

Greater Manchester West 
Mental Health NHS Foundation Trust

Strategic Plan Document for 2014-19

Greater Manchester West Mental Health NHS Foundation Trust

1.1 Strategic Plan for y/e 31 March 2015 to 2019

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

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Date	30 th June 2014

The attached Strategic Plan is intended to reflect the Trust's business plan over the next five 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; and
- The 'declaration of sustainability' is true to the best of its knowledge.

Approved on behalf of the Board of Directors by:

Name (Chair)	Alan Maden
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Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Bev Humphrey
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Signature



Approved on behalf of the Board of Directors by:

Name (Finance Director)	Ismail Hafeji
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Signature



1.2 Declaration of sustainability

The board declares that, on the basis of the plans as set out in this document, the Trust will be financially, operationally and clinically sustainable according to current regulatory standards in one, three and five years time.

Confirmed

1.2.1 SUMMARY

Greater Manchester West Mental Health NHS Foundation Trust (GMW) is pleased to present its Strategic Plan for 2014 -2019. This document describes our strategic aims and vision over the next five years and details how we have worked with stakeholders in the local health economy to develop the plan.

We have a strong track record of delivering all required financial, performance and quality targets and standards and have plans in place to maintain this record over the lifetime of this plan.

Our operational and clinical aims can be summarised as focusing on the following:

- Promoting and delivering quality and performance
- Acting on feedback from staff, service users and carers to deliver continuous improvements
- Promoting recovery through education
- Growing our business by responding to tender opportunities, developing new strategic partnership and expanding our services when demand changes
- Strengthening relationships with our stakeholders
- Proactive workforce planning, development and management
- Strengthening our infrastructure

Our overall financial objectives for the five years of this Strategic Plan are:

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

All the scenarios we have tested in our modelling and sensitivity analysis show that we can achieve these objectives due to the Trust's financial standing and the levels of non-recurrent funds held on the balance sheet. GMW would be able to utilise these funds on a short term basis, whilst undertaking service changes to reduce the cost base.

1.3 Market analysis and context

1.3.1 STRATEGIC CONTEXT

During the lifetime of these plans, 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 the recent *'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 to enhance the quality of care.

1.3.1.1 Health and Social Care Reforms

The plans outlined in this document have been developed following a period of major reform to the way health, public health and social care services are organised and operated. Implementing the Health and Social Care Act (HSCA) 2012 has placed clinicians at the centre of commissioning and, it is intended, will free up providers to innovate and to empower patients. Key changes in place from April 2013 include:

- *Clinically-led Commissioning* – Clinical Commissioning Groups (CCGs), led by GPs and other healthcare professionals, now hold responsibility for the majority of NHS commissioning. A new, independent NHS England oversees CCG activity and has also taken ownership of many of the responsibilities that were historically located with the Department of Health.
- *Greater Voice for Patients* – New local and national 'Healthwatch' organisations established to drive patient involvement.
- *New Focus for Public Health* – Public Health England (PHE) hold responsibility for co-ordinating national health improvement activity. Local responsibility for public health has transferred from the NHS to local authorities.
- *Greater Accountability Locally and Nationally* – Local authorities have taken on a new role in terms of joining up services. Local authority-led Health and Wellbeing Boards (HWB) bring together key leaders from health, public health, social care services and other partner agencies with a view to better understanding local needs and agreeing improvement actions.
- *Application of Competition Law to the NHS* – To promote choice, quality and innovation in the provision of services, including services provided by charities and independent sector providers, for the benefit of patients. The HSCA grants Monitor (the sector regulator for health services in England), the Office of Fair Trading (OFT) and the Competition Commission (CC) powers to enforce competition law. (The OFT and CC will be replaced by the Competition and Markets Authority (CMA) from April 2014).

Specifically, Monitor holds investigatory and enforcement powers with the OFT to deal with anti-

¹ 'The NHS Belongs to the People – a Call to Action', NHS England, July 2013

competitive behaviour, abuse of dominance and market investigations. Monitor also has responsibility for investigating and enforcing the Section 75 regulations regarding commissioner procurement, enforcing the competition conditions set out in provider licences, and advising the NHS Trust Development Authority (TDA) and the OFT on mergers involving NHS Trusts and NHS Foundation Trusts. (Mergers include all joint ventures and acquisitions which meet statutory merger control tests). The OFT are responsible for conducting ‘first stage’ investigations of mergers involving NHS bodies under the Enterprise Act 2002. The CC undertake ‘second stage’ investigations of any NHS mergers referred to it by the OFT – i.e. those where substantial competition concerns have been identified – and also conduct in-depth market investigations.

