

HUMBER NHS FOUNDATION TRUST

FIVE YEAR STRATEGY

INTRODUCTION

The Humber NHS Foundation Trust Strategic Plan 2014-2019 sets the overall direction and priorities for the Trust over the next five years. It reflects the current strategic position, the challenges it faces, and the key national policy drivers and the plans of commissioners and providers across the local health economy. It will deliver improvements in five priority areas:-

1. Improved Quality.
2. Transformation through prevention and wellbeing: CAMHS, Learning Disabilities, Adult Mental Health, Secure Services, Prisons and Addictions.
3. Transformation through integration: Older People's Mental Health, Neighbourhood Care Services.
4. Improved access to services: parity of esteem, waiting times.
5. Improved Value through delivering financial and investment strategy, providing more cost effective, transformed services and developing new non-core services.

SECTION 1: MARKET ANALYSIS AND CONTEXT

Humber NHS Foundation Trust is a specialist provider for Mental Health, Addictions, Learning Disabilities, Community Services, Therapies and Medium Secure Services across Hull and the East Riding, serving a population of 600,000. It has an income of £128.7M (2014/15) and employs approximately 2800 staff who cover 1000 square miles working out of over 70 premises. Since its establishment the Trust has performed well with strong finance and governance ratings over the majority of the last 4 years.

The vision for the Trust is "to improve the health and wellbeing of the communities we serve". This is supported by four aims, which are:

- Person centred care
- Clinical excellence
- Valued and skilled workforce
- Effective partnerships

The Trust works with five commissioners: NHS England for specialist services, Hull and East Riding Clinical Commissioning Groups, Hull City Council and East Riding of Yorkshire Council. East Riding CCG along with East Riding of Yorkshire Council and other partners have set out their overview of the health system over the next 5 years. Their plan is focused on healthy independent ageing, reducing inequalities, and improving the health and wellbeing of children and young people. The role of East Riding of Yorkshire Council is crucial to the delivery of objectives and the Trust is fully engaged with them through the Better Care Fund, the joint Section 75 Partnership, and through our provision of public health and addictions services they commission. Related work in Pocklington with the Vale of York CCG will be developed.

In Hull, the Trust is a member of the '2020 Vision' strategic partnership, established by Hull CCG to achieve improved health, resilience, wellbeing and aspiration. This is a broad public sector partnership which includes Hull City Council, Humberside Police, the Humberside Probation Trust and Humberside Fire and Rescue Service. The Trust will build on its existing relations with criminal justice agencies within the overall 2020 Vision. The delivery principles upon which the 2020 Vision are built include integration of care, care closer to home, community hubs (including a new facility in East Hull), single care navigation, and solutions that are community designed and owned. These will underpin strategies to transform primary care, creating a better future for children and young people - the next generation, and the integration of care for older people.

Needs Assessment

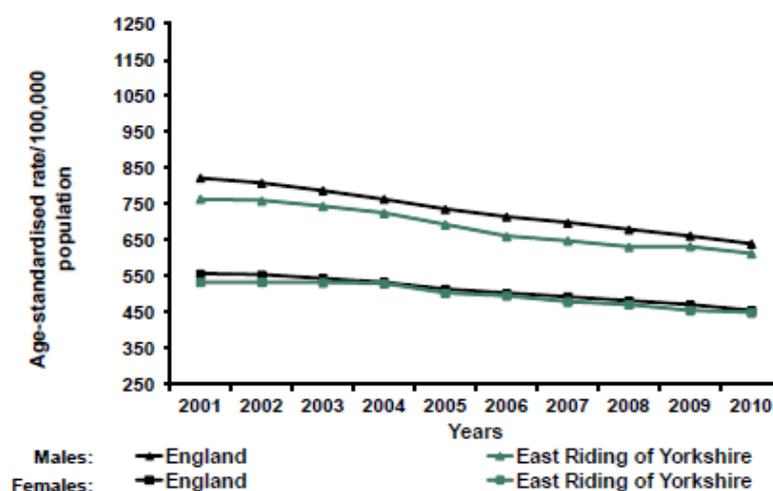
The Trust has completed a health needs assessment based principally on the East Riding and Hull but work to understand North Yorkshire has also been completed. The summary of demography and healthcare trends is taken from a more comprehensive report which has utilised the Joint Strategic Needs Assessment work in each local authority.

