Sussex Partnership NHS
NHS Foundation Trust

Strategic Plan Document for 2014-19

Sussex Partnership NHS Foundation Trust

Contents

1. Declaration of sustainability

2. Strategic context, vision and objectives

3. Market analysis and context

4. Risk to sustainability and strategic options

5. Quality and the experience of patients

6. Strategic plans

7. Financial plans

1.0 DECLARATION OF SUSTAINABILITY

The Board declares that, on the basis of the need for regular review of the plans as set out in this document and subject to any unforeseen circumstances, the Trust will be financially, operationally and clinically sustainable according to current regulatory standards in one, three and five years' time.
Sussex Partnership is a mature Foundation Trust and has a history of delivering plans. The Trust does however recognise that the pressures facing the whole system are unprecedented and that Sussex continues to be one of the most financially challenged health economies in the country. Financial sustainability in the local health economy in East Sussex is of particular concern to the Board over this long planning period as it is identified as one of eleven financially challenged health economies in England. As a consequence local financial pressures will continue for the foreseeable future and have the potential to impact on the Trust and also our ability to achieve parity of esteem. In order to mitigate this risk this plan will require regular review and adaptation as we work with local health and social care system leaders and stakeholders to develop a financial, operational and clinically sustainable local system of health care.

2.0 STRATEGIC CONTEXT, VISION AND OBJECTIVES

2.1 Strategic context

Sussex Partnership NHS Trust started in April 2006 and became a Foundation Trust with teaching status in August 2008. Over the last six years as a foundation trust we have developed a strong national reputation through the development of leading-edge research programmes, innovative partnerships and excellent clinical practice. Since becoming a foundation trust we have sustained our income levels alongside achieving substantial new business growth and delivering internal cost improvement programmes, including service redesign. Delivering high quality, safe patient care remains our key purpose.

Our clinical and support staff have told us they are passionate about sustaining and developing NHS services free at the point of delivery for the people they serve. They also tell us they have never worked as hard as they are doing now. This is set against on-going pressure on health care services and linked to reducing resources, ageing populations and need rising in the areas we serve.

The Board has listened to feedback from staff and considered the impact of growth through acquisition on the organisation and the impact on existing services, particularly in the context of the challenging financial and competitive environment NHS services are operating in. When agreeing to future growth opportunities we will use the learning we have gained from our acquisitions. Our guiding principle in all future growth opportunities will be our ability to add value to the person using the service without compromising our existing services.

We have learnt through acquisitions that improving services and making the necessary changes takes time and we need to factor this in. Therefore using our learning we will ensure that when we acquire new services, there is a clear framework for culture, leadership, integration, safety and quality and that our infrastructure is able to support this. Our market analysis also demonstrates that competition is increasing across the sector and quality, patient experience and satisfaction are going to be critical to sustain and develop our service offering.

The Board has acknowledged that continuing financial pressure and the on-going need to consider growth and diversification, could impact on quality. It is crucial our services can be both clinically and financially sustainable to secure our long term future. This will require us to think creatively at how we can transform the way we deliver care for people, building on developing new partnerships, exploring models of integrated delivery, remodelling our

workforce and the use of digital technology. We will also plan to explore new opportunities to diversify and integrate our provision where we have core services and infrastructure established.

With the current and predicted rising demand for care, particularly for children, young people and older adults we will ensure we can provide the best value possible for what we do. This will require us to reduce and eliminate waste and where possible, and to devolve decision making as close to the front line as possible through clinical leadership.

In July we welcome our new Chief Executive, Colm Donaghy. Our strategic priorities and financial plan allow for an opportunity to review our five year vision during 2014/15 and the supporting organisational development programme. The new organisational development programme will incorporate the work we will take forward from our recent staff engagement survey and is included in our business plan.

