

Strategic Plan Document for 2014-19
Tavistock and Portman NHS Foundation Trust

Strategic Plan for y/e 31 March 2015 to 2019

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

Name	Simon Young
Job Title	Deputy Chief Executive and Director of Finance
e-mail address	syoung@tavi-port.nhs.uk
Tel. no. for contact	020 8938 2468
Date	30 June 2014

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:

Chair	Angela Greatley
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Signature



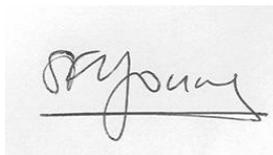
Chief Executive	Paul Jenkins
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Signature



Finance Director	Simon Young
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Signature



1 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

2 Introduction

The Tavistock and Portman NHS Foundation Trust is committed to improving mental health and emotional wellbeing. We believe that high-quality mental health services should be available to all who need them.

Our own contribution to mental health and wellbeing is distinctive in the importance we attach to relationships, including social and family experience at all stages of people's lives, and in our focus on psychological and developmental approaches to the promotion of good mental health and to the prevention and treatment of mental ill health.

Our approach is closely aligned with current policy in mental health and social care, with its strong focus on the social, interpersonal and environmental experiences which can shape mental health from the early years onwards. We believe that early intervention can not only improve mental health both early on and later in life, but can also reduce pressure on other areas of the health and social care services.

As an NHS Mental Health Trust we see ourselves as a public benefit organisation. Our vision is focused on the type of communities and society that we want to be a part of. We want to make a positive difference.

Our vision is of a society that understands:

- That both mental health and illness arise within a person's history of development, and within a context of personal, family and social relationships and events.
- That development is possible at any point across the lifespan and that the experience of development is key to the experience of health and wellbeing.
- That a sense of belonging and being accepted by groups, families, organisations or communities is important to people's mental health.
- That such groups and communities can themselves suffer and be a cause of suffering.
- That emotional disturbance and mental illness will always exist; that they can affect any one of us; and that mental pain is as disabling as physical illness.
- That mental health and physical health are inseparable and should be granted equal relevance by commissioners and policy makers.

Our vision is also of a society in which:

- People are enabled and empowered through knowledge and opportunity.
- Being treated with respect, thoughtfulness, compassion, and concern is a right.
- We work actively against stigmatisation of mental ill health, viewing stigma as unacceptable.
- High-quality mental health services are available and accessible for all who need them.

We aim to make our contribution by:

- Putting the experience, expertise and knowledge of those we work with at the heart of everything we do.
- Providing training and education aimed at building an effective and sustainable NHS and Social Care workforce and at improving public understanding of mental health.
- Working with those most in need, in the places that most need our contribution.
- Providing relevant, contemporary, effective and affordable clinical services for children and families, young people and adults.
- Using a range of psychological therapies coupled with an understanding of human development as a powerful way of promoting mental health and resilience.
- Offering our services in a manner that helps communities and the adults, young people, families and children within them to find their own solutions - always aiming to help people achieve their full potential.
- Ensuring that those who need our services can access them easily.
- Undertaking research and consultancy aimed at improving knowledge and practice and supporting innovation.
- Working in partnership with other organisations and groups from a range of sectors in support of improved lives for those within the communities we serve.
- Contributing to the development of social policy as it relates to our vision and mission.
- Supporting and encouraging our own staff to extend their skills and capacity for care, creativity and innovation.

