



Strategic Plan Document for 2013-14 to 2015-16

Sussex Partnership NHS Foundation Trust

Strategic Plan for y/e 31 March 2014 (and 2015, 2016)

This document completed by (and Monitor queries to be directed to):

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Date	31 st May 2013

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

In signing below, the Trust is confirming that:

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

Approved on behalf of the Board of Directors by:

Name (Chair)	John Bacon
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Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Lisa Rodrigues
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Signature



Approved on behalf of the Board of Directors by:

Name	Sally Flint
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(Finance Director)	
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Signature

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CONTENTS PAGE

Section	Description	Page Number (s)
1	Strategic Context and Direction	5-8
2	Approach Taken to Quality	9-11
3	Clinical Strategy	12-19
4	Productivity and Efficiency	20-22
5	Financial and Investment Strategy	23-24
6	Appendix 1 – Financial Commentary	25-33
7	Appendix 2 – Top 5 CIP Schemes	34-36
8	Appendix 3 – PFI Costs and Utilisation	37
9	Appendix 4 – Use of External Assurance	38
10	Appendix 5 – Commercial Matters	39

1. STRATEGIC CONTEXT AND DIRECTION

1.1 Our Vision and Priorities

Sussex Partnership's strategic approach for the coming period takes into account the opportunities available to us as an NHS Foundation Trust to develop our services and focuses on the changes we need to make in order to weather the storm of an extended downturn. The new strategy will be published in June 2013.

The key features will be continuing to modernise and modify all our existing services, expanding into new areas in an ambitious but at the same time planned way, and stopping doing those things that we are not best placed to do or cannot do safely within the resources available. Our strategic approach is based on: developing and providing excellent clinical services; ensuring quality through evidence-based care pathways, managing risk and safety, and patient experience; and further developing our role as a nationally significant centre for teaching and research. We will continue to develop as a learning organisation, increasing our skills and continuing our excellent progress in equality, diversity and human rights and being ethical in the way we work. And it will describe how we continue to support our brilliant people, through improved communication, motivation, feedback on performance, and reward.

We have completed a nine month programme called What Defines Us to confirm our core belief. This involved over 300 people including 25 external stakeholders, and resulted in presentations to the Board of Directors and our most senior 200 people. Our belief is built on our Better by Experience commitments which we adopted in 2010 and which are integral to our strategy and our commitment to quality and patient care.

Our belief is that extraordinary things happen if we never give up. Our values, which underpin our strategy and this plan are that we create breakthrough thinking (the head), that we never give up on anyone (the heart) and that we constantly work to improve what we do (the hands). We will deliver a comprehensive programme to share the belief with our own people, our stakeholders and our patients alongside the launch of the strategy, running throughout the next year.

The strategy positions Sussex Partnership as a sustainable organisation in an external environment where commissioning NHS services is changing radically, and where the extended economic downturn continues. We will learn and respond creatively so that our services and our patients thrive.

1.2 External Impacts

The National Picture

It is clear that we are in a time of great change for the NHS and local authority social care. Financial resources will be even tighter over the next three years and the new, more localised, commissioning arrangements that come into place from 1 April 2013 will take time to become fully effective. NHS providers are all expected to become Foundation Trusts with many historic challenges to overcome. The roles of competition and cooperation through integration are still to be defined. Following the publication of the Francis Report there is ever greater public concern about the quality of care, especially for older people. Finally, new arrangements for adult social care are promised while consensus on the direction of travel remains uncertain.

This picture of a fast changing external environment brings obvious threats but also many opportunities. The biggest threat will be loss of income. The greatest opportunity will be growth. This may be achieved through competing for individual's care through payment by results, any qualified provider or direct payment mechanisms or gained through winning competitively tendered contracts. There may also be a

role for acquiring business from organisations that can not become Foundation Trusts or who wish to exit certain areas because they do not fit with their overall development plans.

Underpinning the threat to income and the opportunity for growth will be the need to continuously improve quality. This has been clearly set out in NHS Commissioning Board's planning guidance for 2013/14, Everyone Counts.

The central themes running through Everyone Counts are:

- **Listening to patients** – Particular emphasis is given to the rights of patients in the NHS Constitution and feedback through the Friends and Family Test.
- **Focusing on outcomes** – Clinicians will increasingly be expected to publish data on the outcomes of their care. Targets are not set in Everyone Counts. However, it is clear that Clinical Commissioning Groups are expected to prioritise and make improvements against all Clinical Commissioning Groups outcome indicators.
- **Rewarding excellence** – improving quality payments for both commissioners and providers.
- **Improving knowledge and data** – all providers will be contractually obliged (through the latest Standard Contract available through the above link) to comply with published information standards and submit standardised data sets. A new service 'care.data' will provide commissioners with information.

The guidance goes on to ask Clinical Commissioning Groups (CCGs) to focus on:

- **NHS services seven days a week** - emergency care should not be used when patients would benefit from care in other settings (part of a more general theme about reducing avoidable hospital admissions)
- **More transparency, more choice** – increasing the publication of data to enable patients to make choices
- **Listening to patients and increasing their participation** – emphasis on Friends and Family test and patients having online access to their own medical records.
- **Better data, informed commissioning, driving improved outcomes** – establishing 'care.data' including a core data set from primary care and an expectation that secondary care providers are able to account for the outcomes for all patients they treat by 2014/15.
- **Higher standards, safer care** – reference to Winterbourne view and the forthcoming Francis report. Expectation that all staff will embrace the 6Cs of Compassion in Practice. Specifically expect Clinical Commissioning Groups to reduce the number of people with a learning disability in hospital placements for a mental health condition or challenging behaviour.