East Riding Health Profile

The health of people in East Riding of Yorkshire is on the whole better than the England average. Deprivation is lower than average, with about 7,400 children living in poverty. East Riding has pockets of deprivation in Bridlington (South), Goole and Withernsea and the wide geography is a factor in providing local access to care.

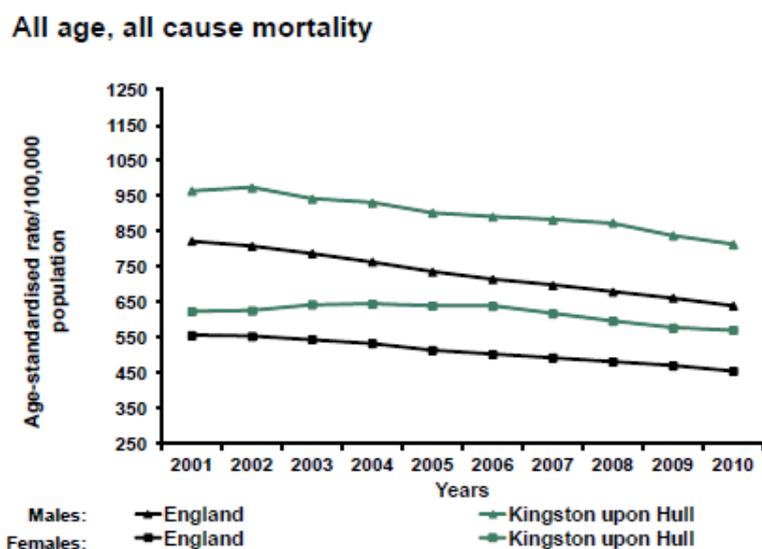
Life expectancy is higher than the England average across East Riding, but is 6.8 years lower for men and 4.1 years lower for women in the most deprived areas. Over the last 10 years, all-cause mortality rates have fallen. The graph below compares rates of death, at all ages and from all causes, in this area with those for England. It indicates the rate is lower for men but for women the rate is similar to the national average.

All age, all cause mortality



Hull Health Profile

The health of people in Hull is on the whole worse than the England average. The map below identifies the most deprived areas (darkest) compared to England. The graph below compares rates of death, at all ages and from all causes, in this area with those for England and indicates higher rates of death for men and women in the city.



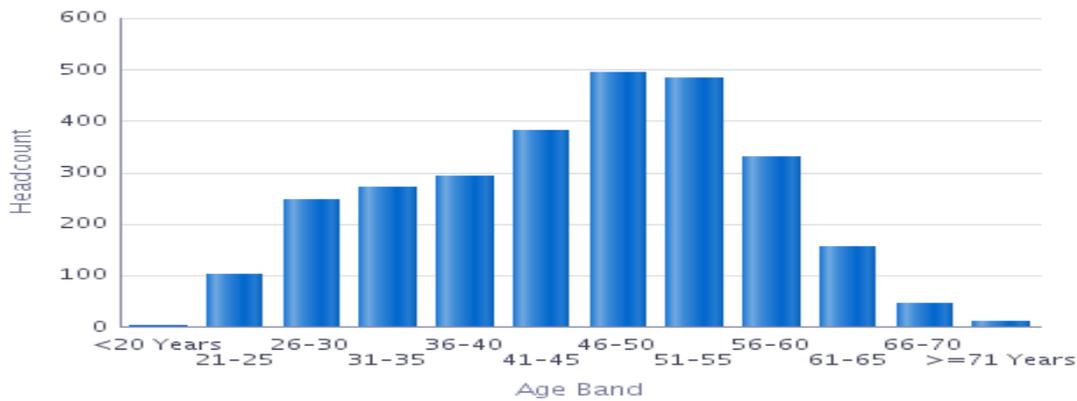
Capacity Analysis: Beds, Estate and Staff

The Trust currently has 287 beds overall:-

Adult Mental Health	109
Older Mental Health	25
Secure Services	79
Learning Disability	20
Community Hospitals	54

Benchmarked data shows the Trust efficiently manages its mental health beds with a low number of adults' and older adults' beds per 100,000 population, good occupancy levels, low number of admissions per 100,000 population and short lengths of stay. Case complexity on older adult wards indicates the need to explore options for additional capacity and this would be in line with the increasing numbers of older people with dementia who need complex care.