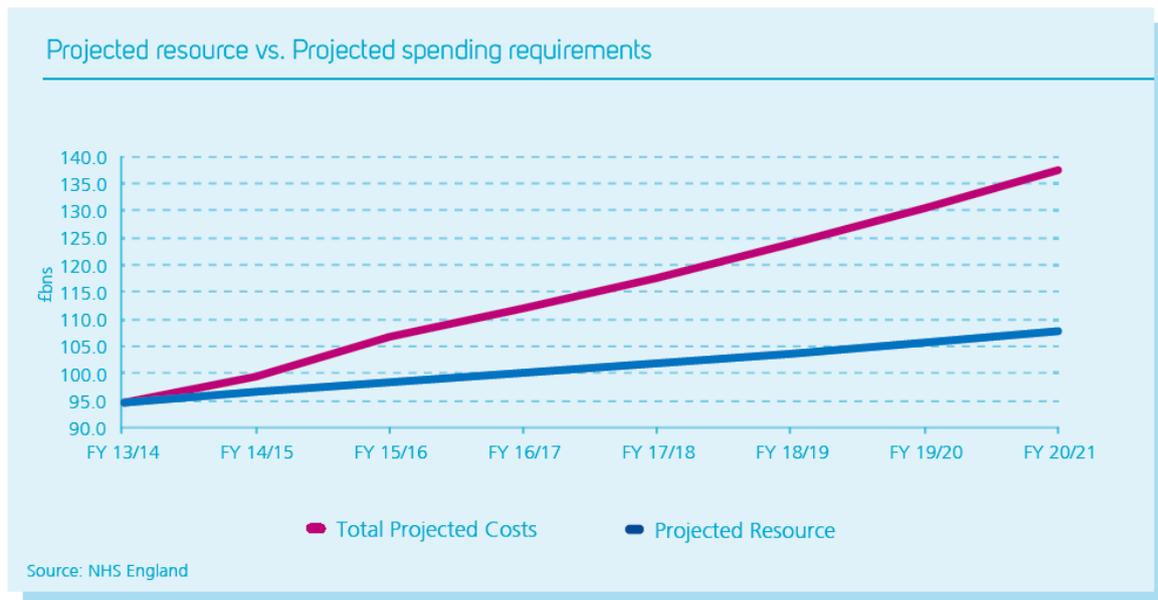
The Trust has met its financial targets each year, through development and growth in both clinical services and education and training; and through improvements in productivity. Income has increased from £25m in 2007/08 to £40m in 2013/14.

In the current period of austerity, we believe that growth is still possible and will be achieved through close collaboration with commissioners and partners to re-shape services and trainings, building on the models we have developed.

At the same time, enhancing the quality, effectiveness and efficiency of existing activities is a critical objective. The Trust aims for continuing quality improvements in both clinical and training work, making full use of information systems and of the involvement of service users and students.

3 Market analysis and context

The NHS faces the “Nicholson Challenge” of delivering 4% productivity savings a year for 10 years. In the graph below, the blue line is the projected NHS funding – assumed to remain the same in real terms, i.e. increasing just to cover cost inflation. The red line is the projected cost of existing service models, increasing because of factors which include an ageing society; the rise of long-term conditions such as diabetes and dementia; the introduction of new and expensive treatments; and increasing expectations for access.



On top of this, however, we also have to allow for continuing reductions in local authority funding and therefore in the local authority contribution to health and social care. This is having the indirect effect of adding to the pressure on NHS budgets. More directly, local authorities will continue to examine and reduce the funding they can allocate to the services they themselves currently commission from organisations like the Tavistock and Portman.

In this economic environment, a generally agreed objective is that the health and social care services for older and disabled people must be better integrated. Commissioners and providers are also seeking much greater integration of mental and physical healthcare. These are key examples of the wider aim for *value-based* healthcare delivery, in which the value to service users is maximised within the budgets available. Integration is expected to give many patients faster and more complete recovery, thus also saving on future care costs. The intuitive logic for this is not yet supported by many evaluated examples, but commissioners are looking for significant service reconfigurations as soon as possible.

“Traditional” cost improvement programmes, in which each organisation generally continues to deliver the same services as before, but more efficiently, will contribute to meeting the financial targets. But to meet the challenge of 4% savings each year over an extended period, it is acknowledged that we – commissioners, providers, and service users working together – must also develop “Transformational” programmes.