The financial challenge for the NHS continues, with NHS providers expected to find at least a 4% efficiency saving which will be offset by an estimate of 2.7% for inflation, the net adjustment being an income reduction of 1.3%. There is also an expectation that cost improvement programmes will be quality impact assessed and signed off by the Medical and Nursing Directors of both provider organisations and Clinical Commissioning Group Boards to be assured that they are clinically safe. As in previous years, providers can earn an additional 2.5% for improving quality (Commissioning for Quality and Innovation – CQUIN).

Everyone Counts emphasises **mental health** as a priority. It states that:

'In everything we do, mental health should have equality of esteem with physical health'.

This theme runs throughout the document and specifically the Clinical Commissioning Group Outcome Indicator Set 2013/14, which includes the following outcomes:

- reducing premature deaths in people with serious mental illness
- reducing premature deaths in people with learning disabilities

- enhancing quality of life for people with mental illness:
 - access to community mental health services by people from Black and Minority Ethnic (BME) groups
 - access to psychological therapy services by people from BME groups
 - recovery following talking therapies (all ages and older than 65) – aim for recovery rate to hit 50%
- enhancing quality of life for people with dementia:
 - estimated diagnosis rates for people with dementia
 - people with dementia prescribed anti-psychotic medication
- improving the experience of healthcare for people with mental illness including specifically the patient experience of community mental health services

Individual Clinical Commissioning Groups are expected to set their own priorities and agree the planned improvements in each area with their Commissioning Board area team. The national ambition will then be an aggregate of all Clinical Commissioning Group plans.

In relation to commissioning there are some specific areas to consider:

- The Commissioning Board and Monitor will by March 2013 publish guidance and tools on how, where and under what circumstances **choice and competition** has the potential to make the biggest positive difference.
- Fundamental **review of incentives, rewards and sanctions** available to commissioners to inform the 2014/15 planning round.
- **Continuity of care and the new Provider Licence** – for Foundation Trusts, all services current listed as 'mandatory' as part of their terms of authorisation from Monitor will, by default, be classed under the new Provider Licence as 'commissioner requested services'. This protects these services from significant changes including closure. Commissioners will review which services should remain requested services during 2013/14.

The Local Picture

As Sussex is one of the most financially challenged health economies in the country, the financial pressures will continue into the next planning round. As commissioning responsibility is passed to the Clinical Commissioning Groups and NHS England it is essential that mental health, learning disability, substance misuse and offender health services are kept high on their agendas.

In terms of funding, given that there is a long way to go before mental health achieved parity with physical health, there is a strong argument for increases in this area and an opportunity for Sussex Partnership to demonstrate its overall contribution to the health economy. Both the Mandate and now Everyone Counts have stressed the importance of mental health. Sussex Partnership will need to actively work with a broad coalition of interests to help make this a reality.

This latest planning guidance demonstrates that there is now a limit to the authority of top down driven initiatives. Local Clinical Commissioning Groups have the opportunity to set their own ambitions and it will be important for us to actively influence them.

The Trust is already working on a number of initiatives to help reduce the number of admissions to acute general hospitals. There remain many opportunities for mental health, learning disability and substance misuse services to help improve outcomes for people while reducing reliance on hospital care. Sussex Partnership should continue its efforts to engage with a broad set of stakeholders to improve the integration of mental health, learning disability and substance misuse services with physical healthcare.

Use of information and technology will also become a key initiative. Giving people electronic access to their own health records and making performance data, especially on outcomes, public will become a necessity.

All of the work we have done so far, and propose for the future, in relation to the experience of people using our services will pay off. Payments will become linked to experience and mental health services are seen as an area where the Government would wish to prioritise introducing 'choice'.

Above all else all services will need to evidence that they are delivering high quality care, treatment and support to the people they serve. That is, services must demonstrate they are safe, achieving good clinical outcomes and listening to the experience of people using the service and their families.

2. APPROACH TAKEN TO QUALITY

2.1 Overview

Publication of the Francis Inquiry report has been the catalyst for a national discussion about the importance of combining compassion with care and treatment.

Providing effective, evidence based safe treatment is of course essential, but as important is the care and compassion with which treatment is delivered. Sussex Partnership has always held as its central belief, that it is this combination of excellent treatment and caring staff that creates the environment for quality to flourish. This year, more than ever, we need to demonstrate that commitment to our patients.

Putting patients at the heart of all we do is our priority. Every member of Sussex Partnership staff recognises their role in ensuring that everyone who uses our services is welcomed, treated with dignity and respect and offered a package of care that is right for them.

Combining a compassionate and caring approach with a safe environment and the best treatment creates a high quality service, and one that our staff and our patients would recommend to their friends and family.

Each year, we set ourselves a list of detailed quality objectives, each with markers and measures. The Board of Directors reviews progress against each objective at every meeting. Where performance is not as expected, corrective action is taken.

Our quality priorities though are much more than a monthly report to the board and a summary dashboard that shows that the Trust is on target to meet its objectives.

