



**Strategic Plan Document for 2013-14**

**5 Boroughs Partnership NHS Foundation Trust**

## **A. Strategic Context and Direction:**

The primary strategic ambition of the Trust Board is to enhance the end to end care pathway for people with Mental Health and Learning Disability problems within the 5 Boroughs geographical footprint; this includes providing broader community services 'on patch' either through direct provision, partnering arrangements or alignment of services.

The strategic aim of the organisation over the next 3 years and therefore the primary focus of the Board would be to

- improve the quality of the services we provide
- enhance the experience of our services for those people who use them
- look towards improving access to and quality of our services along the pathways of care that we deliver.

The Trust has also recognised the significant role it can play in improving the overall health and wellbeing of the population that we serve.

This strategic ambition is underpinned by a sound financial strategy which is intended to generate sufficient surpluses to maintain a Financial Risk Rating of at least 3 under the existing Monitor risk assessment regime and a 4 under the proposed risk assessment framework. The strategy will also generate sufficient cash to support the Trust's 5-year strategic capital programme which is centred on enhancing and improving the safety and quality of the environment for patients and staff

The Strategic ambition is also underpinned by a significant process of redesign across our key services, aimed at the development of the most appropriate, effective and efficient pathways of care for our service users, enhancing their experience of our services and improving access to the services which we provide.

## **B. Approach taken to quality:**

The Trust's Quality Strategy will be finalised by the end of June 2013, providing a structured framework within which we can deliver high quality, safe and effective standards of care and can demonstrate that we have improved the quality and safety of each of our services. The Trust's strategic aim is to demonstrate continuous improvement in quality and safety through the engagement of clinical staff and by listening to feedback from our service users, their families and carers.

The Trust has an agreed definition of quality which has been created and approved by members of the Trust Board, our clinical leaders, senior managers and our Council Members.

*"The users of our services are the first priority in everything we do ensuring that they receive effective care from caring compassionate and committed people, working within a common culture and protected from avoidable harm".*

The Trust has two sub-committees of the Board, a Quality Committee and an Audit Committee. The committees are responsible, on behalf of the Board, for ensuring there are good governance systems and high levels of quality in place across the organisation, and for providing assurance to the Trust Board.

The Trust produces an annual Quality Report/Account which provides an overview of; our continued commitment to quality and highlights progress on our achievement of quality priorities and measures in the reporting year and identifies the agreed quality priorities for the coming year which are all agreed with our partner organisations, and Council of Members.

The Trust continues to undertake a programme of internal quality visits across all of our services. The visits are led by the Nursing and Quality Team in partnership with operational colleagues, with a focus on identifying good practice and high levels of quality and compliance with Care Quality Commission standards, but also to identify areas in need of improvement.

In 2013/14 the Nursing and Quality Directorate will continue to work in partnership and engage with operational colleagues to ensure high quality governance at all levels of the organisation in order to ensure high quality services and to provide assurance to the Trust Board and partner organisations.

## **C. Clinical Strategy:**

The organisation is a specialist Mental Health Trust providing community and inpatient services to the people of the Boroughs of Warrington, Wigan, Halton, Knowsley and St Helens alongside generic community services in Knowsley, the Trust has a turnover of approximately £150m a year (covering a population of 9,000). 5 Boroughs is the primary public sector provider of mental health services on this footprint, alongside GPs, providing primary care support to patients and a number of independent sector providers.

Where independent sector provision exists it is primarily in the areas of substance misuse, continuing care for mental health and eating disorders. These are not services provided by the Trust as part of its standard 'offer' across all 5 Boroughs and as such the Trust does not face significant competition for its services from the independent sector. The primary source of competition lies around low secure provision, but with The Trust being part of an existing framework agreement with specialist commissioners, the risk of losing business is seen as low.

The introduction of Any Qualified Provider in 2012/13 has not yet had an impact on the provision of community services in Knowsley or the Trust's mental health provision. This may change over time if 'Any Qualified Provider' is extended beyond its current scope, but the Trust has not yet seen any attempts locally to extend this.