These agendas mean that existing services will be challenged, and will need to demonstrate their effectiveness and value. Pressure on commissioners can threaten even successful services. But we also see opportunities. The Tavistock and Portman has a good record of working with commissioners to match our expertise to their needs. We have developed successful partnerships with voluntary sector organisations; and more recently also with the private sector. Our experience will also be relevant to designing and offering new trainings for the workforce that new services will require.

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4 Risk to sustainability and strategic options

During the first part of 2014/15, our recently-appointed Chief Executive is consulting and engaging with internal and external stakeholders. This consultation, "Shaping our Future," focusses mainly on three objectives:

1. Building on our strengths and traditions to provide a clear focus for our development.
2. Putting the voice of lived experience of mental illness at the heart of what we do.
3. Doing what we do more efficiently and effectively.

The Tavistock and Portman's aim is to deliver high quality healthcare to our patients; the best possible learning experiences for our students and trainees; and a supportive environment for our staff to work in.

As a relatively small Foundation Trust, we have been able to meet the annual efficiency targets each year by a combination of savings and growth, taking on and developing new clinical services and training courses in partnership with commissioners and users. At the same time, the development of quality governance systems and structures has enabled us to maintain and enhance quality and safety.

The key risk to sustainability would be if financial pressures could no longer be met in this way. This would be most likely if the Trust suffered significant contract reductions in addition to the efficiency targets; and if no income growth was achieved. A related risk would be to the quality of services, if efficiency savings had to be met on a decreasing base of activity.

The Trust therefore has action plans in four main areas, to enable us to further broaden our contribution, continue to deliver quality improvements, and meet the financial challenges:

- Work with our existing commissioners so that our services continue to meet their needs; maintain most contracts at their current activity levels; and in some cases, identify and develop additional services.
- Bid successfully to take on additional services and to develop new services.
- Develop new training courses to attract significant numbers of students and additional income.
- Make efficiency improvements in existing services.

We will maintain flexibility between these four objectives, though our financial projections are based on a particular mix of them.

5 Strategic plans

The Trust has met its financial targets each year, through development and growth in both clinical services and education and training; and through improvements in productivity. Income has increased from £25m in 2007/08 to £40m in 2013/14.

In the current period of austerity, we believe that growth is still possible and will be achieved through close collaboration with commissioners and partners to re-shape services and trainings, building on the models we have developed.

At the same time, enhancing the quality, effectiveness and efficiency of existing activities is a critical objective. The Trust aims for continuing quality improvements in both clinical and training work, making full use of the information from our Outcome Monitoring tracker system and of feedback from service users and students.

Integrated Digital Care Records (IDCR) and the use of digital technology

A new patient record system will be implemented in 2015, giving an opportunity to change radically the way we work, moving from largely paper-based records to holding all records on the system, providing clinicians with ready access to information to support care.

We are also developing our strategies for technology-enhanced learning and for the use of digital technology in our clinical services.

Facilities

The Tavistock Centre was built in the 1960s; it has been improved and updated, but it has limited capacity and flexibility. The other two buildings owned by the Trust are older.

The Trust is currently considering two main options for its facilities: major refurbishment, or relocation. The Board has approved initial feasibility work on relocation, including needs assessment; site option appraisal; and valuation of our existing buildings. It is expected that a decision will be made in the first half of 2015.

In either case, the project aims to provide facilities where staff can work together more flexibly; where modern technology can be fully utilised in both our clinical work and in our education and training; and with adaptability for further changes in the next 25 years.

A major refurbishment project at the Tavistock Centre (including the extension for which planning consent was obtained in 2013) would be funded by the sale of an existing building. For relocation, the aim and expectation is that the costs will be fully covered by the sale (when vacant) of all three existing buildings.

The business case with full options appraisal is being developed with professional advice, and is expected to be presented to the Board in the first quarter of 2015. For illustrative purposes, the financial projections in this Plan are based on relocation, with the move taking place in the winter of 2017/18. Capital expenditure would be funded by a bridging loan until the existing properties are sold shortly after the move.