Behind the dashboard sits the absolute commitment of everyone in the Trust to ensure that whatever their role, ultimately it is patients that come first. This commitment is reflected from recruitment and induction through to the annual appraisal programme and personal objective setting. It is reflected too in all our communication, from the Chief Executive's weekly message to the Twitter conversations about the importance of compassionate care on our website.

2.2 Quality priorities for the year ahead: 2013/14

The Trust has reviewed its work in 2012/13 and used the review to shape and inform the priorities for 2013/14. Our objectives are always shaped and informed by discussions with our patients, our people and our stakeholders. Many of them build on existing areas of focus, further sharpening areas that we have been working on, and taking us to the next level by setting standards of clinical care and patient experience.

A summary of our quality objectives for the year ahead are set out below:

Experience

Building on our Better by Experience commitments we are committed to creating more opportunities for people to talk to us about how they have experienced their contact with us. We will use the National Institute of Clinical Excellence (NICE) Quality Standards for Patient Experience published in 2012 as the benchmark for developing our patient experience strategy across all services and care groups building on the values and commitments we've developed through our Better by Experience.

As part of our planning for the introduction of national Friends and Family Test across the NHS, we will be implementing a number of initiatives such as the 15 Step Challenge to enable us to understand better what is important to people who use our services, carers and families from there prospective.

We will recruit teams made up of people who use our services, carers and members of our Foundation Trust Governing Council to visit all of our units during 2013/14 using the principals of the fifteen step challenge. The key themes and learning from these visits will be used to inform our practice and lead to measurable service improvements.

We believe that if we work with people in a way that ensures they feel cared about then they will not only have a better experience of using our services but that their health will also improve. We continue to develop recovery orientated practice across the Trust in line with IMROC (implementing recovery through organisational change) recommendations. We have established a Sussex wide partnership with Third Sector Partners and local Education Providers to develop a number of Recovery Colleges. Service users and staff will be delivering educational programmes across Sussex to complement more formal interventions.

Safety

It is important that we ensure that not only do we investigate and respond to instances when things go wrong, but we share the learning right across the Trust as a whole. Through 2013/14 we will extend our new Report and Learn events for staff that enable clinicians to share the detail of their experience and learn from others. We consciously learn from any lapse of standards or clinical care and have mechanisms to ensure that any actions arising from serious incidents are reviewed.

We will continue to place an emphasis on appraisal and supervision to ensure best and safe practice at individual practitioner and team level.

The Safety Thermometer is a national reporting and sharing tool, developed as a result of the Mid Staffordshire inquiry. It requires all NHS Trusts to record and return information to their SHA on key indicators of safety.

For Sussex Partnership these are;

- Number of pressure ulcers
- Number of urinary tract infections in patients who have catheters.
- Venous thromboembolism (VTE)

The Trust has established a system for reporting, and has received positive feedback from the Strategic Health Authority (SHA) for its proactive approach. It is too early to determine (as the national data at this stage is not likely to be robust) whether the Trust is an outlier in any of the aspects it is reporting, but early discussions with other similar trusts suggest that is not.

We will continue to progress our training in clinical risk and care planning. Care planning is being revised to ensure that needs are met in this process. We will maintain a strong service user focus and ownership of plans, and ensure that risk is managed within and between service providers.

Effectiveness

Sussex Partnership continues to place significant emphasis on the effectiveness of clinical services. This is because effective services deliver better outcomes for patients. In 2013/14 we will continue to deliver our programme to develop the use of outcome measures so we can demonstrate the effectiveness of services. We will be able to improve the collection of clinical outcome information as we introduce a new clinical information system (planned to commence this year, delivered in stages).

Our clinical services are being aligned to care pathways which have been designed to account for best evidence and the recommendations by the National Institute of Clinical Excellence (NICE). This year we

have implemented an audit of all the mental health NICE guidance published in 2012/13 related to psychosis and schizophrenia and have done a re-audit of back catalogue of publications and Trust audits for this condition. We are able to demonstrate a high standard of care which is compliant with these recommendations and the information helps us inform service gaps and improvements.

We are working with commissioners and partners to develop a Payment by Results (PbR) mechanism. We are establishing a framework to make this possible and are developing packages of care across a number of mental health problems. These packages will offer choice centred on need and will be delivered in line with evidence based practice.

Commissioning for Quality Improvement (CQUIN) requires us to demonstrate quality improvements and this is linked to payment from our commissioners. Together with commissioners and clinicians we have established a number of quality projects which demonstrate improvements in safety, improved experience and Payment by Results (above).

3. CLINICAL STRATEGY

3.1 Introduction

Over the course of 2012/13 operational services have implemented service models designed to improve quality of care and enhance patient experience. Services are now organised on a divisional basis with a stronger element of clinical leadership. The new structure is designed to distribute power and authority while enabling control and coordination between operational and corporate services. Core divisions provide primary care, adult mental health and dementia services to the area of Brighton and Hove; East Sussex and West Sussex. Specialist divisions provide services for Children and Young People, Substance Misuse, Prison Health and Learning Disabilities as well as a range of specialist services such as eating disorders, autistic spectrum disorder and mother and baby services.

Set out below are the overarching priorities followed by a brief narrative for each division.

3.2 Overarching priorities for service development

Quality

Quality has a dedicated section in the plan. However it is not possible to set out the priorities for operational services without recognising the importance of quality in clinical care.

There is a continuous drive to ensure services promote safety, based on best evidence as well as technical intelligence to improve communication and provide a safe and protective environment. The heart of this commitment to quality lies in progressive learning. The new structure brings a new emphasis on individual and team knowledge and skills realised through the duality of the clinical/managerial relationship which models and instils productive leadership from the board through to the frontline.