The Trust employs approximately 2800 (excluding bank) staff across a wide range of clinical and non-clinical full time and part time roles. The following graph describes the age profile of current workforce:



Workforce turnover for 2012/2013 was 9.48% and 2013/2014 was 11.78%. The Trust workforce data shows that turnover is slightly increased; the most common reason for leaving remains retirement although there is a notable increase in voluntary resignation. The Trust has an ageing workforce with 36% of the current workforce aged 50+. There are some national shortages of key staff such as district nurses which add to existing local challenges. The Trust has identified three key areas where further efficiencies can be made and has made some broad assumptions about the potential impact in 2015/16. These are:

- Workforce redesign including an overall review of the Trusts' structure in terms of pay bands and shift patterns.
- Review of terms and conditions including potential for further national directives related to Agenda for Change terms and conditions.
- Workforce re-profiling based on PbR Care Cluster.

Competitor Analysis

Humber NHS Foundation Trust has a strong place in the local healthcare market and undertakes competitor analysis annually as part of the Integrated Business Plan and Commercial Strategy development. The Trust continues to develop relationships with other organisations who are direct or indirect competitors and seeks to understand them. The Trust is clear about its own strengths, weaknesses, threats and opportunities (see below) but it has also used the PWC Competitor Analysis Guide to inform analysis.

Strengths, Weaknesses, Opportunities and Threats

The SWOT is an internal analysis of the Trust based on perceived and actual characteristics.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Major provider of community, therapy and mental health services in Hull and East Riding over a 24/7 period • Experience of delivering significant change and innovation for some services - supporting patient care and commissioner needs (inc. IM&T) • Consistent high performance in delivering quality services as evidenced in patient experience surveys and CQUINS 	<ul style="list-style-type: none"> • Slow pace of changing organisational culture to support the Trust-wide change agenda • Marketing and commercial expertise/capacity • Block contracts with insufficiently specified high expectations in terms of delivery and that do not always reflect appropriate levels of investment

Opportunities	Threats
<ul style="list-style-type: none"> • Ambition locally to integrate community, mental health, primary and social care services that are patient outcome and solution focused, innovative and affordable • Provider of a range of specialist services • Maximising the use of IT systems i.e. ERostering 	<ul style="list-style-type: none"> • Increased numbers of procurements, by an increasingly varied number of commissioners • Demographic changes in East Yorkshire, particularly the aging population (inc. own workforce) • Instability caused by introduction of a mental health tariff; lack of tariff for community services

Political, Economic, Social, Technological, Legal and Environmental Analysis (PESTLE)

Unlike the SWOT, the PESTLE is an analysis of external factors that are likely to impact on the organisation.

<p>Political</p> <ul style="list-style-type: none"> • Continued impact of Government policy for quality improvements and funding constraints including ‘Everyone Counts’ planning priorities, Francis, Keogh, changing role for regulators, the implementation of the Better Care Fund, and achieving the objectives of ‘Closing the GAP’, Care Bill • Expanded patient choice policy and encouragement of third sector, social enterprises, GP Federations into market place 	<p>Economic</p> <ul style="list-style-type: none"> • National economic situation and Efficiency “squeeze” on Public Sector to 2018/19 • Payment by Results in Adult/Older peoples Mental Health and roll out to other service areas
<p>Social</p> <ul style="list-style-type: none"> • Demography – ageing population, inability to travel, unemployment and impacts of deprivation in Hull and parts of East Riding – higher rates of dementia • Stigma – attitudes towards mental illness 	<p>Technological</p> <ul style="list-style-type: none"> • Continued use of IT to enable care and creation of shared record, and community access to IT and home working • Development of infrastructure to support shared patient information across health and social care sector
<p>Legal</p> <ul style="list-style-type: none"> • Mental Health, Mental Capacity Acts and deprivation of liberty • Safeguarding – adult and children –inc. Children and Families Act (2014) 	<p>Environmental</p> <ul style="list-style-type: none"> • Safety privacy and dignity • Estate rationalisation

SECTION 2: RISKS TO SUSTAINABILITY AND STRATEGIC OPTIONS

The completion of the market analysis has identified a number of risks to sustainability which includes: increasingly complex health needs, future workforce and funding trends, competition, and the level of transformation needed to continue to provide high quality services. The principal options and choices available to the Trust to address these risks are whether to merge, grow, shrink, collaborate or transform. The Trust will prioritise work to transform services and to collaborate and grow. This is summarised in the table below.

