Greater Manchester West NHS
Mental Health NHS Foundation Trust

Operational Plan Document for 2014-16

Greater Manchester West Mental Health NHS Foundation Trust

Operational Plan Guidance – Annual Plan Review 2014-15

The cover sheet and following pages constitute operational plan submission which forms part of Monitor's 2014/15 Annual Plan Review

The operational plan commentary must cover the two year period for 2014/15 and 2015/16. Guidance and detailed requirements on the completion of this section of the template are outlined in section 4 of the APR guidance.

Annual plan review 2014/15 guidance is available here.

Timescales for the two-stage APR process are set out below. These timescales are aligned to those of NHS England and the NHS Trust Development Authority which will enable strategic and operational plans to be aligned within each unit of planning before they are submitted.

Monitor expects that a good two year operational plan commentary should cover (but not necessarily be limited to) the following areas, in separate sections:

1. Executive summary
2. Operational plan
    a. The short term challenge
    b. Quality plans
    c. Operational requirements and capacity
    d. Productivity, efficiency and CIPs
    e. Financial plan
3. Appendices (including commercial or other confidential matters)

As a guide, we expect plans to be a maximum of thirty pages in length. Please note that this guidance is not prescriptive and foundation trusts should make their own judgement about the content of each section.

The expected delivery timetable is as follows:

Expected that contracts signed by this date	28 February 2014
Submission of operational plans to Monitor	4 April 2014
Monitor review of operational plans	April- May 2014
Operational plan feedback date	May 2014
Submission of strategic plans to Monitor (Years one and two of the five year financial plan will be fixed per the final plan submitted on 4 April 2014)	30 June 2014
Monitor review of strategic plans	July-September 2014
Strategic plan feedback date	October 2014

1.1 Operational Plan for y/e 31 March 2015 and 2016

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

Name	**Bev Humphrey**
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Date	**31st March 2014**

The attached Operational Plan is intended to reflect the Trust's business plan over the next two 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 Operational Plan is an accurate reflection of the current shared vision of the Trust Board having had regard to the views of the Council of Governors and is underpinned by the strategic plan;**
- **The Operational 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 Operational 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; and**
- **All plans discussed and any numbers quoted in the Operational Plan directly relate to the Trust's financial template submission.**

Approved on behalf of the Board of Directors by:

Name *(Chair)*	Alan Maden

Signature 

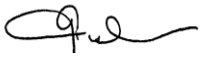
Approved on behalf of the Board of Directors by:

Name *(Chief Executive)*	Bev Humphrey

Signature 

Approved on behalf of the Board of Directors by:

Name *(Finance Director)*	Ismail Hafeji

Signature 

1.2 Executive Summary

We are an organisation that is committed to continually improving the experience of our service users and the safety and effectiveness of care provided. This operational plan details how we will deliver this commitment, in 2014/15 and onwards, in the context of the increasingly challenging economic backdrop, more open competition, increased regulatory scrutiny and maturing of new commissioning arrangements/NHS reforms.

We have a strong track record of delivering all required financial, performance and quality targets/standards and have plans in place to maintain this record going forward.

Our operational plan can be summarised as focusing on the following areas:

- Promoting and delivering quality and performance agendas
- Acting on patient experience feedback to deliver continuous improvements
- Promoting recovery through education
- Responding to tender opportunities
- Developing new strategic partnerships
- Strengthening existing relationships
- Proactive workforce planning, development and management
- Strengthening infrastructure
- Delivering our financial plan – including the delivery of efficiency savings and income and expenditure surpluses to improve service quality through re-investment in our buildings and estate.

The identification of our strategic priorities followed engagement with our Lead Clinicians and Directorate Senior Management Teams in a rigorous business planning process, as well as Trust Board and wider stakeholder engagement through the Council of Governors. We have given regard to the views of our Council of Governors in developing this plan.

In summary the financial plan confirms our planned income over the lifetime of this plan is £159.3million (2014/15) and £151.7million (2015/16). Savings of £5.1million (2014-15) and £5.4million (2015-16) will be delivered via planned transformational and transactional cost improvement programmes (CIPs) and we are forecasting net surpluses of £3.1million (2014/15) and £3.1million (2015/16).

1.3 Operational Plan

A. THE SHORT TERM CHALLENGE

During the lifetime of this, the NHS will face its greatest financial challenge in recent history. The current planning guidance (*'Everyone Counts: Planning for Patients 2014/15 – 2018/19'*) and NHS England's *'Call to Action'*[1] are clear that funding available will not increase significantly for several years, yet costs and demands on services and requirements to improve quality and outcomes, deliver efficiencies, harness new technologies and work in partnership will grow. Since 2011, reductions in funding for our existing services have been passed on year on year by commissioners and we accept that this trend will continue.

This organisation has a sound financial base, robust governance structures, a committed and innovative workforce and robust relationships with external agencies and partners, which it will use to sustain and grow services during these challenging times.

i Financial Context

The NHS faces an unprecedented financial dilemma; the supply of funding is struggling to match the growing demand for healthcare. The need to deliver 4 per cent efficiency savings until 2015 is of immediate concern. Savings of a similar amount are likely to be needed after 2015.

Greater Manchester West, along with all NHS organisations will need to identify and deliver 4 per cent efficiency savings on an annual basis. For the Trust this means an estimated £5m per year must be saved on a recurrent basis whilst we maintain the quality of services that we provide.

The Trust has an excellent track record for making efficiencies but this must continue in the forthcoming years, to ensure that the Trust remains a financially secure organisation.

The new planning approach for Commissioners requires NHS organisations to move from annual incremental improvements, to looking at a longer term view of planning for services. In view of the financial challenge facing the NHS, Commissioners are required to plan for the transformation of services on a 5 year basis. The Trust has taken a similar approach for its plans.

A Call to Action forecasts a financial gap of £30 billion by 2021 in view of the rising health care demand, rising costs and flat real funding expectations for the future.

Each Clinical Commissioning Group (CCG) is required to develop a Strategic, Operational and Financial plan. Each five year plan should include the first two years of operational delivery in detail to demonstrate the progress that is expected against longer term goals and service transformation. CCGs have also been asked to choose a footprint for strategic health and social care planning. In most cases, this will include the local authority, although CCGs may work as a larger 'Unit of Planning," which could include more than one Commissioner.

In 2014/15, £1.1billion will transfer to Local Authorities for social care to benefit health. The Better Care fund (BCF) plans require local areas to formulate joint plans for integrated health and social care services. From 2015/16, the Better Care Fund will also include a £1.9 billion contribution from core CCG funding.

The planning process and timeline have been aligned with other national partners, including NHS Commissioners, Monitor, and the NHS Trust Development Authority. Local Government Association and Health Education England.

ii National and Local Commissioning Strategies

NHS Choice Framework

Although we are awaiting definitive guidance, draft national guidance suggests that from the 1st April 2014 the legal right to choose in mental health is being extended to allow a patient to choose:-

- Any clinically appropriate provider of mental health services for the patient's first outpatient appointment; and
- Which team within that organisation provides the patient's care and treatment.