Within an agreed framework for change, 'Making it work', clinical and administrative systems and practice will be self-reviewed by teams and the obstacles removed to reduce bureaucracy, increase job satisfaction and improve the quality of care. This will include robust and accessible systems of assurance are in place. Delivering high quality and consistent care is the top priority and this will be the main focus for operational services in 2013/14, through this programme we will demonstrate the benefits a learning organisation can bring.

Customer care and care processes

A key aspect of the quality of care is the experience of patients. We will focus on streamlining and improving our care packages and pathways to ensure they are as efficient as possible. Care processes are the foundations for the care and treatment we provide as so it is extremely important to ensure care plans, assessments and the supporting Information Technology supports a good experience. This will be achieved by reinvigorating the Care Programme Approach with clinical leaders driving and monitoring our progress.

Our reason for existence is to provide high quality care and this means that our patients are by far our most important stakeholder. However, we work with a wide range of stakeholders including people who purchase our services on behalf of our patients and those who advocate on their behalf. It will therefore be a priority to develop and deliver a stakeholder engagement strategy to ensure that we continue to improve the relationships with the wide community of people and organisations with whom we work.

Staff development

There will be a focus on staff with a commitment to being a learning organisation defined by our people – individuals and teams who over time enhance their capacity to create what they truly desire to achieve. Organisational development will aim to nurture new skills, capabilities and attitudes that increase the confidence needed to anticipate and embrace change. The emphasis will be on positive action to make

tangible improvements, while teams gain more autonomy in a networked structure that aims to distribute power and improve coordination.

New service development

The main emphasis will be to promote and continuously improve the existing services delivered by the Trust. Building on our achievements, there are opportunities to develop new services in a number of areas including:

- Specialist inpatient beds
- Dementia services
- Integrated healthcare – this includes liaison psychiatry and shared care with acute hospitals and primary care
- Teaching trust activity including research and development, training and innovation and
- Children and Young People's community services

The Trust is committed to a regular review of all clinical services provided, in some circumstances making decisions to exit from those services if required. These decisions will be based on own ability to provide a quality service consistence with our vision and values.

3.3 Headlines for Each Division

Substance Misuse Services

The services aim is to be the provider of high quality local community drug and alcohol services and will work in partnership with proven third sector provider to develop effective future service models. There will be further work on specialist inpatient detoxification services, with the option for selling the service regionally and exploring the potential for working with the private inpatient detoxification market across the region.

Working with Brighton and Sussex University Hospitals, we will drive up innovation and develop a plan to provide a specialist inpatient detoxification unit for people who have complex physical needs.

Substance misuse services will maximise the opportunities for research and future business case opportunities based on research outcomes.

Specialist Learning Disabilities Services

The vision is to provide high quality care and services for people with learning disabilities and to be national recognised for our clinical expertise. Building on the success of the Selden Centre and the model of care the service will specialise in providing high intensity support delivered in a range of settings for people with complex needs designed to maximise independence.

Sussex Outcomes for Learning Disabilities (SOLD) to be licensed and marketed nationally as one of the only national outcome measures for learning disability services.

Prison Health

Prison health services aim to provide health services to offenders which enhance their overall wellbeing and are comparable to the level of care and support expected to be available to the wider population.

HMP Ford and HMP Lewes health services aim to build on the positive inspection reports from both the Care Quality Commission and Her Majesty's Prison Inspectorate received in 2012. In particular there will be a focus on improving health and developing health promotion strategies, meeting the needs of an ageing prison population and developing the workforce to provide a holistic approach within this setting.

2013 will also provide an opportunity to progress governance across the prisons as the new prison leadership team is established.

Secure and Forensic Services

This service aspires to provide high quality, compassionate patient focussed care to all of the people who use it irrespective of need. Teams will have a clear focus on evidence based practice and a strong research base driving their practice. People working in the service will be committed to our shared vision and will feel able to overcome any obstacles that might deter them from working in this way. Teams will work effectively with partners and other stakeholders to promote public protection and challenge stigma. Building on the reputation of our high standard accommodation and positive clinical outcomes the service will achieve occupancy targets and staff will manage budgets effectively.

The offender health service will be further developed to offer a cost effective holistic approach achieving even better outcomes. The service recognises and is committed to maximising the benefits of skilled individuals and high performing teams with the ability to innovate in response to market forces and deliver services that are flexible and responsive to need.

Children and Young People's Division

As the largest geographical division, the children and young people's service is in different phases of delivering the Right from the Start model of care across its catchment area. The overarching aim is to be a force in young people's mental health that is more than the sum of its parts, and to achieve this by engaging with individuals, recognising their skills and experience, listening and planning creatively and with an open mind for the future. There is much to be achieved through the synergies of working this way; a new strategic group will be established along with the appointment of a Chair for young people's services to build a strong voice in research and development.

Together the services will aim to provide flexibility and choice, improve access, and maximise engagement of children, young people and families. Care pathways for eating disorder, developmental disorders and self-harm will be established in all areas and evaluated to ensure high quality consistent care. Our people will be committed to developing and sustaining strong relationships with our partners so young people quickly get the right help throughout a 24 hour period and where possible are supported to stay out of hospital.