The individual clinical strategies for each of our business streams (described as service lines by Monitor for the purpose of this annual plan) are set out below

The overall clinical strategy for the organisation however can be summarised as:

- Redesign community services
- Make the inpatient infrastructure more efficient and effective
- Integrate services along pathways of care where appropriate
- Improve access to services (e.g. create single points of access)
- Redesign of clinical roles across the Trust

## **Service Line Management Strategy**

### **Adult Mental Health services**

The Adult's clinical strategy involves;

- Realising the benefits of the newly redesigned community pathway and the future demand for inpatient provision,
- Bringing about greater integration of inpatient and home treatment teams,
- Rolling out a new approach to inpatient care delivery entitled Recovery Focused Pathway to the remainder of our inpatient units,
- Revisiting our PICU strategy,
- Developing Psychiatric Liaison services across our foot-print,
- Consolidating our Primary Care Services to ensure effective and efficient provision.

## **Child and Adolescent Mental Health Services**

Children's' services have continued to review their strategic direction and are currently implementing phase 2 of the 2011 programme. This includes

- the CAMHS IAPT bid (3 proposals with partners in each locality) which is a service transformation project embedded within current practice,
- Single Point of Access plan to structure a new service from existing resources to provide timely and equitable access to CAMHS, as well as a reconfiguration of services to maximise resources, capacity and clinical delivery.

All plans have evolved through continued dialogue with stakeholders and with keen reference to national drivers.

## **Community Health Services (in Knowsley) (CHS)**

The strategic intent for the CHS business stream is to provide a range of interventions and treatment by staff to the populations served across the business stream. This includes (Knowsley, St Helens and Halton, Wirral and 5BP) :

- To develop a healthier Knowsley with easy, seamless and timely access to local, quality and evidenced based services; offering personalised flexible care to meet individual needs in a professional manner with the best use of resources.

The CHS aims to develop capacity to offer equity of access to adults, children and families with a range of lifestyle and clinical issues including those with mental health issues and learning disabilities, urgent and emergency care, planned care that covers a vast array of services some of which are delivered in people's homes, community services and the local hospitals.

## **Forensic services**

The Forensic clinical strategy:

- Continue with Male service (Marlowe 15 beds). This has a clear 'offender' model,
- Continue with female service (Chesterton) reducing to 15 beds and move towards a more offender based model,
- Review use of LD provision (Auden), though this is commissioned currently, it may be salient to move into other areas of secure care, given competition and that currently referrals over last 18 months have been relatively static. This could open the way for possible expansion into the 'personality disorder' market, especially as the business stream is cognisant of female placements in the private sector (OATS),
- Rethink about the value of the step down facility, given probable commissioning intent. Could this be used as a 'step up facility' i.e. community provision failing for a service user, and instead of reintroduction to inpatient provision, a transfer to a 'step up facility',
- Cement and enhance criminal justice provision e.g. build upon prison work currently to enhance reputation beyond the Trust footprint.

## **Later Life and Memory Services**

Later Life and Memory Services have identified their clinical strategy which involves the development and delivery of a new, evidence-based model of care, which will provide service users with timely assessment leading to early diagnosis to support consistent and effective care. In order to achieve this number of objectives have been identified:

- The development of modern and evidence-based clinical pathways of care,
- The effective deployment of technology to enhance the quality and effectiveness of care,
- Ensuring that our systems and processes deliver agile and efficient working,
- Establishing our workforce as highly skilled, efficient and motivated to deliver the clinical care in the most efficient and effective way,
- Developing our estate to provide an excellent therapeutic environment for evidence based care,
- Establishing robust and effective working relationships with our stakeholders in order to ensure seamless and coordinated approaches to the care of our service users.

## **Learning Disabilities**

- To provide an array of clinical pathways for learning disability and improve patient experience,
- To remodel in-patient facilities given current occupancy and commissioner intent,
- Develop responsiveness to assessment/diagnosis for ASD.

## **Clinical workforce strategy**

The clinical workforce strategy involves:

- Revisiting our workforce plans and projections to identify opportunities to develop new roles and skills within our workforce that will enhance the delivery of our clinical pathway and quality of services including extending our use of Assistant Practitioners and considering opportunities to maximise opportunities such as the use of non-medical Approved Clinicians (in 2012 the first non-medical clinician was approved in the North West and this person came from our Trust),
- Maximising opportunities to embrace technology to support our workforce and increase clinical time and thus deliver more efficient services,
- Utilising continuous service improvement processes, including the productive series approach, to achieve efficient and effective patient and community teams,
- The Trust is involved in an AQUA project to fully implement shared decision making to enhance service user participation in CAMHS clinical delivery.
- Increase utilisation of activity workers/life skills/educational posts.