2.2 Strategic vision

At Sussex Partnership our vision is, **"improving people's lives through the best possible experience of our Services"** and our mission is:

- Deliver consistent high quality, evidenced based care and treatment
- For patients and staff to recommend Sussex Partnership as a place where they would be happy for their friends and family to be treated
- To work in a spirit of partnership and openness

2.3 Strategic objectives

Our strategic objectives over the next five years are to:

- Achieve growth through clinical excellence
- Transform our adult mental health services to deliver safe, high quality care within a clinical and financially sustainable model
- Provide high quality, safe care based on the best available evidence to improve outcomes and patient experience
- Integrate the delivery of care based on local population need and health and social care systems
- Promote positive mental health and reduce stigma across the populations we serve

In delivering the above we will ensure there is a focus on:

- Safe, proactive and preventative care
- Clinical outcomes and patient, carer and staff engagement and satisfaction
- Research and innovation

3.0 MARKET ANALYSIS AND CONTEXT

A market analysis is included at Appendix 2. The analysis was undertaken earlier in the year and considered by the Executive Team and Board of Directors. It explored the key market segments our main competitors are operating in and which of these are positioned to enter in to new markets and which threaten the Trust income. This analysis has been used to inform our strategic decision to enter in to the integrated care market with a particular focus on Sussex and the South East of England. It is evident we face strong competition in the future for core services and as a result of this the Board has committed to continue to redesign and improve the quality and satisfaction with these services. The analysis posed some broader questions in relation to strategic choices e.g. what market

segments do we want to be in and which should we exit – these will be explored in more detail through the strategic planning work we will do later this year.

4.0 RISK TO SUSTAINABILITY AND STRATEGIC OPTIONS

4.1 Risks to strategic plans

The Trust's strategic plans over the next five years are set in the context of the continuing financial pressures on the NHS, with increasing demand for services. Following the publication of the Francis and Keogh reports there has also never been more of a focus on quality. The Trust therefore recognises that in order to meet this challenge it must significantly change the way services are delivered if it is to be both financially and clinically sustainable over the period.

This section of the Trust's strategic plan therefore focuses on the risks to sustainability and the strategic options that the Trust needs to consider in order to mitigate against these risks. These include:

1. The national picture
2. Local picture
3. Quality and Patient Experience
4. Service Redesign
5. Increased competition
6. Recruitment, retention and engagement of high quality staff
7. Infrastructure, including estates and information technology

4.2 The National Picture

4.2.1 NHS England's planning guidance Everyone Counts: Planning for Patients 2014/15 to 2018/19 sets out their vision and purpose flow from the single idea that they exist to ensure ***high quality care for all, now and for future generations***. They want everyone to have greater control over their health and wellbeing, supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly improving.

4.2.2 It is recognised that significant advances have already been made as a consequence of last year's planning guidance. However, the next phase sets out how the how the NHS budget is invested so as to drive continuous improvement and to make ***high quality care for all, now and for future generations*** into a reality:

4.2.3 Last year's planning guidance was based five key themes:-

- NHS services seven days a week
- More transparency, more choice
- Listening to patients
- Better data, informed commissioning, driving improved outcomes; and
- Higher standards, safer care

4.2.4 These five key areas remain central to the next stage of development and can now be accommodated in the broader context of strategic planning. High standards of quality should be at the heart of everything we do, and 7 day services, a key driver of quality, are now moving from aspiration to reality. This year's planning guidance sets out the further progress to be made in these areas as well as describing how transparency and more widely available information empower the general public and patients and help them make the best choice for their services and their care.

4.2.5 Much of the government's mandate is develop the NHS Outcomes Framework which describes five main categories of better outcomes:

- to **prevent people from dying prematurely**, with increase in life expectancy of society
- to make sure that those people with long term conditions, including those with mental illness, get the **best possible quality of life**
- to ensure patients are able to **recover quickly and successfully** from episodes of ill-health or following injury
- to ensure patients have a **great experience** of all their care
- to ensure that patients in our care are **kept safe** and protected from all avoidable harm

4.2.6 Collaboration between clinicians and staff at NHS England, CCGs and key stakeholders have translated these five categories for better outcomes into seven specific ambitions:

- **securing additional years of life** for people in England with treatable mental and physical health conditions
- **improving the health related quality of life** of the 15million+ people with one or more long term conditions, including mental health conditions
- **reducing the amount of time people spend in hospital** through better and more integrated care in the community and out of hospital
- **increasing the proportion of older people living independently at home** following discharge from hospital
- increasing the number of people with mental and physical health conditions having a **positive experience of hospital care**
- increasing the number of people with mental and physical health conditions having a **positive experience of care outside hospital**, in general practice and in the community
- making significant progress towards **eliminating avoidable deaths in our hospitals** caused by problems in care

4.2.7 In addition, there are four more key measures that are vitally important and on which there needs to be significant focus and rapid improvement. These are:-