We have been proactive in developing relationships with our local CCGs and NHS England following the period of transition. We have agreed a multi-lateral contract with twelve local CCGs for the commissioning of our community, psychotherapy and inpatient mental health provision in Bolton, Salford and Trafford. 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 Local Authority drug and alcohol commissioners.

We have also engaged with our local Healthwatch organisations in Bolton, Salford and Trafford and taken 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.

As the reforms bed in, we now look forward to navigating our way through the new system to implement our development plans. Despite the changed context, the end goal – ‘achieving our vision’ – remains the same.

1.3.1.2 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 older people and GMW has signed up to an Alliance Agreement with Salford City Council, Salford CCG, Salix Health LLP and Salford Royal NHS 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 Borough 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 five years.

1.3.1.3 Response to Francis, Berwick and Keogh

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 steps to quality assure our current activities based on the findings of these reports and are subsequently progressing improvements in a number of areas. Looking ahead, the strategic plans set out in this document and our eight Quality Account improvement priorities are quality driven and respond to the ‘calls to action’ that followed both inquiry reports. (A copy of our latest Quality Account is available on request)

1.3.1.4 “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 transform services. The Trust, with its Commissioners, will benchmark itself against the indicators and prioritise service improvement identified.

1.3.1.5 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 efficiency savings each year over the lifetime of this plan will be a huge challenge for the NHS.

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 whilst maintaining high quality and this must continue in the forthcoming years, to ensure that the Trust remains a financially secure organisation.

1.3.1.6 National Crisis Care Concordat

The 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.

1.3.1.7 Parity of Esteem

As part of the Call to Action events, NHS England established a Parity of Esteem Programme to ensure that physical and mental healthcare will be equally valued. Initially work will focus on improving access to psychological therapies; improving diagnosis and support for people with dementia and improving awareness and focus on the duties within the Mental Capacity Act.

1.3.2 TRUST CONTEXT

1.3.2.1 Vision

Our over-arching vision for the next five years remains to achieve

'Improved Lives and Optimistic Futures for People Affected by Mental Health and Substance Misuse Problems'.

1.3.2.2 Mission Statement

Our means of successfully achieving this vision – including the plans set out in this document – have necessarily been influenced by the changing strategic context described in Section 1.3.1. Our vision can, therefore, be more clearly articulated as achieving *'Improved Lives and Optimistic Futures'* by maintaining our specialist strengths and also creating, or taking advantage of, opportunities to expand, work in partnership and integrate care.

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 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.

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.

1.3.2.3 Values

In early 2013/14 we launched our new values and the behaviours that underpin them. Our values represent what we stand for as an organisation. They define 'how' we will work together to achieve the best for our colleagues and service users and are more fit for achieving our future vision. Our values are:-

- *We are welcoming and friendly*
- *We are caring and kind*
- *We value and respect*
- *We work together*
- *We go the extra mile*

These values grew out of a series of engagement workshops held with staff and service users. At the workshops, participants were encouraged to share their experiences of great care and describe the key factors and behaviours that contributed to those experiences. It was clear from the workshops that the small things matter, and we have tried to represent this in our final set of values and behaviours.

Our values are a collective commitment and our challenge over the next 5 years will be to continue to put our new values into action. We will achieve this by firmly embedding them in recruitment, induction, appraisal, supervision and performance policies and practices using Values Based Recruitment.

1.3.2.4 Corporate Objectives

Our corporate objectives are used to navigate all activity across the organisation towards achieving our ultimate vision. Adherence with our objectives is monitored via our annual business planning process and through specific service development plans.

Our current corporate objectives are to:

1. *Promote recovery by providing high quality care and delivering excellent outcomes*
2. *Work with service users and carers to achieve their goals*
3. *Engage in effective partnership working*
4. *Invest in our environments*
5. *Enable staff to reach their potential and innovate*
6. *Achieve sustainable financial strength and be well-governed*

The strategic development plans set out in Section 1.5.1 of this document demonstrate a number of ways in which we will deliver these objectives over the next five years.