SERVICE & STRATEGIC OPTION	CHALLENGE
Transformation Through Prevention and Wellbeing	
CAMHS Transform	Increasing focus on emotional wellbeing of children and service integration with local authority provision is a strategic priority for commissioners. The CAMHS service is being fundamentally transformed following extensive consultation and planning and the needs of young people are becoming more complex. The lack of in-patient provision and specialist eating disorders nationally is a risk for young people managed in local services.
Learning Disabilities Transform/ Grow	In light of Winterbourne Review significant work with CCGs and local authorities has been undertaken which will impact on community and in-patient services through changes to provision and potential to develop new respite and complex care services. The future use of the one ward of new Townend Court in-patient facility remains uncertain.
Adult Mental Health inc. IAPT Transform/ Grow	New IAPT services models have or will commence in 2014 with increased levels of activity commissioned. Moves to develop care packages that underpin the mental health tariff, capacity issues in community services, and meeting 'Closing the Gap' requirements all present risks and opportunities that have indicated the need to review and transform adult services focusing on recovery and good care outcomes.
Secure Services & Addictions Collaborate/ Grow	Substantial re-procurement of secure services and addictions is planned plus an expanded procurement within local prisons. In addition there will be significant opportunities to strengthen and develop our portfolio underpinned by the successful recovery focused patient centred philosophy.
Transformation Through Integration	
Older People's Mental Health Transform	The integration of physical and mental health services are key to improving services for the elderly. Rising levels of dementia alongside other long term conditions requires a response across organisations and care pathways. Delivery of Ambulatory Care Models as part of the Better Care Fund is driving much of this transformation
Neighbourhood Care Services Transform	The integration of physical and mental health services is key to improving services for the elderly The case for service transformation is strong in terms of improved outcomes to improve quality linked with a reduction in costs to support efficiency. Delivery of Ambulatory Care Models as part of the Better Care Fund is driving much of this transformation
Improve Access	
Parity of esteem Transform/	National requirements to work with commissioners to achieve parity of esteem between mental and physical health. This cross-cutting theme will be delivered in service plans for CAMHS, adults and older peoples mental health services. This will include tackling waiting

Grow	times.
Improve Value	
New non-core service Grow	The Trusts' commercial strategy articulates the growth intentions for the Trust over the next five years through a mixture of private sources as well as growth through existing commissioners.

SECTION 3: DEFINING STRATEGIC GOALS

The Trust Board undertook work earlier in 2014 to consider the vision for the organisation, its services and the local health economy. This was considered in response to the six transformational service models described in NHS England's 'Everyone Counts' and with reference to its current strategic position. Based on the five strategic themes the objectives of the Trust are set out below.

Strategic Theme	Objectives
Improved Quality of Care	<ul style="list-style-type: none"> To be in the top quartile for patient and staff satisfaction as measured through friends and family tests. To achieve, on an annual basis, demonstrable improvements in patient safety, effectiveness and outcome of care.
Transformation through Prevention and Wellbeing	<ul style="list-style-type: none"> To achieve improved health and wellbeing outcomes for children and young people, adults with learning disabilities, adults with poor mental health, adults with addictions and in secure services.
Transformation through Integration	<ul style="list-style-type: none"> To achieve improved health and wellbeing outcomes for older people through integration of physical and mental health. To work with partners to deliver the ambitions of the Better Care Fund in Hull, East Riding and Vale of York including better health outcomes and greater independence.
Improved Access to Services	<ul style="list-style-type: none"> To achieve a minimum that no patient waits more than 18 weeks during 2015/16 and maintain that throughout the plan period
Improved Value	<ul style="list-style-type: none"> To maintain a finance risk rating of 4 and a governance rating of Green To maintain EBITDA projections To grow the Trusts non-core services and continue to deliver underlying surpluses to be re-invested in direct patient care on an annual basis.