Adult Mental Health Services

The main priority for adult services is to consolidate and embed the Under One Roof programme of change and to build a strong shared vision for continued improvement with our teams and partners to ensure sustained improvements going forward as local commissioning progresses. Adult services will promote and encourage a culture where staff are engaged, can thrive at work and are motivated to take pride in their achievements and in the day to day delivery of care.

Our vision is to develop services that are helpful to people and that reduce their dependency on the need for long term support and maximise on their ability to lead meaningful and productive lives. Working in partnership with service users we will place more emphasis on helping people to become independent and confident about managing their conditions. We will achieve this by giving better information and involving people, their relatives and carers in their own care through the care programme approach.

The services we provide will be focussed on outcomes and meeting the needs of the local populations and we will work with CCGs, local authorities and other stakeholders to achieve this. Information will be available at team level to underpin and encourage progress to improve outcomes and practice that is

grounded in a solid evidence base and we will be able to share the data with CCGs and in other planning forums.

Each division will continue to explore ways to work in partnership to further integrate services across primary, secondary care and the third sector to benefit and enhance outcomes in local communities.

Our new clinical leads and senior practitioners will lead by focusing on evidence based treatments that are cost effective, helpful and outcome orientated. These interventions will be provided by clinicians and practitioners who are skilled and experienced to deliver them, often specialising in the provision of certain treatment packages. To achieve this each division will continue to review its workforce and skill mix.

West Sussex

The priorities in West Sussex will be to further develop psychiatric liaison services at Worthing General, St Richard's and Princess Royal hospitals. We will explore the potential for shared care dementia wards with our partners building on the experience and success at the Princess Royal Hospital.

Considerable emphasis will be placed on improvements to the acute and community care pathways and clinical practice to deliver reduced dependence upon admissions for adult mental health services where the emphasis is on helping people to get well and stay well.

Specialist care pathways will be introduced in the Assessment and Treatment Centres to ensure a more robust person-centred approach for Eating Disorders, Personality Disorders, Perinatal, Bipolar Disorder and developmental disorders.

Adult services in West Sussex will work with our partners in health and social care to deliver the required improvements through "Proactive Care" and within the unscheduled care pathway programmes.

Brighton and Hove

Priorities in Brighton and Hove will include evaluating the enhancement to the urgent care pathway and exploring how it might be further improved to meet local need. We will continue to focus on dual diagnosis, looking at how to respond more effectively and also explore how we can improve the physical health of people with severe and enduring mental health needs.

As the Recovery Support Houses move to the new accommodation pathway and provision for the City, we will ensure that the transition is a good experience for people who use these services.

We will consolidate and develop the Assessment and Treatment Service, and benchmark against other similar services incorporating an external review in this process.

The redesigned Living Well with Dementia service will be re-launched.

Services will continue to work within the local whole system to support the implementation of audacious goals and will continue to improve practice relating to Safeguarding and carer support.

East Sussex

Key priorities for East Sussex are to enhance the current assessment treatment (ATC) model through the learning from the first year of operation and transfer this learning to other centres. Integrated working with primary and acute care through the delivery of neighbourhood support teams will deliver more integrated care across the whole system without depleting mental health expertise within the ATCs.

The management of people with dementia and their carers will be key and to this end, plans are being developed to ensure a comprehensive review of services across the whole system to ensure ease of access and appropriateness of provider. This will start with a review of liaison services.

Dementia services

Improving dementia services is a national priority and nowhere more so than in Sussex which has some of the highest prevalence of dementia in the country. The Trust is at the forefront of this challenge, creating partnerships across the health and social care system to ensure an improved experience for people with dementia, their carers and families.

The Trust's focus this year is twofold.

The first is to consolidate the new innovations in dementia care that we have developed; memory assessment, dementia care home in-reach, dementia crisis services, and the dementia shared care ward. These services are part of a whole system model of care focused on supporting early diagnosis, providing early intervention, supporting people at home, and improving care in care homes and hospitals. As well as improving quality, they reduce in-patient admissions, length of stay, and the need for more costly care packages. We will develop the data systems to evidence the quality outcomes we are achieving and to enable us to set more challenge targets in the future.

Secondly, we will develop the scope and range of our activities. This will include a new high quality specialised dementia nursing home. Building on our research capability, we aim to become an internationally recognised Centre of Excellence. By marketing our specialist expertise in managing the more challenging psychological and behavioural symptoms of dementia, we will create new opportunities for growth. Using feedback from carers and other stakeholders we will develop a better approach for carers and improve the information they receive. In collaboration with commissioners, we will review services provided within the general hospital to increase quality and improve outcomes. Finally we aim to design our approaches to include advance care planning for end of life within all trust dementia services.

3.4 Creating New Opportunities

The changing face of the NHS brings a number of opportunities to those providers that are creative and flexible in providing models of care that meet current demand, are clinically effective and provide high quality, cost effective care. Our existing partnerships with the third sector and private sector organisations have enabled us to pioneer new services and new approaches to mental health, substance misuse, criminal justice, prison healthcare and recovery services. We will continue to combine our clinical expertise with the knowledge and culture of our partners to open up new opportunities for effective services.