1.3.3 LOCAL HEALTH ECONOMY CONTEXT

1.3.3.1 Commissioner Plans

We work with our commissioners to understand the health needs of their populations and develop services to best meet those needs within the resources available. Our main commissioners are Bolton CCG, Trafford CCG, Salford CCG and NHS England (Cheshire, Warrington and Wirral Area Team for specialised services and Lancashire Area Team for Offender Health Services). We also have a number of contracts with Local Authorities for the provision of substance misuse services.

GMW has been working with our commissioner partners to improve services for many years. We worked with our commissioners to influence their 5 year plans in order to shape the future delivery of services and they worked with us to influence our plans. The service developments that have been shaped following engagement with all our stakeholder and also been cognisant of the following:-

- CCG Strategic Plans and Commissioning Intentions 2014/15
- CCG Mental Health Strategies and Commissioning Strategies
- Joint Strategic Needs Assessments and Health and Wellbeing Strategies
- 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 workplans

Of particular relevance to GMW is the intention to develop services around fewer centres and the workplans for CAMHS T4 and Secure Mental Health.

1.3.3.2 Trust Development Plans

The strategic development plans outlined in section 1.5.1 include proposals for both our clinical and non-clinical services and are not exhaustive. They represent the improvements that are likely to have the greatest impact on this organisation's strategic positioning, resources and quality outcomes over the next five years.

Plans are a combination of developments that are already agreed (internally and, as required, with commissioners) and underway, and those that are embryonic but expected to come to fruition. The latter will be progressed through our annual business planning processes, with comprehensive business cases developed to support decision-making and any external requirements also met. These may include, for example, requirements for formal consultation and commissioner or regulatory approval.

Involvement and Engagement

We recognise our responsibility to involve service users and carers in the planning and provision of services; development of proposals for change in the way services are provided; and other decisions affecting the operation of services. We take this responsibility seriously and have a strong track record of service user and carer involvement and engagement through a variety of mechanisms. A number of the established plans outlined in section 1.5.1 respond to service user feedback. We will continue to work with our service users and carers to ensure that plans remain on track and relevant to any changing priorities or needs.

Our Council of Governors have actively contributed to the development and agreement of the following forward plans. Where required, the views of Overview and Scrutiny Committees and commissioners have and will be sought on specific plans.

Service Improvement Matrix

A detailed description of each of our individual development plans is provided in Section 4.3 below. We have also summarised plans for the development of our clinical services in matrix format to demonstrate which are particularly focused on enabling:

- *Market penetration* – consolidate or strengthen our position in existing markets
- *Service development* – provide a new type of service, which may or may not be an extension of existing services, in existing markets
- *Market development* - providing a service in which we have experience (i.e. an existing service) in new markets
- *Diversification* – providing a new type of service in new markets

1.3.4 CAPACITY ANALYSIS

The Trust has worked very closely from Director to “ground level” in ensuring the capacity is well managed, risks 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. It is not anticipated that the new Well-led Review Governance Framework would reach any other conclusion

1.3.5 FINANCIAL PLAN

The Trust is required to have a 5 year financial strategy that is aligned to support the delivery of the CCGs plans, commissioning intentions and our strategic programmes. The Trusts financial strategy is to be a long term financially sustainable organisation which delivers all its key financial targets and manages its financial risks. The Trust:

- Has used a dynamic financial model
- Has completed regular reviews of the Trust’s financial position, including analysis of variations against plan
- Has undertaken periodic modelling of financial scenarios as they change
- Is holding a contingency and a risk reserve
- Is maintaining robust forecasting mechanisms

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 the above, the Trust is looking at both Trust-wide CIPs and 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 in years 1 and 2 of the plan. Further work is ongoing to identify Trust wide schemes from 2016-17. This could involve further potential rationalisation of sites, services and re-designed service delivery models.

Quality Impact of Cost Improvement Programme:

The Director of Nursing and Operations and the Medical Director review the CIP schemes and evaluate the risks and impact on service delivery and quality.

1.3.6 COMPETITOR ANALYSIS

The Trust recently updated its Competitor Analysis. The analysis showed that the impact of other providers on the Trust was high in some areas, particularly for those Trusts within close proximity; those with a fully developed integrated care pathway of delivery; those with a National footprint looking to expand and for substance misuse services which is a highly competitive market.

1.3.7 Trust's Financial Planning Scenario

The strategic plan sets the context within which the five year financial plan is set.

The overall financial objectives for the five years are to meet the requirements set out by Monitor, and the Everyone Counts Planning Guidance, namely:

- To deliver an operational surplus of to facilitate potential investment in services
- To generate earnings before interest, tax, depreciation and amortisation
- To maintain a Continuity of Service Risk Rating (CoSRR) of between 3 and 4
- To ensure cash balances are maintained and interest generated for investment in services.