SECTION 4: STRATEGIC PLANS

Section 4 summaries the plans that support achievement of Trust ambitions. Based on the analysis, above, and the strategic choices made by a prioritised set of strategic service plans have been developed. There are three set of plans:-

- 4.1 Quality and Clinical Strategies
- 4.2 Financial
- 4.3 Key service line initiatives

4.1 Quality

The Trust quality plans will address the challenges faced by the Trust and the local health economy and will:-

- learn the lessons from The Francis Report and delivering on 'Hard Truths', the governments' response
- Address the findings and recommendations from the Winterbourne View report
- Address the findings and recommendations from the Berwick review of patient safety.

Humber NHS Foundation Trust has developed its Quality Strategy for 2014- 2019 meets the requirements of the Monitor Quality Governance Framework in respect of strategy, capabilities and culture, processes and structure, and measurement. A robust and systematic approach has been adopted based on the Ward to Board model reflecting the seven steps to improving the quality of services defined in High Quality Care for All:-

- **Bring clarity to quality:** This means being clear about what high quality care looks like and reflecting this in a coherent approach to the setting of standards.
- **Measure quality:** In order to work out how to improve we need to measure and understand exactly what we do.
- **Publish quality performance:** Making data on how well we are doing widely available to staff, patients and the public will help us understand both variation and best practice, and focus on improvement.
- **Recognise and reward quality:** Our systems should recognise and reward improvement in the quality of care and services. This means ensuring that the right incentives are in place to support quality improvement.
- **Raise standards:** Quality is improved by empowered patients and empowered professionals. There must be a stronger role for clinical leadership and management throughout the Trust.
- **Safeguard quality:** Patients and the public need to be reassured that the Trust is providing high quality care. Regulation, of professions and of services, has a key role to play in ensuring that this is the case.
- **Staying ahead:** New treatments are constantly redefining what high quality care looks like. We must support innovation and become a pioneering organisation.

This will be implemented along with the clinical strategy which encompasses the 6 C's

4.2 Financial

Productivity & Efficiency

The Trust has a good track record in delivering its CIP plans, however delivery of recurrent plans at the required level is increasingly challenging for the organisation. Historic performance and future ambitions are summarised in the following table:

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
	£m	£m	£m	£m	£m	£m
Actual	4.50					
Target	6.3	5.1	5.1	4.5	4.5	4.5
% Delivery	71%					

A significant shift in efficiency delivery is required over the next 5 years, the key component over the period will be workforce redesign, ensuring the organisation adapts its delivery model to allow significant workforce efficiency, this will be supported by an IM&T strategy that supports full mobile working, in addition an enabling estates strategy should release some fixed costs from our asset base.

This level of efficiency savings will range from £5.1m to £4.5m over the duration of the plan with a greater emphasis on transformation of our service delivery.

Financial & Investment Strategy

The Trust has continued to deliver its underlying financial targets since becoming a Foundation Trust in 2010. During that time it has also seen its income improve significantly from £84m to over £130m in 2012/13. Income has however now fallen back from that peak to £129.5m, and is expected to fall further unless new services are commissioned or provided. Continued competition in the market plus the impact of contract price deflators is reducing available income.

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
	£m	£m	£m	£m	£m	£m
NHS Clinical	120.6	121.2	119.3	118.2	117.5	116.9
Non-Mandatory	0.7	0.4	0.4	0.4	0.4	0.4
Other Operating	8.2	7.1	6.7	6.7	6.6	6.6
Total	129.5	128.7	126.3	125.2	124.6	123.9

The trust has maintained a strong financial risk rating since authorisation and since the introduction of the continuity of service rating in October 2013 a rating indicator of 4 has been achieved. The 5 year plan demonstrates an intention to continue achieving the highest possible rating.

4.3 Key Service Lines

The Trust has prioritised the following set of seven strategic service plans which are described in more detail below:-

4.3.1 Transformation through Prevention and wellbeing:

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE : STRATEGIC PLAN

Strategic Fit

CAMHS aims to deliver support to children and young people with mental health and emotional wellbeing problems, through a range of interventions, including targeted support for those children and young people most at risk of developing mental health problems. The aim is for children and young people with suspected mental health problems to be identified early in a range of settings working with partners on more integrated models of care.