- **improving health**, which must have as much focus as treating illness
- **reducing health inequalities,** by ensuring that the most vulnerable in our society get better care and services
- **parity of esteem**, by making sure that we are just as focused on improving mental as physical health and that patient's with mental health do not suffer inequalities, either because of the mental health problem itself or because they then don not get the best care for their physical health problems
- **No health without mental health,** fewer people will experience stigma and discrimination

4.2.8 In support of the government's ambition to drive parity of esteem there has never been more focus on mental health with mental health moving up the policy agenda across government. Whole-person Care: from rhetoric to reality (Achieving parity between mental and physical health) was published by Royal Colleges of Psychiatrist in 2013 and supported by Norman Lamb, Minister for Care Services, sets out the governments committee to ensuring parity of esteem for mental health.

4.2.9 In January 2014 the Department of Health published "Closing the Gap: Priorities for essential changes in mental health", which builds on the government's mental health

strategy of “No Health Without Mental Health”. The Closing the Gap document sets out 25 areas where people can expect to see, and experience, the fastest changes in mental health services across a number of key themes:-

- increasing access to mental health services
- integrating physical and mental health
- starting early to promote mental wellbeing and prevent mental health problems
- improving the quality of life for people with mental health problems
- ensuring that mental health is everyone’s business

4.2.10 These ambitions are set in the context of a continuing financial challenge for the NHS and wider public sector. It is recognised that for the decade ahead, the NHS budget is likely to remain flat in real terms or, at most, to increase in line with growth in the rest of the economy. Over the same period, demand for the NHS health care is expected to rise as people live longer, have more complex health problems and more advanced treatments are available.

4.2.11 In order to fulfil its constitution, the NHS must continue to provide a comprehensive, excellent service available to all. However, these trends in funding and demand create a sizable funding gap, estimated to be up to £30 billion a year by 2021. In order to meet this challenge it is recognised that health services must change fundamentally or the quality of care that patients receive will fall.

4.2.12 In October 2013 Monitor published a paper entitled “Closing the NHS funding gap: how to get better value health care for patients”. The report is based on the notion that getting better “health value” for patients with each pound spent is a realistic prospect and by far the best strategy for closing the funding gap, and that getting better health value for patients means improving productivity. However, it is recognised that improving productivity does not mean working even longer and harder. It means:

- Everyone working differently and smarter
- Altering or completely reshaping services, so they give patients the same or better quality and experience of care for less money
- Re-investing the money saved in more and better services and so extending access to NHS care

If everyone were to adopt this strategy across the NHS the outcomes will be a network of services designed to meet the challenging needs of patients in the 21st century within the limits of the NHS budget.

4.2.13 It is recognised that taking this approach will not be easy, historically improving productivity in the NHS has lagged behind productivity growth in the economy as a whole. It is also recognised that in order to prevent the funding gap from reopening after 2021, the NHS will need to continue improving productivity by at least the same rate as the rest of the economy, year on year. Only by keeping up a higher rate of productivity improvement can the NHS remain financially sustainable in the long term.

4.2.14 In order to help commissioners and providers with this challenge, Monitor has collected and reviewed the best available evidence on improving health care productivity, identified where the biggest opportunities lie and estimated the potential gains they offer. The available evidence indicates a range of opportunities to make significant recurrent productivity gains across the NHS by 2021 and beyond. These opportunities break down into four main headings, outlined below.

- Improving productivity within existing services
- Delivering the right care in the right setting
- Developing new ways of delivering care
- Allocating spending more rationally

4.2.15 The evidence also suggests two further sources of non-recurrent savings, wages and capital costs. Whilst delivering savings in both these areas will help in the short term it is recognised that neither will serve to keep the gap closed long term.

4.2.16 The financial context for 2014/15 expects NHS providers to find at least a 4% efficiency saving which will be offset by an estimate of 2.5% for inflation, the net adjustment being an income reduction of 1.5%, with the income deflator being set at a high rate of 1.8% for non-acute providers. This differential in income deflation has been challenged by mental health and community providers, who will continue to do so if this is repeated in future years where we will expect the principles of parity of esteem to be applied by NHS England for all financial planning. There is also an expectation that cost improvement programmes will be quality impact assessed and signed off by the Medical and Nursing Directors of both provider organisations and Clinical Commissioning Group Boards to be assured that they are clinically safe. As in previous years, providers can earn an additional 2.5% for improving quality (Commissioning for Quality and Innovation – CQUIN). The assumptions underpinning the Trust's financial plans are set out in the Finance section.