The Trust's Do Nothing scenario assumes that:

- The Trust delivers efficiencies each year
- There are no major changes to contract income, other than the tariff deflator
- That the introduction of Pay and prices for Mental Health would have no significant impact
- There are no major changes in the commissioner's intention with regard to Mental Health Services
- There are no major service investment or disinvestments in years 3 to 5.

However, it is highly improbable that this Do Nothing Scenario is sustainable as the financial environment for the NHS is likely to result in lower levels of funding and a continued increase in the demand and quality of services. The Trust has modelled a number of financial planning down-side.

1.4 Risk to sustainability and strategic options

1.4.1 Income and Expenditure Plan

The financial modelling undertaken has considered a number of 'down-side' scenarios. Stress testing has been undertaken to examine the financial resilience of the Trust and its ability to sustain and survive material Commissioner disinvestment and/or the Trust's ability to reduce its costs in line with the annual efficiency requirement. The Trust would have to mitigate the risks by reducing costs to ensure the recurrent expenditure of the Trust matches its recurrent income. In some instances, the Trust may have to review the level of the 'service offer' to ensure it works within the resources available.

The financial plan confirms that the Trust will be required to manage the potential reduction in income in future years by utilising some of its deferred income. This will present the clinical services with an opportunity to adjust the service cost or service offer and realign provision to the reduced levels of income.

Capital Investment and Asset Disposal Plans

The Trust has an ambitious capital investment plan for the two financial years, 2014/15 and 2015/16. For the next three years the Trust will have to determine its capital plans in the context of the revenue positions.

Loans and Working Capital

The Financial plan does not identify a requirement for Loans of Working Capital finance due to the level of cash and resources held by the Trust. However, the Trust is aware of the impact of the financial modelling and the need to ensure that satisfactory levels of cash balances are maintained.

1.5 Strategic plans

1.5.1 TRUST STRATEGIC DEVELOPMENT PLANS

The following is a detailed description of the strategic development plans that the Trust will be working to achieve over the next 5 years by Directorate and Service.

1.5.1.1 District Services

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:

1. *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.

2. *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 transfer of existing older people's inpatient services from Bolton to the Woodlands site.

Options for reducing or rationalising the older people's beds in Trafford will be considered with Trafford CCG once the impact of all the community developments can be properly assessed.

The above will be undertaken with the aim of improving the overall quality of care. The reduction in both adult and older people's beds will bring provision in line with regional and national averages and release resources which will allow both financial efficiencies and community investment. Interested parties were given the opportunity to express their views on the proposed community investment and bed closures (adult and older adult) via formal public consultation in 2014

Manchester Mental Health Improvement Programme

Manchester Clinical Commissioning Groups (CCGs) have undertaken an engagement programme with service users and stakeholders which aims to improve the mental health service provision in Manchester.

Their ambition is 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.

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 a RAID service 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 mental health issues.

We will develop further services within Salford.

Place of Safety:

Working with Greater Manchester Police, we are improving 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). We have recently opened a new S.136 suite in Bolton and the development of a designated and fit for purpose S.136 place of safety facility on the SRFT site is already underway and will open June 2014. In addition, to the purpose-built Trafford Section 136 Suite, these three facilities provide a comprehensive network of suites across our geographical footprint.

Extension of Autistic Spectrum Condition/Attention Deficit Hyperactivity Disorder (ASC/ADHD) Services:

Since 2011, our Trafford Extended Service (TES) has provided services for individuals with ASC, ADHD and personality conditions. The ASC element of this service has subsequently expanded to cover Bolton CCG. The Bolton service is managed by TES and operated as a 'hub and spoke' model.

Development of Salford Memory Assessment and Treatment Services (MATS) for People with Dementia and their Carers:

Our MATs service in Salford initially commenced in 2004. Since that time, demand for the service has significantly increased, along with expectations regarding the level of support provided and requirements

to comply with new clinical guidelines and standards. At least four service reviews and reconfigurations have been undertaken since 2004 and in 2013/14.

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.

1.5.1.2 Adult Forensic Services (AFS)

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 are 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 have opened and are working well. 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.

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 (Kingsley and Lowry

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.

The replacement of Kingsley and Lowry Wards 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.

Replacement of Charles House:

Work is currently underway at our Edenfield Centre, Prestwich 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.