Service Initiatives

The CAMHS transformation programme will be delivered through:-

- Establishment of Contact points (including self-referral) to ensure ease of access and earlier intervention
- Delivery of shorter waiting times for assessment and treatment
- Introduction of intensive home treatment team for young people in crisis to enable more to stay at home safely
- Clear access to Crisis and Tier 4 services
- To work closely with the HeadStart Hull Programme which aims to build resilience in children aged 10-14 years of age;

Clinical Impact

The service model of delivery has four core service functions. These are:

- Support to Universal/Targeted Services
- Non- Emergency Assessment and Therapeutic Intervention within identified Care Pathways
- Targeted Support to those with an increased risk of developing mental health problems
- Emergency Assessment and Therapeutic Intervention, including intensive home treatment.

The service model of delivery is based on a community outreach model which provides outreach into children's homes, schools, respite placements, youth services and any other environment to meet the child or young person's needs, providing a balance of direct and indirect interventions.

LEARNING DISABILITIES:STRATEGIC PLAN

Strategic Fit

In light of Winterbourne Review significant work with CCGs and local authorities has been

undertaken which will lead to the transformation community and in-patient services through changes to provision and potential to develop new respite and complex care services.

The 'Change in Direction' for The Humber Trust requires the effective development of a whole range of integrated service provision, from generic community services in primary and secondary care, to the availability of bespoke person centred care pathways for the delivery of enhanced clinical and social care support through a whole systems approach .

Service Initiatives

The Learning Disability Pathway Work Stream will provide expert advice and support for the consideration of pathways that are currently available and what future appropriate pathways could be required. The specific initiatives are:-

- Re-development of current pathways and capacity
- Agree the future model for in-patient services
- Improve transition arrangements from young people's services to adult services
- Implementation of care clusters/ learning disabilities tariff

Clinical Impact

Delivery of interventions will have a positive clinical impact in a number of ways. There will be more appropriate services for autistic spectrum disorder with severe challenging and/or mental health needs and for complex multiple disabilities and severe communication difficulties. Access to mainstream services will be easier.

A Review of patients returning from low secure or locked rehabilitation services will be concluded

ADULT MENTAL HEALTH SERVICES: STRATEGIC PLAN

Strategic Fit

The strategic plans for adult mental health services cover in-patient and community services and will deliver service transformation but also growth. The Plans will prioritise a Recovery Focused approach to patient outcomes and will deliver improved quality, patient wellbeing, and access to services. This will lead to higher levels of integration of services particularly adult social care services. The proposed workforce re-profiling will enable the Trust to deliver greater cost efficiencies and support longer term financial sustainability.

Service Initiatives

There are a range of initiatives proposed most of which are in the various stages of strategic planning. They are:-

- Psychological wellbeing provision through the East Riding IAP AQP
- Depression and Anxiety Service in Hull (CHCP as contract lead)

- Review of in-patient service in response to identified high unit costs based on service line reporting, but also potential impact of Safer Staffing levels
- Address the requirement of 'Closing the Gap' – including achieving a reduction in waiting times, development of Section 75 Partnerships, and review of model and capacity for Hull teams including the pathway for personality disorder.
- Develop new pathways and service for Autism and for ADHD
- Introduce Mental Health Tariff from 1st April 2015 that achieves the clinical, quality and financial requirements of the Trust.

Clinical Impact

Demonstrable positive impact on health and wellbeing outcomes for people who need psychological therapies and the expanded level of service would enable quicker access to such services – there would be an increase in patient and staff satisfaction. Assurance on quality and safety for patients on wards would be clearer.

Improved Recovery outcomes related to quality of care, housing and employment would demonstrated through in-patient and community mental health teams working alongside social care colleagues. Waiting times for assessment and treatment would reduce and this would have a positive impact on care outcome, accessibility and patient risk.

SECURE SERVICES: STRATEGIC PLAN

Strategic Fit

The Trust will protect existing services and contracts through the process of re-tendering, primarily the national re-procurement of secure service by NHS England, and within Hull and East Riding for addictions and within local prisons in terms of offender health.

In addition there will be significant opportunities to strengthen and develop our portfolio and establish Humber NHS Foundation Trust as a primary provider of offender health services across Yorkshire and Humber.