Growth and Savings

As noted in section 4, the Trust has action plans in four areas:

- Work with our existing commissioners so that our services continue to meet their needs; maintain most contracts at their current activity levels; and in some cases, identify and develop additional services.
- Bid successfully to take on additional services and to develop new services.
- Develop new training courses to attract significant numbers of students and additional income.
- Make efficiency savings in existing services.

These action plans are the responsibility of the Productivity Programme Board, and regular reports will be presented to the Board of Directors.

The child and adolescent mental health service (CAMHS) in Camden is valued for its strong links with schools, community organisations and other services, and delivers successful outcomes. The Family Drug and Alcohol Court service (FDAC), offered in partnership with Coram, is a key element of the very successful innovative court which serves six London boroughs.

Our nationally commissioned Gender Identity Development service has grown significantly, and in 2013 opened a base in Leeds. The Primary Care Psychotherapy Consultation service, working with GPs in City and Hackney, has been very successful since its introduction in 2009: a recent evaluation study showed that it improves health outcomes; makes savings through the reduced use of other primary and secondary healthcare services; and achieves very high satisfaction ratings with GPs.

These service models offer effectiveness, integration and innovation. We are in discussion with commissioners, and with potential voluntary sector partners, with the aim of offering and adapting them to meet the needs of other areas. New contracts have been won during 2013/14, and further opportunities are due in the next 12 months.

Our aim is to take on two or more existing CAMHS services in the earlier years of this Plan, responding to the significant opportunities currently being offered by commissioners and to several others which are due to be offered in the near future. To keep within reduced funding without simply doing less or reducing quality, we will be offering an innovative model of delivery, in full partnership with other services who are in contact with children, young people, their families and carers. This will include offering some economies of scale in operating a number of CAMHS services in different geographical locations. A core component is the involvement of users in service re-design from the outset. We see our focus on training as a particular strength, with the development of the workforce facilitating the development of services.

We will also be offering new services for maltreated children, one of our areas of particular interest and experience.

The Family Nurse Partnership national unit, transferred from DH to the Tavistock and Portman in 2013, is expected to deliver significant growth as additional teams and places are commissioned across the country.

For the Trust's range of specialist adult services, we aim to maintain existing contracts and to work with partners to develop new services in those areas where our expertise will meet today's needs and offer significant potential for growth. These may include the introduction of choice into mental health; integrated care developments for those with long-term conditions and the frail elderly; work with prisons and probation; and similar models to the Primary Care Psychotherapy Consultation service, in the context of the Better Care Fund.

The Tavistock and Portman offer distinctive education and training at different levels to a range of professionals working in health, education, the criminal justice system and social care. This includes courses that help maintain emotional resilience in stressful environments; that develop psychotherapeutic skills for a broad range of professionals; that enable participants to acquire knowledge about specific topics; that provide a recognised professional qualification; and that develop post-qualification practice.

While the fees for training courses must be competitive and offer value for money, the market is less constrained in some respects. We aim to develop new products and update our existing trainings, to meet the changing requirements of the market.

The use of digital technology in our courses is relatively new, and offers significant opportunities to reach much wider groups, in the UK and potentially internationally.

At the same time, we will continue to review our ways of working in existing services, to identify and implement significant savings in each year of the Plan. These should include savings from improved technology; from simplifying some of our working practices; from continuing to review the pay bandings for some posts; and from reducing central management costs.

Clinical Quality

The development of outcome measurement, and the use of such measures to influence service development, is central to our quality programme. The measures cover a range of domains:

- Symptom severity
- Global functioning
- Family/carer burden
- Quality of Life
- Social disabilities and employment
- Stigma and discrimination
- Satisfaction with mental health services

The Trust's Outcome Monitoring Tracker system has been fully implemented during 2013/14, and is accessible to all clinicians and administrators. We are now collecting the appropriate measures for all patients at assessment and after six months or, if earlier, the end of treatment.