It appears that the right to choose will therefore no longer be limited to providers that have a contract with the CCG responsible for that patient.

The implications of this guidance if adopted nationally will extend across commissioners and providers of mental health services especially in relation the expectation that money will follow the patient. The Trust will assess the implications and work with commissioner colleagues to ensure compliance with the requirements.

"Closing the Gap: Priorities for Essential Change in Mental Health"

The recently published Department of Health document "Closing the Gap" sets out 25 priority areas where the most immediate change and improvement is expected. These are set out under four key themes:-

- Increasing access to mental health services
- Integrating physical and mental health care
- Starting early to promote wellbeing and prevent mental health problems
- Improving the quality of life of people with mental health problems.

The twenty five priorities will present the local Clinical Commissioning Groups and Specialist Commissioners with challenges, exacerbated by the current mental health tariff reduction. However, the Trust is working with its commissioners, and Local Authority Health and Wellbeing Boards to ensure that mental health continues to feature as a priority to be able to meet challenges and successfully transforming services. The Trust with its Commissioners will benchmark itself against the indicators.

The new National Crisis Care Concordat, sets out the standard of mental healthcare and service that all healthcare system partners should provide when delivering assistance and care to those experiencing a mental health crisis, focusing on co-ordination between mental health and emergency services.

Locally the Trust has embraced the new Crisis Care Concordat and has worked with police officers as a first line response to incidents that involves a mental health crisis but no crime. In partnership with Greater Manchester Police we have opened two new Section 136 suites in accident and emergency departments at our local district hospitals.

The Trust has recently been successful in regaining substance misuse services in Trafford and regained, at a higher value, those services in Central Lancashire, expanded to include prison services.

A national challenge in relation to Tier 4 commissioning of Child and Adolescent Mental Health Services is being felt locally with access to inpatient facilities for Tier 3 services under similar pressure. The Trust is clear that care for this particular vulnerable patient group needs be provided in an appropriate setting – not on adult wards.

The Trust is mindful too of the potential for expansion even in the challenging financial environment.

Commissioning Strategies

We have been proactive in developing relationships with our local CCGs and NHS England during this recent period of transition. We have agreed a multi-lateral contract with eleven local CCGs for the commissioning of our community and inpatient mental health provision in Bolton, Salford and Trafford; our psychotherapy service (The Red House) and our inpatient alcohol and drugs detoxification service (the Chapman Barker Unit). A contract for the provision of the majority of our specialist services – including adult forensic, adolescent forensic, adolescent psychiatry and mental health and deafness services – has been agreed with the Cheshire, Warrington and Wirral Area Team of NHS England. Our prison services and activity in Secure Children's Homes is contracted with the Lancashire Area Team of NHS England and we continue to have individual, bi-lateral contracts in place with our drug and alcohol commissioners.

Expansion will include expansion of our existing services, as well as entry into new geographical or service markets. We will review our 'core' areas of business as we open our minds to new types of opportunities. As work continues to reconfigure services across Greater Manchester, and as services and indeed organisations fail to achieve sustainable forms, we will consider opportunities to grow our organisation as a whole. This may include wider business currently provided by NHS Trusts or community services provision when 'Transforming Community Services' contracts expire. This will be to the benefit of service users as we have expertise in both community and inpatient services, with an opportunity to enhance the service offer patients and carers receive.

Integrated Care

Better integration of care will be key to the long-term success of the health and social care reforms. We welcome the opportunity integrated care brings to improve outcomes, reduce inefficiencies and build relationships with different organisations. We have, and will continue to, actively contribute to the development of local Integrated Care Plans for Greater Manchester and recognise that our strategic developments over the next three years will be influenced by the work-streams that fall out of these plans.

The focus of integrated care in Salford is to particularly target the frail elderly and GMW has signed up to an Alliance Agreement with Salford Local Authority, Salford CCG and Salford Acute Foundation Trust to ensure new ways of working can deliver better outcomes for this vulnerable group and also greater efficiencies from pooling resources and avoiding duplication.

In Bolton, the CCG and Local Authority have undertaken a "risk stratification" of the morbidity of the population and established 5 workstreams – End of Life, long term conditions requiring active intervention, the frail elderly, complex and challenging life styles including alcohol and drug misuse, and long term conditions able to be self managed. GMW and Bolton Acute FT are actively involved in all 5 workstreams as Mental Health issues impact across all of them.

In Trafford, GMW has been involved as a key stakeholder in relation to consultation and plans to implement the "New Health Deal" for Trafford residents and the future shape of community and hospital services. Trafford partners are also developing a model of "single point of access" for Primary Care to access all secondary and specialist services.

In all three Local Authority areas, GMW will be working closely with the CCGs and Local Authorities in relation to the development of the "Better Care Fund" identified in each area. It is recognised that these considerable resources are not "new money" to the system but a transfer of resources from Health to Social Care to support this challenging agenda. This brings both opportunities and risks in how GMW

delivers services which will need to be strategically managed over the next 3 years.

Partnership Working

Contracted partnership working will become more of the 'norm'. We have positive experience of this to date, but will expect to see ourselves increasingly working with organisations who would otherwise be our competitors to win business, and working with providers of different kinds of services altogether for the purposes of integration. We will embrace the notion that competition and co-operation are not mutually exclusive, whilst working within the parameters of applicable Competition Law. Partnership opportunities will always be considered in detail and partners selected carefully to ensure added value and demonstrable benefits for patients.

We work closely with our CCG colleagues in delivering service change and our recent achievements in redesigning Acute Care Pathways to deliver services closer to home is testament to joint working across boundaries. This redesign was supported by Local Authorities and the Trust plays an active part on each of the districts Overview and Scrutiny Committees.

We have also engaged with our local Healthwatch organisations in Bolton, Salford and Trafford and pursued the opportunity to take a seat on, and contribute to, the Health and Wellbeing Boards in those areas too. We recognise that partnership working through Health and Wellbeing Boards will be critical to meeting future challenges and successfully transforming services.