In the context of the above, we will be considering the development of our clinical services under three headings:

- Maintaining and improving existing services
- Developing new services
- Ceasing to providing services when they are no longer operationally or commercially viable

The Trust has developed a new approach to assess individual service and new opportunities against six criteria to give a clear steer on prioritisation. The criteria are:

- Market opportunity
- Strategic fit
- Clinical quality and governance
- Financial return
- Ease of delivery
- Risk management

The list will not remain static and is seen as a tool to enable operational and corporate teams to prioritise the areas to take forward. Similar tools are also being developed to prioritise the areas of work for maintaining and improving existing services and reviewing which services should be discontinued.

Improving our commercial processes

The Trust continually seeks to create new opportunities as sees this as part of its strategy to survive the challenges faced by the NHS. However, in this context we need to increase our commercial skills and capacity, and align these new skills and competencies into operational and corporate services. During 2012/13 we started on making these changes and will continue this work in 2013/14. Developing new business opportunities needs to become an integral part of the Trust's business processes for both operational and corporate teams led by the development of a Change Management Office.

Stakeholder engagement to support business development

Through the work we have already done, we see that commercial partnership development is a key enabler for many of our services and will be the focus of attention during 2013/14. This will include reviewing our current and prospective partners, and looking at new and innovative models and opportunities.

We also have an enormous opportunity to develop our relationships with the seven Clinical Commissioning Groups across Sussex and furthermore across the South East. Our proactive approach will help influence the future commissioning agenda to ensure that the attention is focused on mental health and the services provided by the Trust. We will ensure that all staff act as ambassadors for the Trust in their engagement with Clinical Commissioning Group members and that our messages are consistent and underpinned with quality evidence. We will be investing in and further developing our key clinical and managerial people who will be at the forefront of this engagement process.

3.5 A Learning Organisation

As a learning organisation we combine personal development and reflection with effective measurement and feedback. There is a parallel here with our approach to quality and clinical excellence: we use the results of our inquiries, reviews, service experience surveys, and especially the difference we make to people's health to assess our performance and strive to do better.

Sussex Partnership continues to grow its teaching and research profile. We were granted teaching status in 2008 in recognition of our research background and our links with the Brighton and Sussex Medical School and other local academic institutions. Our teaching status has a direct positive influence on the care we provide and on the clinical excellence of our doctors, nurses and other healthcare professionals. It enables Sussex Partnership to develop a culture of learning and professional development, encouraging the use of best practice to improve the quality of care offered to people who use our services.

We are becoming a leading teaching and research Trust and we are proud of our culture which promotes learning, research and professional development.

3.6 Research

The development of our research culture is becoming evident in a number of ways:

- We are now the most active mental health research organisation in the South of England as we recruit increasingly more participants into high quality studies that are supported by the National Institute for Health Research.
- We were finalists within the prestigious Health Service Journal awards who recognised our ground-breaking approach to involving service users in our research activities.
- In partnership with the Brighton & Sussex Medical School we have appointed Professor Sube Banerjee to lead the development of our Dementia Research Centre.

- We have created the Sussex Mindfulness Centre to ensure that the learning within our innovative mindfulness studies is translated into changes in practice delivered by a highly skilled workforce.
- We have launched the Research Network to ensure that all the people who use our services have the opportunity to be actively involved in mental health research.

During 2013/14 we will prioritise the integration of research findings into clinical practice to help us develop and provide the highest quality treatments and services. This will be supported by our programme of regular seminars and events which offer everyone an opportunity to get involved with research.

People who use our services need to feel confident that the support and treatments they are receiving are based upon the best available evidence. Our research culture is significantly contributing to this feeling of confidence as service users can see our sustained commitment to learning and improving our services.

3.7 Education and Training

The Trust Education and Training strategy has three strands:

Strand 1: Providing Professional Training. Providing high quality education for professionals as one of our core activities, for staff within and beyond our own organisation

In 2013/14 we will expand our portfolio of professional training programmes that we offer for sale beyond our own staff, across all disciplines of professional practice. We will be building an enhanced web presence to sell programmes of study and will be delivering programmes to staff across Sussex, Hampshire, Kent and Manchester/Leeds.

Strand 2: Best-trained Workforce. Ensuring we have a workforce that is trained to deliver the highest quality care.

In 2013/14 we will continue to expand our range of strategically targeted training and development programmes that we offer to our own staff. Programmes of essential training enable us to meet our statutory obligations to ensure patient safety, and workforce development programmes ensure that staff of all grades have access to appropriate development opportunities that will enhance our services.

Central contract funds to support learning and development activity may reduce during 2013/14 but our aim is to offset this by seeking specific innovation and project support monies through the Local Education and Training Board to support strategic priorities for workforce development. We will be ever more focused on targeting training and development for our workforce so that it supports effective, safe care. The needs of service users will thus drive workforce development activity.

E-learning will take up an increasingly prominent place for essential training, representing an efficient way of providing important updates and refresher courses.

Strand 3: Public Education. Leading on public education about mental health, learning disability and substance misuse

We aspire not just to provide education to staff but believe that fundamentally education and well-being are linked. One role for a teaching Trust is therefore to provide public information and education about mental health, learning disability and substance misuse in order to reduce stigma, and increase appropriate recognition of difficulties and appropriate help-seeking.

4. PRODUCTIVITY AND EFFICIENCY

4.1 Overview of Productivity and Efficiency Gains

In order to allow the Trust to continue to deliver savings to invest in infrastructure and services, including information technology and to maintain the Trust's Financial Risk Rating as a 3, the Trust plans for another three years of significant cost improvement savings. The Trust's financial plan for 2013/14 includes savings of £11.0m, which will be based around a number of themes, as set out below.