Longer-Term Development of the Edenfield Centre:

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.

1.5.1.3 Adult and Youth Specialised Services (AYSS)

The Gardener Unit:

Trust Board are actively considering opportunities for developing the secure adolescent forensic unit.

Eating Disorder Services

As an expert provider of community-based eating disorder services for adults in Greater Manchester, with experience of supporting individuals in to and out of existing inpatient services, we recognise the gaps in current provision, we will review NHS England commissioning intentions with interest.

Reconfiguration of Personality Disorder (PD) Services:

AYSS's Red House service provides a range of specialist psychotherapeutic treatments to adults whose interpersonal and psychological difficulties prevent effective treatment at primary and secondary care levels. Historically, the Red House has particularly helped individuals with moderate to severe personality disorders through the provision of either outpatient psychotherapy (group and individual) or intensive

psychosocial and psych-educational therapy in the Day Service.

Redesign has occurred at the Red House in recent years to safeguard the longer-term viability of this unique service. A key element of this redesign has been the closure of the Day Service in September 2012. Since the closure of the Day Service, further work has been undertaken with commissioners, staff and service users to agree a new model for personality disorder services.

Expansion of Junction 17:

Following significant capital investment of close to £10million, our purpose-built 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.

Five additional beds have been temporarily opened in response to demand nationally for capacity.

North West Offender Health - Extending Provision of Specialist Adolescent Mental Health Services:

We have provided integrated primary and secondary care mental health in-reach, or 'embedded', services at HMYOI Hindley for a number of years. Since September 2012, we have also provided an effective mental health in-reach service into Red Bank Secure Children's Home in St. Helens. This service undertakes initial assessment and screening for all young people admitted to the home, in addition to psychologically-informed consultation for more complex cases.

In 2013/14, North West commissioners confirmed their intention to re-commission mental health and substance misuse services for adolescent offenders as a comprehensive pathway that cuts across all young people's criminal justice settings.

As an existing provider, AYSS and our Alcohol and Drugs Directorate (A+DD) are actively involved in the development plans for this new model.

1.5.1.4 Alcohol and Drugs Directorate (A+DD)

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. We will continue within recent changes in contracting arrangements.

Continuation of our Rapid Access (Alcohol) Detoxification Acute Referral (RADAR) Service:

Our 10-bedded RADAR service opened as a pilot in November 2012 and is located at the CBU. RADAR provides an innovative pathway for transferring patients, who present at 11 acute hospitals/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.

The initial pilot funding for RADAR ended in October 2013 and was supplemented by further temporary funding until March 2014. We have used this extension to complete a more in-depth evaluation of RADAR outcomes and to secure further funding until March 2015.

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

We have a dedicated, skilled and experienced alcohol and drugs workforce and remain committed to being a key player in this market.

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.

1.5.1.5 Prison 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.

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.

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.

1.5.1.6 Trust-Wide Developments (Non-Clinical)

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

In 2013/14, the Trust Board committed £5.5 million 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. (Courses will also continue to be delivered across the Prestwich footprint).

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.

Capital works are in progress and the new facility is scheduled to complete by the end of August 2015.

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 decision to move from our existing Integrated Clinical Information System (ICIS) to Civica's Paris information system. This decision followed a detailed 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 in 2014/15 and will continue into 2015/16.

Development of a Trust-wide Data Warehouse and Business Intelligence Solution:

Benefits of this development will include timelier 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. Resources have been identified to support this development. Work to deliver a comprehensive business intelligence solution commenced in 2013/14.

Review of Pharmacy Services:

A review of our pharmacy services, including the Service Level Agreements (SLAs) we have in place with other providers, is in progress.

National Crisis Care Concordat

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.

1.5.2 TRUST COMMUNICATION PLAN

GMW has a strong track record of engaging with service users, patients, carers, staff and key stakeholders and welcoming their input in planning and evaluating services as well as keeping them updated with progress and achievements. As part of this communication process, we shared our five year plan and our strategic direction of travel.

We enjoy a good working relationship with key stakeholders and we are an active member of all three Health and Wellbeing Boards in Bolton, Salford and Trafford. Alongside this, we also have local CCG and local authority meetings as well as joint executive commissioning groups across all three main commissioners as well as three subgroups of contracting, service development quality. This plan has been presented at all these groups.