B. QUALITY PLANS

i) Local and National Priorities and Transformational Programmes

GMW have been working with our commissioner partners to improve services for many years. We are working with our commissioners on their 5 year plans in order to shape the future delivery of services. In the shorter terms we have developed service developments that have been shaped following engagement with all our stakeholder and been cognisant of the following:-

- CCG Strategic Plans and Commissioning Intentions 2014/15
- Securing Excellence in Commissioning for Offender Health 2013
- Prescribed Specialised Services Commissioning Intentions 2014/15 – 2015/16
- Expansion of the Offender Personality Disorder Programme
- Quality, Innovation, Productivity and Prevention

Our priority service development priorities are listed below:-

Redesign of the Acute Care Pathway:
Subject to support from our commissioners, Overview and Scrutiny Committees and the public via consultation, a key priority for this organisation over the next three years will be the reconfiguration of our acute care pathway in Bolton, Salford and Trafford. This work involves:

Investing in Community Services - To enhance local provision, extend hours of operation and enable more patients to be cared for in their home environment, especially when in crisis. We intend to redesign our community and crisis services to deliver seven day a week, 24 hour care and to offer real alternatives to hospital admission. These developments have been very much shaped with and by lead clinicians and senior nurse practitioners and will take home based care to a new platform, and ensure when someone is admitted to an acute bed that it is in an appropriate environment with specialists providing assessment and discharge planning on a daily basis.

Developing a 'Centre for Excellence' for Dementia at our Woodlands Hospital Site – Achieving our vision for a 'Centre of Excellence for Dementia Care' will require significant capital investment to increase capacity at Woodlands Hospital which is situated on the borders of Bolton and Salford in Little Hulton. Bringing together senior clinicians, service users and carers will support the delivery of the very best

evidence-based care. (Woodlands Hospital currently provides a range of specialist inpatient and outpatient services for individuals with dementia in Salford.) Investment at Woodlands will be accompanied by the closure of the existing older people's beds in Bolton (35 beds).

Trafford CCG have committed to further invest in the development of community service in their locality and review inpatient services once the impact of the developments are assessed.

Manchester Mental Health Improvement programme

Manchester Clinical Commissioning Groups (CCGs) have indicated that they wish to improve the care pathways provided to:

- Reduce fragmentation between services and provide a more integrated approach.
- Focus on outcomes
- Ensure a shared understanding of how people move through services to recovery.
- Improve access, with care and treatment based on assessed needs and good practice.

As a neighbouring Foundation Trust, we will consider the opportunity and risks when Commissioners make a formal decision on the next steps, which is expected during 2014/5

GMW has been involved in the CCG's engagement exercise, commented on draft specifications and process issues as invited to do so. The impact of any wholesale changes that resulted as part of this process would have system wide implications which GMW would want to discuss with Monitor and CQC as our regulators.

Continued Development of Psychiatric Liaison Services:

Evidence has shown that effective RAID-type (Rapid Access Interface Discharge) psychiatric liaison services divert admissions to acute hospitals, reduce bed days by supporting more timely discharge and, in essence, help people get the right treatment, at the right place and at the right time.

During 2013/14, we successfully implemented psychiatric liaison services in Bolton and Trafford. Working closely with acute hospitals, these services provide access routes into our specialist services for individuals presenting at Accident and Emergency Departments with conditions such as dementia and schizophrenia.

Looking ahead, we have agreed commissioner investment to develop our existing psychiatric liaison service in Salford to bring that more in line with the RAID-type models provided in Bolton and Trafford. This will involve developing a comprehensive 24/7 service to support Salford Royal NHS Foundation Trust (SRFT) and delivering improvements in the quality, effectiveness and experience of people retained under Section 136 (S.136) of the Mental Health Act. (S.136 describes police powers to remove individuals who appear to be suffering from mental disorders in public places to a designated place of safety.) The development of a designated and fit for purpose S.136 place of safety facility on the SRFT site is already underway.

Consolidation of Psychological Therapies Services**:**

Improving access to our IAPT, secondary care and specialist psychological therapies services and delivering agreed outcomes for our service users remains a key quality improvement priority for this organisation.

In the last 12 to 18 months, we have extended our portfolio of psychological therapies service provision with the addition of Primary Care Psychology Services for Bolton and Step 2 Improved Access to Psychological Therapies (IAPT) services for Trafford. The latter followed success in a competitive tender process and has enabled integration, joint clinical leadership with our existing Step 3 services in Trafford and the implementation of a seamless referral pathway.

In 2014/15 and onwards, we will continue to consolidate and improve our existing psychological therapies services.

Recovery First:

In October 2013, we entered into an innovative, five-year contractual joint venture with a private sector provider (Priory Secure Services Limited) for the provision of low secure and "locked" inpatient services. Services will be provided at a purpose-built, 72-bedded/6 ward facility on the outskirts of Widnes under the name 'Recovery First'. This opportunity stemmed from our existing, positive experience of working with Priory at Charles House, our 24-bedded medium secure unit in Salford.

Our prime focus in undertaking this development was, and remains, delivering high quality, specialist pathways of care which respond to individual needs and are well governed. If successful, this development also provides opportunity for the Trust to generate a surplus for re-investment in the longer-term. We proactively engaged with the local authority (Halton Borough Council), local media, commissioners, regulators and the general public prior to opening this service, to ensure that any concerns about the partnership, services or facility itself had been addressed.

The first two wards in Widnes, providing services for men with Autistic Spectrum Disorders (ASD) and women with complex needs and underlying personality difficulties were open as planned in December 2013/January 2014. Recovery First services are underpinned by excellent clinical practice, meet all essential quality standards and are delivered by a skilled multi-disciplinary team comprising GMW and Priory employees. Recognising this, the Widnes site was successfully registered as a GMW location with the Care Quality Commission (CQC), the independent regulator of health services, in October 2013.

In 2014/15 and onwards, our focus for Recovery First will be extending service provision through the opening of the remaining four wards. The hospital has recently been added to the Welsh Mental Health Inpatient Framework and due to the lack of inpatient services in North Wales demand for beds is expected to be high.

Redesign of Secure Services:

Plans have been approved for the redesign and refurbishment of our existing male low secure services and women's secure services.

These plans focus primarily on replacing our two existing male low secure wards, which are located adjacent to Trust Headquarters and currently provide a combined capacity of 30 beds. Replacing these wards will improve the quality of the Trust's estate, and enhance the patient experience, by providing 'fit for purpose' accommodation. Replacement will involve:

- The development of a new 15-bedded male low secure unit located on the west-side of the Edenfield site; and
- increasing capacity on a ward from 12 to 15 beds and changing the ward designation from female to male patients.

In addition, we will be extending our existing low and medium secure accommodation for women.

Capital investment of £9.57 million has been agreed by the Trust Board to fund this development. Capital works are due to commence in August 2014 and conclude in August 2016. Within that timeframe, the new 15-bedded male low secure unit is scheduled to complete in August 2015 and the increased capacity on our existing women's unit are scheduled to complete in June 2015.

In planning the replacement of the low secure male service, and the associated reconfiguration of women's secure services, we have taken the opportunity to redesign clinical pathways to align with nationally-agreed forensic pathways and provide increased opportunity for both men and women to access therapeutic interventions and facilities. These developments will strengthen our Adult Forensic Service's offer as a centre of excellence, in particular in relation to working with women with complex needs

The replacement of the low secure male service will also support our broader estates utilisation plans by 'freeing up' space at the upper end of our Prestwich site for further development or asset sales.