Our priority is that this information, covering all the domains listed above, will be utilised by individuals and by teams to review and revise our clinical practice.

We aim to continue to increase the inclusion of patients, carers and their families in our service development and delivery. For example, service user representatives will be involved in staff appointments. Our new website will provide more easily accessible information for patient, carers and families as well as referrers. The Trust has increased the resourcing of patient and public involvement (PPI); and over the next two years this will continue to be a priority area of development across all our services.

We will continue to ensure our staff are well trained and supported in Child and Adult Safeguarding. In recognition of the increased significance of our digital lives, the Trust has developed a training for staff in recognising risks and benefits in the digital lives of our patients, especially children and young people. As we develop our digital strategy, we aim to learn more about the impact of digital lives and to embed this learning in our service delivery and staff training. Alongside this we aim to further develop our capacity where appropriate to deliver services using digital technology.

Education and Training Quality

Education and training represents over half of the Trust's income, and quality is no less of an issue for this dimension of our work.

Almost all indicators demonstrate that our education and training provision operates at a very high level of quality. Nevertheless, we have in place a comprehensive programme of work for continuing to improve quality which currently includes:

- Increasing the number of training staff obtaining professional recognition from the Higher Education Academy
- Undertaking a number of initiatives designed to enhance student engagement
- Publishing a Student Charter
- Continuing a programme of improving infrastructure (quality of seminar rooms, ICT and audio-visual support, etc.).

The primary vehicle for overseeing the quality of our work in this area is the Academic Governance and Quality Assurance Committee which meets ten times a year.

6 Financial Projections

Income and Expenditure

The Trust aims to make a small surplus in each year of this plan.

The annual efficiency target is expected to be 4% per annum. The mechanism for this is that though costs will rise each year (including the effects of increased pension contributions which are expected in 2015 and 2016), the Trust's income from NHS and public sector sources will increase by 4% less – which will normally mean in fact a reduction. This does not apply to some elements of the Trust's income, but these are subject to normal market forces.

Additional financial pressures are expected from commissioners requiring QIPP savings; and from some of our smaller contracts coming to an end. From year 2 (2015/16), the Trust will bear the costs of the new patient record system, whereas the current system is funded centrally; this change affects most Trusts, and may be allowed for in the national efficiency target calculation.

Improved facilities, whether in a new building or through major refurbishment, will lead to higher depreciation and dividend charges. Based on the earliest likely timing of this project, these costs are allowed for from April 2018 in our financial projections; but this is only for illustrative purposes at this point.

As set out in the sections above, the Trust plans to offset all these changes through significant growth, and the financial contribution that this will make; and through efficiency improvements in our existing services. These two factors are expected to contribute equally to ensuring that we deliver our target of a small surplus each year.

Capital Expenditure

The Trust's capital plan includes major investment in the relocation project. As noted above, the business case is expected to be ready in 2015. The plan is based on the assumption that if approved, the costs would be funded firstly by a bridging loan, and ultimately by the sale of the Trust's existing properties. The loan is likely to be provided by the Foundation Trust Financing Facility, and the interest on it would be capitalised as part of the project cost.

Other capital expenditure will be funded by the Trust, as previously, from existing cash balances and from the annual depreciation charge, which is a non-cash expenditure each year. The capital budget for 2014/15 includes the initial investment in the IDCR, and will reduce the cash balance. In later years, capital expenditure (excluding the relocation project) is expected to be similar to depreciation, with no significant net effect on cash.

Cash

The Trust held a relatively high cash balance of £2.8m at 31 March 2014. This is projected to reduce by March 2015, mainly due to the higher capital expenditure in year 1; but to remain satisfactory. A similar balance is projected for most of the Plan period, subject to achieving the income and expenditure targets. The net cash effect of the relocation project could lead to a small increase in 2018.

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