The Trust's clinical services are composed of those that map onto individual boroughs (Adult, LLAMs, CAMHS, LD and CHS) and those which service a wider footprint (Forensic). Each of these services is delivered on an economically viable scale. Other than the potential impact of AQP, there are no known planned commissioning intention changes which would threaten this over a 3 year period.

Consultant staffing is consistent with the principles set out in the Royal College of Psychiatrists' report of 2012, "Safe patients and high quality services; a guide to job descriptions and job plans for consultant psychiatrists." The Trust continues to gain approval from the RCPsych when designing and recruiting to consultant posts. The Trust currently has no consultant vacancies. A small number of

posts are currently occupied by good quality fixed term consultant appointments whilst we maintain flexibility in numbers over the next year. Consultant rotas are fully staffed. The Trust continues to train junior doctors from the Northwest and the Mersey Deanery. Each six monthly rotation typically carries unfilled posts from a total of 54 potential posts. The Trust has an active approach to recruitment of fixed term junior doctors in order to maintain the service provision element which junior doctors contribute."

#### **D. Productivity & Efficiency:**

Thematically the five main areas within the Trust's Cost Improvement Programme (CIP) are consistent with the Trust's clinical strategies. This is not surprising since the Cost Improvement Programme is driven by the Trust's clinical strategies rather than the other way round. Thematically the Trusts 'top 5' CIPs are:

- i) Inpatient efficiencies
- ii) Community services efficiencies
- iii) Estates re-organisation
- iv) More efficient support services
- v) Other operational efficiencies

This means that the Trust will continue to drive improvements and efficiencies along its pathways of care and within its community services to provide support closer to home. This will take pressure off inpatient services and allow for the Trust's inpatient infrastructure to be re-aligned to support the new models of care and support a more efficient model of delivering inpatient services. Greater integration of services along pathways and across community services, allied with more effective support and infrastructure will provide the opportunity to provide services in a more cost efficient way.

#### **CIP Governance**

A number of years ago, accountability for CIP delivery was transferred from the Director of Finance to the Chief Operating Officer within the organisation. The shift in accountability was to ensure that CIPs were operationally led and were borne out of the output of the service strategies from each Business Stream. The Director of Finance, as the person responsible for the financial stewardship of the organisation, is still heavily involved in the process. The Chief Operating Officer has delegated project management responsibility for the delivery of CIPs to one of the Operational Assistant Directors, to maintain the operational focus of the project.

CIP delivery is monitored and reported on a monthly basis, as part of the Trust's performance regime, within each Business Stream and at the Trust Performance meeting and the Trust Board. Within this regime any issues with regard to delivery are raised and the appropriate management action is taken to either bring the original scheme back on track or identify mitigating schemes as a replacement. There is also a CIP group which meets monthly. The attendees are the Assistant Directors within the Trust who are the project leads for the individual schemes. The purpose of the group is to look at the delivery to date of in year CIPs and to highlight where there will be risks of none or partial delivery of schemes and to agree mitigating schemes. The group also manages the identification of CIPs, the production of the project plans and monitoring of key milestones for future CIP schemes.

The Trust has a strong history of delivering against its CIP targets, as can be seen in Table 1. This has been as a result of having effective processes, reporting arrangements, and management in place. Ensuring CIPs have been borne out of service strategies and that clinicians are supportive of the proposed changes has also been key to the Trust's success. As a consequence of this the Trust is confident this level of performance can be maintained.

**Table 1 – CIP performance 2009/10 to 2012/13**

<b>Year</b>	<b>Target £000</b>	<b>Actual £000</b>	<b>Variance £000</b>
2012/13	5,947	6,326	379
2011/12 (inc KIPS)	7,445	7,443	-2
2010/11 (inc KIPS)	5,688	6,230	542
2009/10	3,516	3,477	-39

**CIP profile**

The Trust has identified 9 thematic schemes that reduce revenue expenditure and 3 revenue generation schemes which are summarised in Table 2.