Work is also currently underway at Edenfield to replace Charles House. Charles House is a 24-bedded medium secure unit in Salford, which is managed in partnership with Priory. Whilst meeting all required standards, Charles House facilities are limited and not fit for purpose. The new build will provide accommodation for 25 patients and access to activities and recreational facilities on the Edenfield site.
The Trust Board has invested £5.5million from its capital scheme for this development. Capital works are planned to complete in October 2014. The timing of this development coincides with the term of the current Priory contract, which expires in December 2014.

The Edenfield Centre is our main site for medium secure services, providing accommodation for 135 male and female service users in total at the time of writing. We have made significant investment in improving the facilities available at the Edenfield Centre, and in expanding capacity, in recent years. As described above, further investment is planned during the lifetime of this document. The complex continues to comprise a number of older buildings, however, which were not designed for the current purpose and have the potential to limit the effectiveness of service provision. In the longer term, we are therefore planning to undertake significant capital to replace the older buildings with new and, in doing so, deliver further improvements to the patient pathway.

Expansion of Junction 17:
Following significant capital investment of close to £10million, our purpose-build facility for the provision of inpatient adolescent psychiatry services (Junction 17) opened in May 2013. Junction 17 delivers an enhanced pathway of care for the service user group and provides the opportunity to increase capacity in the market by 5 additional beds.

Two additional beds were opened in October 2013 and the remaining 3, fully funded by NHS England, will open January 2014. This will be evaluated in 2014/15.

NHS England are conducting a review of the demand for CAMHS tier 4 services which is expected to report shortly and we are anticipating working with Commissioners to determine the correct supply of beds. We are fortunate to have designed Junction 17 so that it can expanded to meet any increase in demand.

Redesign of Tier 4 Inpatient Detoxification Services:
We have provided safe and effective inpatient detoxification services (drugs and alcohol) from the Chapman Barker Unit (CBU) on our Prestwich site since 2010. CBU has established expertise in managing patients from the North West who present with high degrees of complexity in terms of physical and mental health, as well as complexity relating to their substance misuse problem. CBU has demonstrable experience of delivering positive outcomes for its patient group.

Recent changes in the contracting arrangements for Tier 4 services have resulted in the need to review our bed base and redesign our service model. We will continue this work in 2014/15.

Continuation of our Rapid Access (Alcohol) Detoxification Acute Referral (RADAR) Service:
Our 10-bedded RADAR service opened as a pilot in November 2012. RADAR provides an innovative pathway for transferring patients, who present at acute hospitals (including Accident and Emergency Departments) across Greater Manchester with alcohol problems, to a specialist detoxification facility. RADAR is a unique service, combining the benefits of a bespoke 5-7 days detoxification programme with the delivery of a range of psycho-social interventions, physical and mental health treatment and a strong focus on aftercare.

RADAR aims to reduce the burden on acute hospitals from alcohol-related admissions and deliver improved outcomes following detoxification. An early evaluation produced a number of encouraging findings, which demonstrated that RADAR was achieving its key aims.

Following evaluation of the pilot, funding has been confirmed in the contract for 2014/15.

Responding to Tender Opportunities – Growth of our Substance Misuse Services Provision:

The market for community-based alcohol and drugs services is the most contested market we currently operate in. This market is fast-moving and subject to political scrutiny, intensive performance management and increasing diversity of providers. Opportunities for expansion of our existing alcohol and drugs services and, equally, risks of losing existing business, arise frequently. Like other NHS providers operating in this market, we have seen a number of our core contracts re-tendered.

We have successfully bid to provide a new drugs and alcohol treatment system in Trafford in 2014/15. We have also retained provision of the intake, medical interventions and harm minimisation services in Wigan and Leigh and the whole substance misuse treatment system ('Discover') in Central Lancashire. The latter service, which commenced in October 2013 and is delivered in partnership with a third sector provider (Phoenix Futures), has a total worth of £7.5million per annum. This is an increase on our original contract value for Central Lancashire.

We have a dedicated, skilled and experienced alcohol and drugs workforce and remain committed to being a key player in this market. Our strategy for competing in the alcohol and drugs market moving forward is therefore two-fold:

- To retain current business/market share where commissioner specification, model and resource envelope meets our essential quality and safety standards – procurement processes for our existing services in Salford and Blackburn will conclude in 2014/15. We will be seeking to defend our position in both of these areas
- To evaluate and, where considered viable, respond to new opportunities i.e. increase market share either in new geographical sectors or through service development

Given the pace and uncertainty of the alcohol and drugs market, it is difficult to predict and impact assess market share trends with any accuracy over the lifetime of this document. Based on our current position and experience to date, it is our expectation that we will continue to hold a significant share of the North West alcohol and drugs market. This share may be more geographically diverse, particularly if commissioners choose to segment treatment systems into lots and purchase a mixed economy of provision, or it will increasingly rely on partnership working with non-statutory providers to deliver whole systems.

Developing Offender Health Services

At the time of writing, we provide services into 9 prisons – male and female, and a Young Offenders Institute - in the North of England. Service provision includes:

- Substance misuse treatment services in HMPs Manchester, Haverigg, Preston, Wymott and Garth
- Primary and secondary care mental health in-reach services or, as we prefer to describe them, 'embedded' services at HMYOI Hindley, HMP Styal and HMP Forest Bank
- Specialist psychiatric input at HMP Forest Bank
- Female Personality Disorder Offender Health Services – HMP New Hall

We have developed expertise in working in a variety of prison establishments and with a variety of partners, including prison services and private and third sector healthcare providers. Our services all aim to meet offenders' needs in a holistic and integrated way and ensure the provision of seamless care on release into the community.

We recognise the potential for further expansion of our prison services during the lifetime of this plan and will actively evaluate opportunities as they arise. Agreed priorities at the time of writing include expansion of our existing provision at HMYOI Hindley and responding to new, local opportunities to provide prison-based mental health and substance misuse services including, specifically, services for offenders with personality disorders. We anticipate that the impact of Securing Excellence in Commissioning of Offender Health (2013) will lead to a prime provider model and we are keen to exploit our expertise to offer this to commissioners.

Integrated Care Programmes

Better integration of care will be key to the long-term success of the health and social care reforms. We welcome the opportunity The Better Care Fund brings to improve outcomes, reduce inefficiencies and build relationships with different organisations. We have, and will continue to, actively contribute to the development of local Integrated Care Plans for Greater Manchester and recognise that our strategic developments over the next three years will be influenced by the work-streams that fall out of these plans. The focus of integrated care in Salford is to particularly target the frail elderly and GMW has signed up to an Alliance Agreement with Salford Local Authority, Salford CCG and Salford Royal NHS FT to ensure new ways of working can deliver better outcomes for this vulnerable group and also greater efficiencies from pooling resources and avoiding duplication. The fund will pool resources of £100m.