Better by Design and Quality - building on the Trust's Better by Design Strategy, which has delivered savings over the last two year by redesign of the adult in-patient and community services, there now needs to be a further piece of work to define and standardise care pathways across the Trust, to ensure that services are aligned to the care pathways and clusters defined by the introduction of payment by results (PbR) for mental health. Benchmarking has identified between £2m to £4m savings if in-patient and community services are moved to the average or best class in class in terms of efficiency. However, it should be noted that these changes will be fully impacted assessed for quality before changes are made. We are also intending to reduce length of stay to an optimum level, from the current level of 41 days to 35 days in acute psychiatric services. This will be achieved through working closely with CCG's on delayed transfers of care and discharge processes. This work is being led by the Quality Directors work through in-patient and community review groups.

Medical Workforce Review – during 2013/14 the Trust will realise the full year effect of the work undertaken in 2012/13 to reduce consultant job plans down to 10 Programmed Activities (PAs). During 2013/14 this work will be further progressed by reviewing additional PAs for part time consultants, medical staffing rotas and the use of locum tenens and consultants PbR caseload, both in terms of activity and acuity.

Clinical Administrative Support- in addition to the work being undertaken to benchmark the delivery of clinical services by our community services through the assessment and treatment centre (ATC) model, work is underway to reviewing the use of clinical administrative support. An initial piece of work has been undertaken in Cavendish House, our flagship ATC in Hastings to determine efficiency of administrative processes. Working alongside staff these processes are being leaned, making the most of our technology not only to achieve savings but also to improve staff engagement and morale. This work will be rolled out across the Trust through the Change Management Office, who are also undertaking a piece of work to market test administrative support across the Trust.

Corporate Services – alongside the redesign of our clinical services, work is underway to redesign our corporate services to ensure that they are configured to support operational services in delivering front line care. During 2013/14 we will be market testing a number of corporate services, including payroll, human resources and estates and facilities, however it is recognised that any savings will not be delivered until 2014/15 at the earliest.

Reducing the Use of Temporary Staff - the plan includes an assumption of a reduction in bank and agency usage by approximately 10%, which equates to a £1.0m efficiency saving in 2013/14. It is expected that this can be achieved through more effective planning, for example the use of temporary staff to cover planned absence or training days. This work will be assisted by the progressing the use of the time attendance rostering system across the Trust. Particular focus will also be given on the use of temporary administration staff, which is expected to reduce significantly over the period of the plan.

Service Line Management – service line reporting has identified a number of divisions that make a loss, these include substance misuse, nursing home and prison services. These services are being review through our Finance and Investment Committee to determine the measures that need to be taken to turn them around to profitable services.

4.2 CIP Governance

Historically the Trust has been successful with its CIP delivery. In 2011/12 we delivered £10.4m and in 2012/13 we delivered £9.9m against a target of £12.9m.

Whilst not fully achieving the target in 2012/13, it was still a significant level of savings. The key learning from 2012/13 was that the bottom up projects are the ones that deliver the most savings, and that stronger governance around delivery of the CIP was necessary, particularly in the context of being able to react quickly should it become apparent that a CIP project or projects are not going to deliver the necessary level of savings.

Both of these have been taken forward into CIP planning for 2013/14 and beyond.

CIP Process

All CIP workstreams are led by an Executive Director (or Executive Directors), and all of the CIP projects contained within each workstream are led by a Project Manager.

All projects have been formally signed off by the Executive Director and Project Manager for each project, as well being collectively approved by the Trust's Executive Management Board and main Trust Board.

All projects have a detailed CIP Template containing a full analysis of the quality impact assessment. The delivery of all projects has been risk rated, with the risk adjusted savings being used to determine the expected savings values.

CIP Management

The ultimate accountability for CIP delivery is through the Trust Board. The Trust Board receive a monthly finance report regarding the progress of achievement of the CIP.

CIP is scrutinised in detail at the Executive Management Board, and also the Finance and Investment Committee, which is a subcommittee of the Board.

On a day to day basis, delivery of the CIP is managed by the Deputy Director of Finance, Assistant Chief Operating Officer, and Assistant Director of Corporate Services. There are two CIP delivery groups, one with responsibility for the Operational CIP, with the other being responsible for Corporate CIP. Each delivery group is attended by the above leads, plus Service Directors and Corporate Directors. The groups meet on a monthly basis.

CIP is reported at a summary level within the Finance Board Report, with detailed project level reporting in place for the Executive Management Board, Finance and Investment Committee and the CIP Delivery Groups. In addition to this CIP is reported, and discussed, at all budget holder level meetings. Delivery of the CIP is also now being supported by the Change Management Office established at the beginning of 2013/14.

4.3 CIP Profile and Enablers

The Trust's CIP will be delivered through six workstreams, which are a continuation of the workstreams that commenced initially in 2011/12 and continued into 2012/13.

The six CIP workstreams are as follows –

- 1) Better by Design
- 2) Workforce Review
- 3) New Business
- 4) Site Rationalisation

- 5) Procurement
- 6) Corporate and Administration

Each workstream is led by an Executive Director, and comprises a number projects that are all related to the workstream.

The individual projects that are contained within each workstream were generally established using a common approach, which was through a series of meetings and workshops with the Scheme Lead (who is an Executive Director), and their deputies (who would then become the Project Leads). Scheme Leads and Project Leads were asked to identify savings projects in a bottom up approach, as based on previous experience those are the savings schemes that will always deliver savings.