4.3 The Local Picture

4.3.1 One year on from the changes in commissioning the Trust is working well with its local Clinical Commissioning Groups (CCGs) and NHS England. The Trust has seen increased support for mental health services and the part that our services can play in addressing pressures on the health economy. However, as the CCGs have started to become established there is greater scrutiny of our services and the need to provide better data, to inform commissioning and drive improved outcomes at better value in mental health services.

4.3.2 As the CCGs have the opportunity to set their own ambitions and service strategy for the populations they serve it will be increasingly important for us to actively influence them in their agendas for mental health services. The Trust has welcomed these discussions during the year and will continue to development them through the next planning cycle and beyond. The Trust has also welcomed the production of mental health strategies by some its local CCGs.

4.3.3 Sussex continues to be one of the most financially challenged health economies in the country, with East Sussex identified as one of eleven financially challenged health economies in England that receive expert help with strategic planning in order to secure sustainable quality services for their local patients. This is a significant concern to us given the potential consequences for the impact on sustainability of local services and the leadership focus required on the acute and community services in East Sussex. As a consequence of this poor economic position financial pressures have continued into the next planning round and it will therefore be essential that mental health, learning disability, substance misuse and offender health services are kept high on the CCGs agendas.

4.3.4 In terms of funding, given that there is a long way to go before mental health achieves parity with physical health, as borne out by the differential income deflator was challenged by the Trust. There is a strong argument for increases in this area and an opportunity for Sussex Partnership to demonstrate its overall contribution to the health economy. Both the NHS Mandate and now Everyone Counts have

stressed the importance of mental health. Sussex Partnership will need to actively work with a broad coalition of interests to help make parity of esteem a reality.

4.3.5 The Trust is working on a number of initiatives to help reduce the number of admissions to acute general hospitals. There remain many opportunities for mental health, learning disability and substance misuse services to help improve outcomes for people while reducing reliance on hospital care. Sussex Partnership will continue its efforts to engage with a broad set of stakeholders to improve the integration of mental health, learning disability and substance misuse services with physical healthcare. The establishment of the Better Care Fund and shift of resources to local authorities will also help this agenda.

4.3.6 Use of information and technology will also become a key initiative. Allowing access to patient records across organisational boundaries and giving people electronic access to their own health records and making performance data, especially on outcomes public will become a necessity.

4.3.7 All of the work we have done so far, and propose for the future, in relation to the experience of people using our services will pay off. Payments will become linked to experience and mental health services are seen as an area where the Government would wish to prioritise introducing 'choice'. Although, both the Trust and commissioners have agreed that they are not yet fully prepared for the implementation of payment by results as a method of contracting, in 2014/15 this will be operated in shadow form to provide the impetus for improving data quality and developing and recording clinical outcomes.

4.3.8 Above all else all services will need to evidence that they are delivering high quality care, treatment and support to the people they serve. That is, services must demonstrate they are safe, achieving good clinical outcomes and listening to the experience of people using the service and their families.

4.3.9 The Trust's Five Year Plan takes into account this external and local context. Specific, opportunities and risks that have been included in our plan are set out below.

5.0 QUALITY AND THE EXPERIENCE OF PATIENTS

5.1 Overview

5.1.1 Publication of the Francis Inquiry report has been the catalyst for a national discussion about the importance of combining compassion with care and treatment. It is therefore recognised that this has to be the focus of our quality agenda of the next five years.

5.1.2 Amongst the many recommendations in the Francis report are two that have particular relevance to our patient experience strategy:

- All healthcare provider organisations, in conjunction with their healthcare professionals, should develop and maintain systems which give them effective real-time information, on the performance of each of their services against patient safety and quality standards;

- Results and analysis of patient feedback including qualitative information need to be made available to all stakeholders in as near "real time" as possible.

5.1.3 Providing effective, evidence based safe treatment is of course essential, but as important is the care and compassion with which treatment is delivered. Sussex

Partnership has always held as its central belief, that it is this combination of excellent treatment and caring staff that creates the environment for quality to flourish. However, it is essential that more than ever we need to demonstrate that commitment to our patients.

5.1.4 Putting patients at the heart of all we do is our priority. Every member of Sussex Partnership staff recognises their role in ensuring that everyone who uses our services is welcomed, treated with dignity and respect and offered a package of care that is right for them.