In Bolton, the CCG and Local Authority have undertaken a "risk stratification" of the morbidity of the population and established 5 workstreams – End of Life, long term conditions requiring active intervention, the frail elderly, complex and challenging life styles including alcohol and drug misuse, and long term conditions able to be self managed. GMW and Royal Bolton Hospital NHS FT are actively involved in all 5 workstreams as Mental Health issues impact across all of them.

In Trafford, GMW has been involved as a key stakeholder in relation to consultation and plans to implement the "New Health Deal" for Trafford residents and the future shape of community and hospital services. Trafford partners are also developing a model of "single point of access" for Primary Care to access all secondary and specialist services.

In all three Borough areas, GMW will be working closely with the CCGs and Local Authorities in relation to the developments identified in each area. It is recognised that these considerable resources are not "new money" to the system but a transfer of resources from Health to Social Care to support this challenging agenda. This brings both opportunities and risks in how GMW delivers services which will need to be strategically managed over the next 3 years

Recovery Academy

Development of a New, Purpose-built Education and Training Facility on our Prestwich Site*:*

In 2013/14, the Trust Board committed capital for this development. The new facility will accommodate existing education and training functions, including library services, and enable the relocation of our Trust Headquarters.

Following the successes of the first two prospectuses of our Recovery, Health and Wellbeing Academy, the new facility will also provide a central, physical 'hub' for the Academy.

We hope that this development demonstrates our recovery focus and will provide a fit for purpose, centre-point for education, training and development activities. To ensure this development is cost effective, we will explore opportunities for marketing the facility for commercial use as well as Trust use.

Transition to our New Clinical Information System (Paris):

To ensure that our clinical information system meets our needs, and is cost effective, we have taken the difficult decision to move from our existing Integrated Clinical Information System (ICIS) to Civica's Paris information system. This decision followed a complex re-procurement process and supports our IM&T Strategy objective of 'working towards full electronic patient records (EPR) support'. Paris offers the best functionality, adaptability and cost and will enable us to compete more effectively and be more responsive.

Work to implement Paris is in progress. The main system is scheduled to go live in 2015.

Paris will contribute significantly to the achievement of our EPR objective. Some elements will, however, remain unmet. These include clinical correspondence, electronic prescribing and social care integration. Further development work to address these outstanding issues will be undertaken in tandem with the Paris implementation and continue into 2015/16.

ii) Quality Goals

We view ourselves as a learning organisation that is committed to continually improving the quality of care we provide. Our clinical strategy over the lifetime of this plan reflects national expectations of no growth, continuous improvements in efficiency and increasingly difficult quality challenges. Within this context our clinical strategy remains focused on delivering our vision of 'improved lives and optimistic futures for people affected by mental health and substance misuse problems' and the six objectives that support this.

Our clinical strategy has a number of inter-related strands that can be summarised as follows:

- Promoting and delivering quality and performance agendas, including:
  - Quality Account - The eight quality improvement priorities for 2013/14 identified in our Quality Account. We have retained the over-arching themes of our previous year Quality Account improvement priorities, but identified new 'stretch' improvement measures against each priority. Improvement measures have been developed in consultation with key stakeholders including staff, service users, governors, commissioners and other partner organisations. Our Quality Improvement Priorities are as follows:
    - Priority 1: Psychological Therapies – Improving Access and Outcomes
    - Priority 2: Listening to and Learning from Service User Feedback
    - Priority 3: Recovery
    - Priority 4: Carers - Improving Identification, Involvement and Engagement
    - Priority 5: Enhancing the Quality of Life of People with Dementia
    - Priority 6: Physical Health
    - Priority 7: Physical Environment and Sustainability
    - Priority 8:Dual Diagnosis – Improving our Responsiveness to Individuals with
    - Problematic Substance Misuse and Mental Illness
  - CQUIN (Commissioning for Quality and Innovation) – delivering both our general mental health and specialist commissioning schemes. We have successfully achieved all CQUIN targets agreed over the last 3 years and used this income to support non-recurrent service developments.
- Care Quality Commission – Continuing to monitor compliance with essential standards of quality and safety
- Delivering Contractual Key Performance Indicators (KPIs)
- Data quality – delivering improvements in data quality. We will be taking the following actions to deliver improvements in data quality in 2014/15 and onwards:
  - Developing an internal audit programme and undertaking regular audits and accuracy checks in line with Information Governance Toolkit requirements
  - Continuing to use the Trust-wide Performance Measures and Data Quality Group as a forum where data quality issues can be discussed and resolved
  - Liaising with, and providing training for, operational teams to drive improvements in data quality across all services
- Delivering continuous improvements by acting on patient experience feedback – this is identified as a key improvement priority for 2013/14 in our Quality Account. We will be looking to introduce different approaches to gathering service user feedback including, new technologies, service user-led initiatives and opportunities for more real-time feedback
- Promoting recovery through education –development of a Recovery, Health and Wellbeing Academy as described above
- Responding to tender opportunities (new and existing business)

- Delivering the financial plan – this includes delivering all planned efficiencies and using non-recurrent resources wisely to reduce revenue spend or increase income. We have consistently delivered our cost improvement programmes (CIPs) over the last five years and have constructive 'buy-in' from our clinical and corporate service leaders as to how future years' planned efficiencies can similarly be achieved. Corporate services have been responsible for delivering a larger share of our efficiency savings over the last 3 years.

- Developing new strategic partnerships

- Strengthening existing relationships

- Reviewing and improving existing clinical services – see Appendix 1 to this strategic plan

- Proactive workforce planning, development and management – see Clinical Workforce Strategy below

- Strengthening our infrastructure:

    - Transition to/implementation of our new clinical information system – to ensure that our clinical information system best meets our needs, and delivers value for money, we have recently concluded a complex re-procurement process. The outcome of this process is a move to Civica's Paris information system during the lifetime of this plan. Paris offers the best functionality, adaptability and cost and will enable us to operate and compete more effectively in the current challenging environment.

    - Review and expansion of pharmacy services in line with recommendations of pharmacy review – demands on our current pharmacy at Prestwich are increasing and facilities require improvement to ensure they remain fit for purpose.

    - Development of Trust-wide data warehouse and business intelligence solution - benefits of this development will include more timely reporting; improved data quality; triangulation of information between currently disparate systems; development of more robust performance reporting and monitoring mechanisms; and opportunity for more real-time reporting through the provision of local data dashboards.