**Table 2 – Summary of CIP schemes**

<b>Scheme ( CIP &amp; Revenue)</b>	<b>Type</b>	<b>Risk Rating</b>	<b>2013/14 £000</b>	<b>2014/15 £000</b>	<b>2015/16 £000</b>
Community Efficiencies	C		1,196	690	700
Inpatient efficiencies	C		-	471	980
Medical efficiencies	C		10	729	400
Other Operational	C		1,515	1,505	1,600
Corporate support	C		1,093	730	700
Non pay efficiencies	C		351	400	400
Drugs	C		520	218	94
Estates	C		364	442	300
Community Efficiencies	R		329	-	-
Medical efficiencies	R		26	-	-
Other Operational	R		178	-	-
<b>Total schemes</b>			<b>5,582</b>	<b>5,184</b>	<b>5,174</b>

The forward looking CIP programme is set around a number of key themes, which form part of the Trust's service strategy. The first of these is the improvement in the efficiency of the way the community teams' work through increasing the number of daily contacts per WTE. The second is the continuation of the redesign of clinical pathways to reduce the use of inpatient services. Linked to the two previous themes is the more efficient utilisation of the Trust's estate. In order to support the redesign of clinical pathways, medical efficiencies and prescribing are also key themes.

The Trust has invested a lot of resources in support functions in order to ensure robust systems have been put in place to support the clinical services as effectively as possible. As those services have matured the Trust has embarked on a programme of making sure its support functions are efficient while maintaining a high level of service. Continuation of the integration of the Community Health Services in terms of operational and support services efficiencies is also a feature of the CIP.



## CIP enablers and Quality Impact of CIPs

All CIPs that are proposed are as a result of the output from each Business Stream's service strategy, which are formulated from consultation with a wide range of clinicians, such as the medical lead, non-medical lead, and modern matrons. The CIP project lead through the CIP group manages the forward looking process to ensure CIPs are in line with Trust's strategy, have clinical support, and are achievable, and will approve schemes to go forward for executive approval as part of the annual planning process. The 3 year CIP plan, as part of the annual plan is ultimately approved by the Trust Board before submission to Monitor.

At executive level, CIPs have to be signed off by the Nursing and Medical Directors as part of the quality impact assessment. The Trust reports on risk and a range of quality indicators to the Trust Board on a monthly basis, and, where necessary, management action is identified to address issues raised.

The Trust has a variety of mechanisms to support change processes, such as an Organisational Development Team as well as a Business Transformation Team. Where there is a need to support change through additional staffing to manage the transition, or capital investment, this would be indicated in the project plan, and would be built into the forward financial plans.

## E.Financial & Investment Strategy

In 2012/13 the Trust has continued to demonstrate a strong financial performance. Over the past three years the Trust has seen a steady growth in its underlying surplus while delivering on CIP targets. Over this three year period the Trust has had healthy cash balances and maintained an overall risk rating of 4.

Table 3 illustrates the historic performance of the Trust along with the three years included in the plans.

**Table 3 – historic and forward looking financial performance**

	2010/11 £'000	2011/12 £'000	2012/13 £'000	2013/14 £'000	2014/15 £'000	2015/16 £'000
Income	146,861	152,282	148,026	145,871	143,564	142,155
Expenditure	143,715	147,892	143,623	141,869	138,825	137,156
Underlying Surplus	3,146	4,390	4,403	4,002	4,739	4,999
CIP Delivered/ Target	£6.2m	£7.4m	£6.3m	£5.6m	£5.4m	£5.4m
Risk Rating	4	4	4	4	4	4

The key financial risks to the organisation over the 3-year period are:

- Delivery of Cost improvement programmes
- Delivery of quality improvements to secure CQUIN income
- Timely clustering and recording of patients under PbR to ensure all appropriate income is received
- Loss of contribution from services if de-commissioned under Any Qualified Provider initiatives
- Pressure on services from increased demand

The delivery of the financial strategy and the planned surplus is dependent upon delivering the required level of efficiencies in each of the years under consideration. These efficiencies will continue to be delivered by implementing the Trust's clinical redesign programmes in each of its key service areas. There is a programme of business transformation on-going in the Trust with a clear overarching governance and accountability framework which links directly to the Executive team and Board.

The Trust has robust frameworks in place for monitoring the delivery of Cost Improvement Programmes, delivery of clinical redesign programmes, delivery of CQUINs, implementation of PbR and the impact of AQP. All of these frameworks are led and managed by Operational and Clinical Senior Managers from within the Trust to ensure appropriate ownership and accountability is maintained.

These risks also form part of the Trust's Assurance Framework with the controls and independent assurance around them reported directly to the Board on a regular basis.