CIP Risk Profile

All CIP projects have been risk rated, with the risk adjusted savings values being used to determine the predicted savings for each workstream. Therefore there is in built contingency within the CIP. The Trust is also maintaining a 1% contingency, which will be used in part to off-set any underachieved CIP if necessary.

The detailed projects in place for 2013/14 have the following risk profile –

	Annual Target £m	Low £m	Medium £m	High £m
Better by Design	7.1	3.0	4.1	0.0
Workforce Review	1.7	0.2	0.8	0.6
New Business	0.4	0.2	0.1	0.1
Corporate and Admin	0.9	0.8	0.1	0.0
Procurement	0.4	0.2	0.2	0.0
Site Rationalisation	0.6	0.4	0.1	0.1
Total	11.0	4.7	5.3	0.9

The risk profile of the CIP projects does indicate risks around the delivery of the CIP, with over half of the CIP being judged as medium to high risk.

Should any CIP projects not deliver savings to the necessary level, it is understood that alternative projects will need to be established immediately to mitigate any income shortfalls.

The projects within the workstreams are a combination of transformational themes, as well as more stand-alone projects.

To mitigate against the risk profile of the cost improvement plan additional controls have been put into place, particularly in the first quarter of 2013/14 to ensure that the financial plan is delivered.

4.4 Quality Impact of CIPs

All projects have a detailed CIP Template containing a full analysis of the quality impact assessment, which is approved by one of the Trust's Quality Directors.

The Executive Director of Finance and Performance also presents the Cost Improvement Programme to the Quality Committee, which is a subcommittee of the Board.

The on-going impact on quality of the CIP schemes is picked up as part of the on-going review of performance, for example through the monthly Quality performance review meeting that is held in Operational services.

5. FINANCIAL AND INVESTMENT STRATEGY

5.1 Financial and Operating Environment

The financial plan for 2013/14 to 2015/16 is set in the context of a period of unprecedented financial challenge. The Operating Framework of the NHS, Everyone Counts, published in December 2012, sets out the financial framework for 2013/14, highlighting that there will be income deflation of 1.3% for provider organisations. This is calculated as 2.7% price inflation less 4% provider efficiency.

This section and following appendices of the plan sets out the Trust's financial plans for next three years as well as the investment the Trust plans to make in its capital programmes.

5.2 Financial Strategy

The main focus of the Trust's overarching strategy is to provide services that are measurably better in terms of their provision, the estate and the skills of our workforce. The Trust's financial strategy is therefore focused on:

- the delivery of high quality services that provide value for money through optimum and consistent service models
- maximising the skills of our workforce
- rationalisation of our estate to provide fewer better buildings from which to deliver our services and accommodate our staff

The Trust will also continue to pursue new business opportunities. However, these will only be taken forward if they align with the Trust's vision and provide the required rate of return.

5.3 Financial planning process

The plan for 2013/14 represents a refresh of the latter two years of last year's annual plan, with further projections for 2015/16. The three year plan takes account of the following:

- assumptions as set out in the NHS Operating Framework for 2013/14
- changes in commissioning intentions and contract negotiations with Clinical Commissioning Groups
- changes in service delivery and redesign
- changes due to cost pressures and cost improvement plans

These changes have been discussed through a number of meetings with Divisional and Executive Directors to ensure that the financial plans are owned and embedded across the organisation.

5.4 Key financial assumptions

It is assumed that the income deflation of 1.3% for 2013/14 will remain constant over the planning period. It should be noted that from 2015/16 it is expected that we will be commissioned based on a local Payment by Results tariff rather than our existing block contract, although for the purposes of planning at this stage it is expected that this will be cost neutral.

The Trust has honoured the inflationary public sector pay increase of 1%, effective from April 2013, and we have assumed that this will remain in place until 2015/16.

We have assumed that we will continue to honour incremental pay change and we have also assumed there will be no further amendments to National Insurance over the planning cycle.

A summary of the assumptions that are included in our three year plan are set out in the table below.

Key Assumptions	% Uplift		
	2013/14	2014/15	2015/16
Income Deflation	-1.3%	-1.3%	-1.3%
Pay inflation	1.0%	1.0%	1.0%
Pay increments and other pay uplifts	1.5%	1.5%	1.5%
Non Pay inflation	1.5%	1.5%	1.5%
Non pay pressures	1.0%	1.0%	1.0%

5.5 Overview

An overview of the Trust's financial projections for the next three years 2013/14 to 2015/16 compared to the previous year's performance are set out in the table below.

	2012/13	2013/14	2015/16	2016/17
	£m	£m	£m	£m
Turnover	236.7	237.4	236.1	234.5
Surplus	2.5	2.4	2.4	2.4
Net Capital Investment	4.0	1.8	7.7	7.5
Cash Reserves	24.9	29.6	31.6	33.7
Financial Risk Rating	3	3	3	3

The impact of the key assumptions and service developments that underpin these projections are set out in Appendix 1 below.

5.6 Summary

The Trust's financial plan is set in the context of more challenging times for the NHS, as public sector funding is squeezed in order to address the economic downturn.

The Trust will need to be flexible in meeting these challenges in order to mitigate against these risks over the next three years in order to maintain its financial stability. However, the Trust's track record of delivering financial performance puts it in a favourable position to tackle the challenges ahead.