Our development plans have been informed by:

- Analysis of the relevant markets and competition
- Intelligence or approaches from commissioners
- Assessment of our capability and capacity
- Robust risk analysis
- Benchmarking data, where available
- Assessment of financial viability

iii) Quality Concerns

We continue to be registered without any concerns with the Care Quality Commission (CQC). The outcomes of the monthly Quality and Risk profiles from CQC are reviewed at Trust Board via the monthly performance report. The current profile (March 2013) indicates no areas of concern with all outcomes rated as High Green, Low Green or Low Yellow. The Trust Board also receives monthly data on CQC visits to monitor compliance under the Mental Health Act. There have been a total of 18 CQC on-site visits to services so far for 2013/14 with all outcomes generally positive and only a small number of areas where improvements were identified and actioned. In 2013/14 the Trust also received 4 unannounced Registration Compliance inspections by the CQC, one to Junction 17 and Gardener Unit in July, one to Trafford in September and one to Meadowbrook in November, the ensuing reports which were very positive confirmed compliance to all Standards. The fourth visit to the John Denmark Unit highlighted a

minor concern regarding staffing. The trust developed the required action plan for submission to the CQC and they have now confirmed that the trust is fully compliant.

iv) Key Quality Risks

Our Trust Board hold ultimate accountability for the quality of clinical services provided by the Trust. In order to ensure that there is a robust quality governance framework operating, the Board has established a sub-committee with delegated authority to set the strategy for quality and to ensure delivery against it. The Quality Governance Committee (QGC) is chaired by a Non-Executive Director and includes other Trust Board members, lead clinicians from all clinical services and corporate leads with responsibility for risk and quality management. The structure and business of the Quality Governance Committee has been informed by an assessment against Monitor's Quality Governance Framework, with guidance and advice from Deloitte. The Quality Governance Committee have an agreed Quality Governance Framework and leads on setting and measuring performance against the Trust's quality priorities as set out in the annual Quality Account.

Trust Board and Quality Governance Committee members are visible within clinical services and undertake monthly walkabouts. This provides members with opportunities to triangulate evidence, speak to service users and staff about their experience and to ensure that there is an open and transparent culture within the Trust. The NHS Staff Survey for 2012 placed the Trust in the top 20% of mental health trusts nationally in Key Finding 1 (Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver) and above average in Key Finding 24 (Percentage of staff recommending the trust as a place to work or receive treatment).

The Trust Board undertook an initial listening exercise following the publication of the Robert Francis QC report into the failings at Mid-Staffordshire NHS Foundation Trust. The Board sought views from the Council of Governors, including service user representatives, clinicians, and local trade unions, and reflected on the outcomes from the report and impact on its own services as part of this exercise.

Initial areas of potential risks to quality were identified following the Francis Review and work-streams set up by the Quality Governance Committee to review these risks and develop plans to mitigate them.

Culture and leadership – a risk that without an open and transparent culture, pockets of poor practice can develop and the need to ensure the Board and Lead Clinicians continue to engage pro-actively with front line staff and service users. Board members continue to visibly promote a culture of openness and the Trust has now embedded its core values and behaviours into recruitment, leadership development and performance appraisals.

Bureaucracy – a risk that current systems and processes can sometimes detract clinicians from care delivery and the need to review some core systems to ensure they are effectively enabling clinical services not hindering. Specific task and finish workgroups were set up to review and streamline the Datix incident reporting systems, Payment by Results systems, CQUIN target systems and clinical risk management assessment tools. Each of these workgroups have completed their objectives and streamlined their systems.

Staffing levels – a risk that staffing levels and the balance between permanent and temporary staff, particularly in ward areas, if not right can detrimentally impact upon quality. A trust-wide shift review system has been implemented over the last two years and this set the minimum safe staffing levels required. A review of the current position has been undertaken to ensure this is still to the required standard by the Nurse Leadership Board. In addition, the Trust is now reflecting on the guidance following the Hard Truths Commitments regarding publishing staffing data. The Trust will ensure that it fully complies with this.

Looking forward the continual assessment of the quality of services provided will be a top priority for the Trust Board. The challenging efficiency agenda will continue to be addressed by driving further service innovation and integration. The quality of these services will be paramount in any discussions about cost efficiency and a robust process is in place via the annual business planning cycle to assess the quality

impact of any service developments and cost efficiency plans.

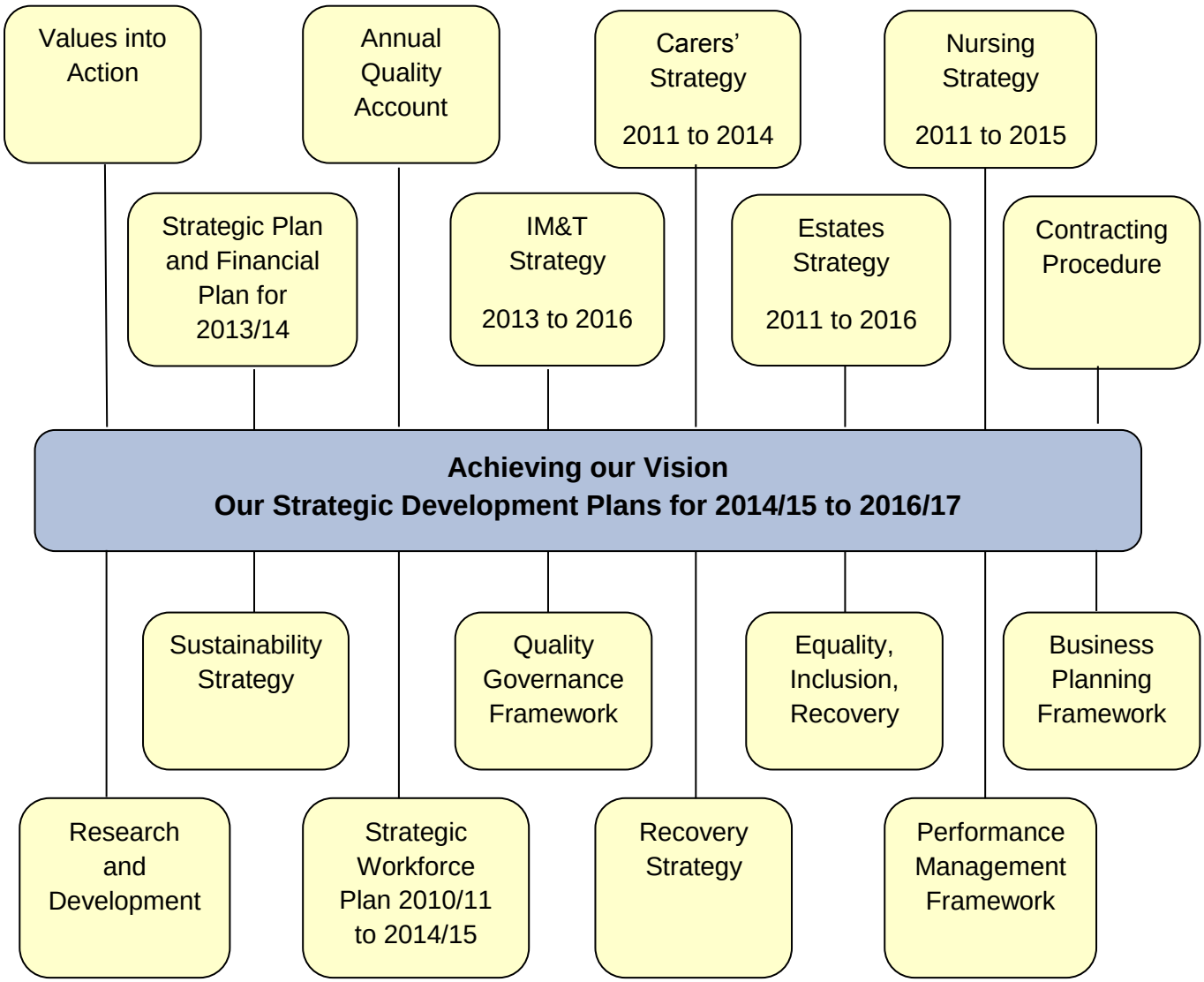
v) Response to Francis, Berwick and Keogh