5.1.5 Combining a compassionate and caring approach with a safe environment and the best treatment creates a high quality service, and one that our staff and our patients would recommend to their friends and family.

5.1.6 Each year, we set ourselves a list of detailed quality objectives, each with markers and measures. The Board of Directors reviews progress against each objective at every meeting. Where performance is not as expected, corrective action is taken.

5.1.7 Our quality priorities though are much more than a monthly report to the board and a summary dashboard that shows that the Trust is on target to meet its objectives.

5.1.8 Behind the dashboard sits the absolute commitment of everyone in the Trust to ensure that whatever their role, ultimately it is patients that come first. This commitment is reflected from recruitment and induction through to the annual appraisal programme and personal objective setting. It is reflected too in all our communication, from the Chief Executive's weekly message to the Twitter conversations about the importance of compassionate care on our website.

5.2 Quality priorities

5.2.1 Learning from our work in 2013/14, and building on the priorities for the next two years, shapes and informs the priorities for the Trust's five year plan. Our objectives are always shaped and informed by discussions with our patients, our people, Council of Governors and our stakeholders. Many of them build on existing areas of focus, further sharpening areas that we have been working on, and taking us to the next level by setting standards of clinical care and patient experience.

5.2.2 We have to be open to what our data says and is showing us about the characteristics of the people who are accessing our services; and those that are not. We have to be open about how health outcomes may differ for people with different characteristics. This can mean challenging ingrained and institutional processes and attitudes to lead to more open and transparent services; this is at the core of what we do and our commitment to equality and addressing inequalities experienced by those who access our services. This commitment runs throughout all our quality priorities.

5.3 Patient Experience

5.3.1 Building on our Better by Experience commitments we are committed to creating more opportunities for people to talk to us about how they have experienced their contact with us. We will use the National Institute of Clinical Excellence (NICE) Quality Standards for Patient Experience published in 2012 as the benchmark for developing our patient experience strategy across all services and care groups building on the values and commitments we've developed through our Better by Experience.

5.3.2 In addition we recognise that patient care is not only about clinical interventions but

is about every aspect of patient experience, including how we welcome people, how we communicate with people and the information that we provide. These can have as much impact, positive or negative, as the treatment itself. We have begun work to build on the Better by Experience commitments to develop clear customer care standards and in this context we are looking at the reception function, starting in adult community mental health services. We are also exploring how support services like telephony can help to ensure high customer care standards in the future.

5.3.3 We are committed to co-production: involving patients and carers directly in feeding back on services and on helping to develop solutions as evidenced by the 15 Steps programme and the Triangle of Care. Looking forward we will be developing more approaches based on this model, prioritising the active engagement of patients and carers not just in feeding back their own experiences, but in determining how we define and measure quality.

5.3.4 We are committed to consistency: recognising that there are variations in the quality of some aspects of our services and that we need to take measures to address this.

5.3.5 We are committed to transparency and openness: all of the feedback we receive is placed in the public domain and even when we are doing well we will not be complacent – there is always the opportunity to do better.

5.3.6 It is also important that we are able to report patient experience in a way that identifies the most vulnerable and socially excluded groups in line with the Equality Act 2010. We have been able to do this for the first time this year with the analysis of data in the Patient Experience CQUIN and our aim is to ensure that future reporting is also able to address performance in this way, taking the protected characteristics in the Equality Act into account.

5.3.7 We recognise that we produce a vast amount of data about patient experience. We also receive information from complaints and plaudits, from serious incidents, from external inspections and from a diverse range of approaches to feedback developed in different care groups. Our commitment to gaining feedback from patients and carers and learning from this to improve our services is also well supported by our Equality Performance Scheme which will strengthen this commitment by the collection and analysis of our patients experience across the protected characteristics.

5.3.8 The challenge now is for us to be able to map patient experience data in an integrated way and to triangulate data to identify trends and common themes.

5.3.9 As part of our planning for the introduction of national Friends and Family Test across the NHS, we will be implementing a number of initiatives such as the 15 Step Challenge to enable us to understand better what is important to people who use our services, carers and families from there prospective.

5.3.10 We will recruit teams made up of people who use our services, carers and members of our Foundation Trust Governing Council to visit all of our units during 2013/ 14 using the principals of the fifteen step challenge. The key themes and learning from these visits will be used to inform our practice and lead to measurable service improvements.