Internal communications is of paramount importance especially when the geographical spread of the organisation is taken into account. To communicate this plan, we use a variety of innovative methods to keep staff briefed and elicit feedback from them. The plan was also considered at our Council of Governor meetings which are held regularly throughout the year. Attended by the Chief Executive, Chair and Executive Directors, Governors were able to ask questions and express opinions on our five year plan during these sessions.

As well as presenting our Strategic Plan and consulting with stakeholders we communicate and engage on individual strategic changes. This was evident in the work that was to done to collaborate with health and social care in Bolton, Salford and Trafford to consult on and agree the development of the Acute Care Pathway with CCG boards, Overview and Scrutiny Committees and Healthwatch.

1.5.3 TRUST BUSINESS PLANNING PROCESS

Business planning is a systematic analysis of a service and its environment, and the subsequent identification of actions or priorities to ensure a service:

- Remains or becomes fit for purpose;
- Meets the needs of those who commission and access it;
- Embodies good practice;
- Supports workforce development; and
- Supports the Trust in achieving its vision, values and objectives.

The Trust is committed to operating a robust annual business planning process, which sets and enables delivery of our strategic intent. Our Business Planning Framework establishes basic principles and a clear structure for business planning, detailing the time-frames and steps involved and roles and responsibilities of key stakeholders.

The framework is intended to support individual Trust Directorates/Services in monitoring and reporting achievement against previous years' objectives and developing future business plans.

Particularly, the Business Planning Framework:

- Provides a structure to the business planning process for all Directorates/Services
- Establishes key principles for business planning
- Integrates business planning with the Trust's corporate objectives

The Trust's six corporate objectives support achievement of our vision of 'Improved Lives and Optimistic Futures for People Affected by Mental Health and Substance Misuse Problems'. Our objectives have been awarded the 'Crystal Mark' for clarity by the 'Plain English Campaign' and are compatible with the objectives of our partner organisations and other key stakeholders.

Our corporate objectives are as follows:

1. Promote recovery by providing high quality care and delivering excellent outcomes
2. Work with service users and carers to achieve their goals
3. Engage in effective partnership working
4. Invest in our environments
5. Enable staff to reach their potential and innovate
6. Achieve sustainable financial strength and be well-governed

Business plans are developed locally at service level and take account of the views of all key stakeholders including staff, service users and carers and commissioners. Business plans are then agreed/signed off by the Head of Operations or Service Lead on behalf of the Directorate and then reviewed through local management team meetings and with the appropriate Network Director. Once this process is completed Business Plans are discussed by the Executive Management Team

Business plans have a clear link to the Individual Performance and Development Review (IPDR) process as individual personal development objectives (agreed through the IPDR process) and should reflect how individuals contribute to corporate objectives listed above.

Our Business Plans are broken down into the following sections:-

Organisational chart – describes the service structure and includes reference to temporary and fixed term posts.

Drivers for change – key commissioning intentions or performance targets that will impact on service delivery in future years

Business plan summary – overall 5 year plan, service aims and vision, key achievements, barriers to progress and future developments

Objectives and achievements with action plans - Each objective is supported by the identification of:

- clear actions,
- outcome measures

- a named responsible staff member
- realistic timescales for completion
- a record of date actions are completed

And mapped against the Trust's corporate objectives. Objectives identified in business plans are SMART:

- Specific
- Measurable
- Achievable
- Realistic
- Timetabled

Services identify and account for the impact of their plans on other clinical and/or corporate services/Directorates when planning their development priorities.

This section also includes a brief review of achievements against the previous year's plan (RAG rated) and identify any outstanding actions to be carried forward into the future year.

Workforce Planning – workforce implications and developments required to enable delivery of the business plan are estimated.

Risk Assessment and Management - Identification of significant risks associated with the delivery of the business plan – business planning risks are reflected in local risk registers

Cost Improvement Programme (CIP) – achievements to date and future efficiency plans. Concurrent with the annual business planning cycle, the Director of Finance and IM&T advises what the budget setting process for the next financial year. The future year Cost Improvement Programme section of the Business Plans reconciles to the financial targets agreed through budget setting.

Equality Impact Assessment - The Trust aims to design and deliver services, policies and measures that meet the diverse needs of our service users, local populations and workforce and ensure that no individuals/groups are placed at a disadvantage.

Plans are regularly reviewed, adapted and amended for unexpected future challenges and risks to delivery are discussed at Directorate/Service monthly meetings and reported to the bi-monthly Risk Management Strategy Group where all significant risks that impact on Business Plans are monitored.