As referred to above the Trust has undertaken work in response to the initial Francis Report publication. There is ongoing work being led through the Quality Governance Committee to reflect on the outcomes from the Hard Truths report, Berwick and Keogh. The Committee will review its position against this at its May 2014 meeting and set in place any specific ongoing actions that are required.

The recommendations that followed the public inquiries into the failings of care at Winterbourne View and Mid Staffordshire NHS Foundation Trust are clear: in future, the whole care system must revolve around quality and must be more effectively governed. Cultures of transparency, openness, candour and compassion, where real-time information is made available to patients and the public, are vital in achieving this.

As an organisation that seeks to continually improve, we have taken and will continue to take steps to quality assure our current activities based on the findings of these reports and are subsequently progressing improvements in a number of areas.

Our Board and Governors both highlighted the need for strong and effective systems of internal control. In combination, the following 'enabling strategies' describe those systems at GMW and will provide critical support to the achievement of our strategic development plans over the coming years. A summary of the key features of each strategy, plus the governance and leadership arrangements, is provided below.



Our Values into Action work programme has established our core values and has ensured that staff and

service users are clear as what behaviours are expected each time there is a service user interaction. These have been made clear publically and are now embedded within our recruitment process, our leadership development and our appraisal system. These values make an open commitment to apologising if we get things wrong and actively encourage staff to raise concerns or errors.

In our 2013 staff survey outcomes the Trust ranks in the top 20% of organisations in respect of the proportion of staff who have reported errors or incidents. There is a strong reporting culture evidenced in high levels of reporting with low levels of harm.

A review of the Trusts Whistleblowing Policy in 2014 will further enhance this commitment.

vi) Risks to Delivery

Risk Management requires participation, commitment and collaboration from all staff. The process starts with a systematic identification of risks throughout the organisation and these are documented on risk registers. These risks are then analysed in order to determine their relative importance using a risk scoring matrix with the Risk Register and Board Assurance Framework reviewed quarterly by the Board of Directors.

Potential and identified risks which may impact on external stakeholders and key partner agencies such as Local Authorities, other NHS Trusts, the judicial system, voluntary organisations and service users are handled through structured mechanisms and forums such as Overview and Scrutiny Committees, contract negotiation meetings, Council of Governors Meetings and service user forums.

Effective and transparent working relationships and Service Level Agreements between the Trust and our three key Social Services Departments particularly important this year due to the very significant financial pressures on Local Authorities.

The most recent Risk Assurance Framework reviewed by the Board of Directors in March 2014 identified the risks to key delivery plans as:-
Key strategic risks are:

- Workforce planning
- Mandatory training
- Sickness absence
- Compliance with targets
- IT business continuity and disaster recovery
- Acute Care Pathway
- Joint venture with Priory Hospital Group (Recovery First)

Workforce Planning – need to realign workforce resources to future service redesign
Mandatory training – need for adequate staff training
Sickness absence – impact of clinical service delivery and bank and agency costings
Compliance with targets - impact on patient care, financial penalties and ratings
IT business continuity – delay in clinical system recovery impacts of patient care
Acute Care Pathway – proposed redesign required effective implementation otherwise potential impact on quality, financial, workforce and relationship issues
Joint venture with Priory Group – potential quality issues and anticipated financial income not realised.

vii) Contingency That is Built into The Plan

The Trust has worked very closely from Director to “ground level” in ensuring the risk to service delivery can be mitigated and changes planned effectively.

A detailed Assurance Framework Assessment was carried out by Audit, providing an audit opinion that key components of the Framework were present with evidence that the Board was appropriately engaged in developing and maintaining the framework which was fit for purpose.

Workforce Planning

- significant assurance opinion
- strategic Workforce Plan links to service strategy and business planning
- Key workforce indicators monitored monthly in performance reporting

Mandatory Training

- Requirement for pay progression. Use of technology to promote compliance and adequate staffing establishments to release staff.

Sickness Absence

- Performance monitoring at Board Level monthly with robust management via Sickness Absence Policy

Compliance with Targets

- Monthly monitoring at Board level and scrutiny at Board sub committees
- Audit opinion provide assurance on integrity of performance report

IT Business Continuity and Disaster Recovery

- Agreed investment plan and active monitoring by IMT Strategy Group and Executive Management Team

Acute Care Pathway

- Dedicated management support to mainstream and imbed changes. Key workstreams involving key stakeholders.

Joint Venture with Priory Hospitals Group

- Contractual agreement and memorandum of understanding in place. Active monitoring weekly, monthly and quarterly with Board level relationships developed.

Where services are subject to competitive tender and notification has been received for Commissioners, we have provided a contingency reserve to mitigate the risks of an unfavourable Commissioner decision.

C. OPERATIONAL REQUIREMENTS AND CAPACITY

The main activity assumptions associated with our key strategic development priorities can be summarised as follows:

- Development of Junction 17 – adolescent mental health beds to increase by 5, from 15 to 20 beds in total. Activity and income assumptions associated with these new beds are based on an 80% occupancy rate i.e. 1,460 additional occupied bed nights per annum. Delivering this new capacity will require additional nursing staff and the realignment of the wider multi-disciplinary team. This meets significant market demand identified by NHS England

- Re-provision of low secure wards – No change, in all options development will maintain existing capacity and activity levels for male low secure services

- Development of integrated RAID-type liaison psychiatry services in District Services – New activity, which will form part of existing multi-lateral block contract. Risks and resource requirements are identified in the respective business cases for these developments. Implementation plans are in progress to ensure required resources are in place and identified risks appropriately mitigated/monitored.

  The Trafford RAID service has now expanded rather than replace existing local liaison services and will provide 24/7 cover at two hospital sites (Central Manchester University Hospitals NHS Foundation Trust (CMFT) Trafford site and University Hospital of South Manchester NHS Foundation Trust (UHSM), Wythenshawe). Service provision will focus on registered Trafford

population using these sites, recognising that this should cover approximately 90% of Trafford registered patients.