5.3.11 We believe that if we work with people in a way that ensures they feel cared about then they will not only have a better experience of using our services but that their health will also improve. We continue to develop recovery orientated practice across the Trust in line with IMROC (implementing recovery through organisational change)

recommendations. We have established a Sussex wide partnership with Third Sector Partners and local Education Providers to develop a number of Recovery Colleges. Service users and staff will be delivering educational programmes across Sussex to complement more formal interventions.

5.4 Safety

5.4.1 It is important that we ensure that not only do we investigate and respond to instances when things go wrong, but we share the learning right across the Trust as a whole. We will extend our new Report and Learn events for staff that enable clinicians to share the detail of their experience and learn from others. We consciously learn from any lapse of standards or clinical care and have mechanisms to ensure that any actions arising from serious incidents are reviewed.

5.4.2 We are continuing to place an emphasis on appraisal and supervision to ensure best and safe practice at individual practitioner and team level.

5.4.3 The Safety Thermometer is a national reporting and sharing tool, developed as a result of the Mid Staffordshire inquiry. It requires all NHS Trusts to record and return information to their SHA on key indicators of safety.

For Sussex Partnership these are:

- Number of pressure ulcers
- Number of urinary tract infections in patients who have catheters.
- Venous thromboembolism (VTE)

5.4.4 The Trust has established a system for reporting, and has received positive feedback from the Local Area Team for its proactive approach. It is too early to determine (as the national data at this stage is not likely to be robust) whether the Trust is an outlier in any of the aspects it is reporting, but early discussions with other similar trusts suggest that is not.

5.4.5 We are progressing our training in clinical risk and care planning. Care planning is being revised to ensure that needs are met in this process. We will maintain a strong service user focus and ownership of plans, and ensure that risk is managed within and between service providers.

5.5 Effectiveness

5.5.1 Sussex Partnership continues to place significant emphasis on the effectiveness of clinical services. This is because effective services deliver better outcomes for patients. We will continue to deliver our programme to develop the use of outcome measures so we can demonstrate the effectiveness of services. We will be able to improve the collection of clinical outcome information as we introduce a new clinical information system (planned to commence this year, delivered in stages).

5.5.2 Our clinical services are being aligned to care pathways which have been designed to account for best evidence and the recommendations by the National Institute of Clinical Excellence (NICE). This year we have implemented an audit of all the mental health NICE guidance published in 2012/13 related to psychosis and schizophrenia and have done a re-audit of back catalogue of publications and Trust audits for this condition. We are able to demonstrate a high standard of care which is compliant with these recommendations and the information helps us inform service gaps and improvements.

5.5.3 We are continuing to work closely with commissioners and partners to develop the

Payment by Results (PbR) mechanism. We have developed packages of care across a number of clinical pathways. These packages describe choice centred on need and are in line with evidence based practice. We will work towards delivering these in shadow form.

5.5.4 For quality improvement CQUIN requires us to demonstrate quality improvements and this is linked to payment from our commissioners. Together with commissioners and clinicians we have established a number of quality projects which demonstrate improvements in safety, improved experience and continue our work with PbR.

5.5.5 In October 2013 Monitor published a paper entitled "Closing the NHS funding gap: how to get better value health care for patients". The report is based on the notion that getting better "health value" for patients with each pound spent is a realistic prospect and by far the best strategy for closing the funding gap, and that getting better health value for patients means improving productivity. However, it is recognised that improving productivity does not mean working even longer and harder. It means:-

- Everyone working differently and smarter
- Altering or completely reshaping services, so they give patients the same or better quality and experience of care for less money

6.0 STRATEGIC PLANS

6.1 In 2013/14 we introduced a new approach to leading our clinical services with the creation of two new divisions led by their own Managing Directors– core services and specialist services. Core services provide primary care mental health, adult mental health and dementia services throughout West Sussex, Brighton and Hove and East Sussex. The Specialist Services Division includes a wide range of services delivered across the South East of England. The core division is focusing on implementing a high quality and effective service model for local people in Sussex working closely with commissioners and other stakeholders. The specialist division is enabling a very different set of services, some of which are small and highly specialised, to follow their own paths and to grow and thrive through clinical excellence.

In total the Trust has nine main service lines and the strategy we are pursuing for each of these over the next planning period is set out in the table below.

