forms	
Commercial	Maintain net contract position, linked to transformation	Growth through bids and business cases. Development of alternative organisational vehicles to support transformation. By Y3 achieve some growth through wider service platform		Increased emphasis on wider service platform	Consolidation of benefits realisation from wider service platform
IT Investment	Focus on enablers for transformation e.g. agile, telehealth, interoperability of clinical systems. By Y2/3 enable support service scalability			Support to larger organisation plus micro orgs through Creative Minds	
Forensic	Clinical Network / partnership	Achieve growth through national procurement exercise		Consolidate and drive pathway efficiencies	
Partnership	Active contribution to integrated care initiatives in LHEs e.g. MH liaison, dementia, primary care, social care		Increasingly using joint ventures and business partnerships, plus sub-regional specialism linked to wider service platform, while maintaining core LHE presence		

4.2 Managing Risks & Resourcing the Plan

Resourcing: Our plan for Years 1 and 2 is predicated on the delivery of cost improvements through transforming services. To support this work we have created a dedicated Programme Management Office, established a fund to second clinical and operational staff, and also where required brought in external advisors to support specific developments. This is reflected in our non-recurrent expenditure plans.

Our plan from Year 3 onwards requires the addition of new skills in the Trust and will also require some highly specialist external support. In Year 1 the Trust will add a dedicated commercial manager to the team, to drive the income generation activity and support the formation of critical operational partnership arrangements. The Trust will continue to make use of legal and commercial advice to guide the process of finding a sustainable scalable platform for service provision. This is reflected with increasing transitional resource into Years 2 – 4 of the Plan.

Table 24: Strategic Risks

Risks	Controls
CIP delivery through transformation of services and change of working practices is slower than planned/ cannot achieve the planned levels of benefit in Years 1 and 2, impacting the Trust's timescale for resolution of longer term sustainable platform	Weekly CEO chaired 'ORG' meetings tracking delivery and unblocking issues. Further substitution schemes under development.
Development of Specialist Services / Forensic clinical networks and national tender exercise does not lead to maintenance/ growth of Forensic contribution in Y3	Focus on development of networks in Y1 and invest in preparation for tender exercise
Potential partner timescales not well aligned with our own. This is especially pertinent for us in view of the large number of local health economies in which we operate and the number of partners	Early conversation and adaptation of plans
Commissioner / regulator concerns – potentially re competition impact	Early conversation, expert advice, clear analysis of service user and system benefits
Any significant decommissioning of current contracts by our CCGs would challenge the delivery of sustainability (commissioning intentions indicate this is not currently planned)	Focus on demonstrating quality and value to commissioners to reduce the need to test market
Embedding Recovery principles throughout our service delivery is a significant cultural change from the former professional model requiring careful management of clinical risk	Clinical leadership roles and practice governance roles in place, plus regular review at EMT and Trust Board cttees
Management of workforce transition – recruitment and development of new roles (peer support etc) , retain skills, maintain staff side relationships.	Programme approach to workforce schemes, regular staff side engagement and clear comms.