Service Initiatives

Addictions

1. Protect and grow existing service provision within the Hull and East Riding locality for drugs and alcohol

Secure Services

1. Engage with the national personality disorder offender strategy and obtain contracts for, and submit bids to seek to obtain the contract for the delivery of personality disorder unit within a category C prison in Yorkshire
2. Complete work to ensure contractual compliance for 2014/15 in advance of national re-

procurement expected 2015/16

3. Complete service review of PICU in collaboration with Commissioning Support Unit to establish service need and potential for service redesign to meet additional unmet need within the region

Offender Health and Prisons

1. Complete tender submission for forensic psychology reports for prisons
2. Complete transfer of SCAS service from CAMHS into forensic care group and complete business case for children's offender health service
3. Establish and manage overarching provider partnership board for HMP Humber
4. To successfully bid for new business within East Riding prisons for all elements of health care and addictions services

Clinical Impact

Continued provision of high quality service with good clinical outcomes

4.3.2 Transformation through Integration

OLDER PEOPLES MENTAL HEALTH: STRATEGIC PLAN

Strategic Fit

To deliver OPMH services, HFT works in partnership with a range of agencies to improve diagnosis, treatment and care for people with dementia as part of a more integrated frail elderly pathway. This is key to the success of the Better Care Fund and ambulatory care models working with primary care and ensuring more effective care in acute hospitals and care homes.

Service Initiatives

Specific initiatives identified to deliver improvement are:-

Development of service model and clinical requirements

Workforce development

IM&T

Governance

Premises

Development, marketing and communications

Clinical Impact

The strategy will deliver a face to face assessment prior to onward referral to a Community Treatment Team (CTT) or Memory Service, either in a clinic setting or the patient's home. This will increase access to services and allow for better management as the condition progresses.

The Older People's Clinical Network Groups (CNGs) support the transformational agenda, the role of the network is to oversee the implementation of the Trust's Clinical Governance objectives within the service areas they are linked or influenced by. They have a key role in operationally taking forward the vision or clinical direction of the services they represent, ensuring delivery of objectives and actions, monitoring compliance and clinical effectiveness and provides assurance and ratification processes both through the corporate structure and teams providing care at

ward/clinic level.

The implementation of a range of research programmes will have a positive clinical impact.

NEIGHBOURHOOD CARE SERVICES: STRATEGIC PLAN

Strategic Fit

Integrate physical and mental health services is key to the provision of effective care for older people and is central to delivery of the Better Care Fund and the strategic aims of partners across the local health economy (East Riding Community Strategy, Hull 2020, and Care Act implementation). The case for service transformation is strong in terms of improved outcomes to improve quality linked with a reduction in costs to support efficiency. The development of ambulatory care models with doctor, nurses, therapists and other working together is a key way that this transformation will be achieved. The development of community hospitals and wards as part of the frail elderly pathway is important strategically.

Service Initiatives

There are 10 programmes/initiatives:-

- NCT/OPMH integration
- 24 Hour Nursing
- Workforce development
- Optimising Clinical Systems
- Communications and Marketing
- House bound
- Wound care
- Single Point of Access/Contact
- Long term conditions
- Health and wellbeing

Clinical Impact

“Improving quality of life for people with long term conditions”, Department of Health (2013) confirms that more than 15 million people in England have a long term condition and this figure is set to increase over the next 10 years, particularly those people with 3 or more conditions at once. The clinical impact of the plans will improve quality of life for people living with long term conditions but also for people needing wound care or who are at risk of falling.

We plan to deliver an integrated approach to care through a multi-disciplinary team approach and will focus on physical and psychological outcomes including rehabilitation.

Benefits anticipated from delivery of the programme include: patients will receive a holistic approach to their care by the delivery of integrated mental health and physical health services including improved documented assessment and care plans. There will also be clear transparent pathways of care to include a single point of access, avoidance of hospital admissions and timely discharge

4.3.3 Improved Value

NEW NON-CORE SERVICES: STRATEGIC PLAN

Strategic Fit

The Trust has recently approved a commercial strategy. This strategy articulates the growth intentions for the Trust over the next few years. A programme of projects has now commenced which takes forward idea for growth which includes income from self-funding sources as well as growth through existing commissioners.

Service Initiatives

There are a range of initiatives at varying stages of development including covering therapies, dementia, out patients and health and wellbeing.

Clinical Impact

Positive impact on health and wellbeing outcomes for people of the Hull and East Riding area. In addition there will be positive contribution to the cost improvement programme for the Trust and on NHS provision and capacity.