The Bolton RAID service now operates 24 hours day, 7 days a week. As this is a new service it has been agreed that activity and outcomes is jointly monitored and reviewed with the commissioners on a regular basis over the first three years of the service. This will inform future service development and resourcing on an on-going basis to ensure most effective and efficient use.

In Salford commissioners have agreed to expand our existing psychiatric liaison services significantly to bring them in line with those in Bolton and Trafford.

- Recovery First – currently there are two wards opened as part of the joint venture initiative with Priory. During 2014/15 the facility will expand further. The contract agreed with Priory means that there is no risk to GMW as funding is provided for all staffing regardless of occupancy.

- Replacement of Charles House – GMW currently provides the consultant and psychology staff for this service. Following the opening of beds on the Edenfield site, nursing & ancillary staff will be appointed by GMW

- Chapman Barker Unit – The re-design of this service has resulted in a downsizing of the tier 4 beds and introduction of the new RADAR service.

- Central Lancashire and Trafford Drug and Alcohol Services – Following a successful tender to acquire the two services in Trafford, these contracts will start in April and May 2014 respectively. The increase in business from the Central Lancashire contract successful procurement is also accounted for in the workforce plans.

D. PRODUCTIVITY EFFICIENCY AND CIPS

GMW had set a cost improvement target of £4.9m in 2013/14, which was fully achieved in year. The Trust is planning to deliver CIPs of £5.1m in 2014/15, £5.4m in 2015/16. The main CIP in District Services consists of the redesign of the Acute Care pathway, including the changes in bed numbers at Bolton and Salford and the capital development at Woodlands. The balance of the cost improvement has been devolved to Directorates and has been identified as part of the Budget Setting and the financial planning cycle. Please see Appendix 2 of this Operational Plan for detailed schemes.

CIP Governance:

Our cost improvement schemes/targets have been developed as part of the Annual Business planning cycle, budget setting and financial planning processes. The CIPs have been developed at a strategic level after discussion with the Directorates and, where required, with Commissioners and other stakeholders. The Directorate Senior Management Teams (SMT, including Clinicians) and the Clinical leadership development group meetings have been involved in the CIP development process.

We are planning to deliver CIPs in both 2014-15 and 2015-16, in line with the 4% efficiency target, required by the Everyone Counts Planning Framework.

Benchmarking information has been used to determine savings opportunities, along with review of existing service provision, rationalisation of services and service redesign.

Plans are being developed for future years' CIP requirements and risks have been identified due to the impact on our services of being required to deliver cumulative savings whilst also continuing to deliver quality improvements.

In order to address this, the Trust is investigating ways of delivering Trust-wide CIPs, rather than Directorate-specific schemes. This work has led to the redesign of the Acute Care Pathway in District Services, and the redesign of the Specialist Services Directorate to incorporate matrix working. Further work is ongoing to identify Trust wide schemes from 2015-16. This will involve further potential

rationalisation of sites, services and re-designed service delivery models.

CIP Profile: See Appendix 2 of this Operational Plan for an overview of our key CIP schemes for delivery over the lifetime of this plan. Our financial risk assessment in Appendix 2 assesses risks associated with our ability to deliver these savings and outlines actions, and monitoring procedures, to mitigate these risks.

CIP Enablers:

Our CIP for 2014-15 has been devolved to the Directorates as part of their annual budget. The CIP plan for 2014-15 will be monitored monthly, and routinely reported to the Executive Management Team and the Board of Directors. The CIP schemes have been RAG rated for risk to delivery. However, some of these schemes rely on the redesign of major services and have a transition element. As a consequence the Trust has recognised the timescales for delivering these schemes and planned for non recurrent support while the changes are made.

The Director of Finance and IM&T will oversee the delivery of CIPs as part of the financial performance of the Directorate budgets. Assistance where necessary, will be given to Directorates to enable CIPs to be achieved, without compromising quality.

Quality Impact of CIPs:

The Director of Nursing and Operations and the Medical Director have reviewed the CIP schemes and have evaluated the risks and impact on service delivery and quality. No concerns have been identified regarding the quality of service delivery and continuity.

The CIP plan for 2014-15 will be monitored monthly, and routinely reported to the Executive Management Team; any concerns regarding the service delivery or quality of services are reviewed at these meetings, and addressed immediately to mitigate any potential risks.

The Director of Finance and IM&T will oversee the delivery of CIPs as part of the financial performance of the Directorate budgets.

E. FINANCIAL PLAN

Our overall financial objectives for are:

- To deliver an operational surplus of more than 1% of operating income to facilitate potential investment in the improvement of services
- To generate earnings before interest, tax, depreciation and amortisation of 5%
- To maintain a Continuity of Service Risk Rating (CoSRR) of 4
- To ensure cash balances are maintained and interest generated for investment in services.

The Trust is forecast to deliver a surplus of £6.7m in 2013/14. The financial position as at 28th February 2014 supports this forecast outturn. The final year end outturn position will be confirmed by External Audit before final submission of the 5 year plan in June 2014. For the next 2 years the Trust is planning to deliver the following surpluses: £3.084m in 2014/15, and £3.069m in 2015/16.

The delivery of an Income and Expenditure surplus allows the Trust to re- invest resources in the improvement of its services by investing in its buildings and estate.

Our financial outlook for 2014/15 – 2015/16 can be summarised as follows:

- We have a strong record of delivering on our performance and financial duties since inception and we are confident that we will continue to do so in the future.
- This Operational Plan has been developed in light of the challenging economic backdrop and a clear expectation that the funding provided to the National Health Service will need to be supplemented by making efficiencies to deal with the rising demand from an ageing population and

the increased costs of new technology.

- The main assumptions supporting the financial plan are based on the guidance in the Everyone Counts Planning Document 2014-15. The national efficiency requirements of 4% and the reduction in tariff process of 1.8% have been factored into the 2014/15 plan. However this is offset by 0.3% Quality Measures Premium, to give a net reduction of 1.5%. This includes the aforementioned efficiency requirement of 4% and assumes inflationary uplift of 2.2%. For 2015/16 the efficiency challenge of circa 4% has been included with associated tariff reductions of -1.8%.
- Providers have the opportunity to secure additional income through local arrangements under Commissioning for Quality and Innovation Schemes (CQUIN). For 2014/15 and 2015/16 CCGs have been advised to set aside 2.5% of their contract value and this has been factored into the plan. CQUIN schemes have been agreed with Commissioners and costs associated with the delivery of these CQUIN schemes have been included in the plan.
- The financial impact of Mental Health (MH) PbR for 2014/15 and 2015/16 will be neutral following agreement with Commissioners to protect income for a further two years
- With regard to drug and alcohol services, we have included a number of risks in 2014/15 as a result of services being subject to tendering processes and migration of services to Local Authorities.

We plan to deliver a level of surplus in 2014/15 and 2015/16 to support the capital programme and to achieve a Continuity of Service Risk rating of 4.