Service Line	**Strategy**
Children and Young People's Services	Maintaining and growing market share for community services and developing inpatient services
Primary Care and Wellbeing	Pursuing integration and joint working with primary care and community services
Adult Core Services	Developing and delivering sustainable models of care across Sussex for inpatient and community services through recovery focused clinical pathways
Dementia Services	Developing new models during a long period of increasing demand integrating where possible with physical care

Secure & Forensic Services	Maintaining high quality and carefully planned growth
Prison Health	Developing our local model as part of the secure and forensic pathway
Substance Misuse	Growing our inpatient and specialist services and developing new models and strategic partnerships for community services with a focus on dual diagnosis
Learning Disability	Developing specialist services
Specialist Services	Growth through clinical excellence

6.2 Core Services – Adult Mental Health and Dementia

Adult Services is made up of our core mental health services serving the people of Sussex. This includes primary care mental health services, liaison, and dementia care. We work with seven Clinical Commissioning Groups, three Local Authorities and a wide range of other partners in the statutory and third sectors.

Following significant structural change over recent years, under the banner of the 'Under One Roof' programme, our focus now is on realising the benefits of the new model, and simultaneously exploring and articulating the next stage of our development.

The external environment within which we operate continues to change very rapidly. CCGs are now well established, new local commissioning strategies are being developed, and expectations of services to deliver 'more for less' continue. At a national level, the new 'Closing The Gap' document specifies priorities for pursuing implementation of the 'No Health Without Mental Health' strategy, and a new Crisis Care Concordat has recently been published. The Better Care Fund presents us with new opportunities for creative and flexible pathway solutions across local health and social care economies. In Adult Services we are building a proactive approach to engaging with the wider system, exploring the delivery of more integrated care and establishing a renewed profile with our partners.

Through an inclusive process with our local leaders, we have identified five priority areas for development in 2014/15:

1) Pathway for people with dementia
2) Pathway for people with significant rehabilitation needs
3) Pathway for people with an emotionally unstable personality disorder
4) Integrated care pathways which improve access to specialist help for people in urgent need
5) Closer joint working with primary care to ensure a smooth flow of care between care providers, according to clinical need

We have identified these areas because we are confident that there is scope for improving outcomes and experience, as well as better value for money. Limitations in current pathways are driving resource use which is not appropriately aligned to clinical need, thus inhibiting outcomes and driving up cost. In addition, we have expertise to offer to the wider health and care system in terms of delivering integrated provision. We will not be able to achieve these improvements in isolation so it is essential that we continue to work closely with partners to improve smooth patient flow.

We are in the process of identifying the actions which will enable these improvements,

including:

- Roll out of demand and capacity analysis and process redesign
- Workforce review and redesign, including new roles (e.g. peer work, non-medical prescribers)
- Implementation of the new clinical pathways designed through the Payment by Results development work undertaken in 2013/14
- Development of a set of key performance indicators which are reliable in terms of measuring quality and safety in services
- Implementation of the new Clinical Information Strategy, and supporting infrastructure
- Development of Divisional service lines and a shift in the 'centre of gravity' towards local services, which are freed up to make decisions as close to the frontline as possible, alongside clearer lines of accountability
- A cultural shift towards mainstreaming the recovery approach, which is based on the strengths and assets of everyone involved (both people using and working in services)
- On-going engagement with partners in the wider health and social care economy, pushing the boundaries of traditional working and designing solutions which are based around the needs of the people who use services

These priorities will be interpreted for each local population area according to their specific needs, including by reference to equality and human rights impact assessments and to line up with commissioning expectations. It is important that we work towards consistency and standardisation in practice and outcomes, and make the most of our critical mass of services and expertise across Sussex. The models we put in place to deliver may differ between areas where there is clear rationale to do so e.g. differing local need. This does not amount to a substantial shift away from current structures, but rather a tailoring of those structures to achieve the best fit for local communities and circumstances.

In addition to the pan-Sussex priorities, each of the three core Divisions has specific initiatives to pursue.

6.2.1 **West Sussex**

The priorities for core services in West Sussex are:

- In April 2014 we will implement the new urgent care pathway, which will introduce a new access target of 5 days for urgent referrals. This is in addition to the existing targets of four hours for crisis referral, and four weeks for routine referral.

- Continue the rapid improvement work initiated in 2013/14 in Crawley, Horsham and Mid Sussex.

- Work proactively with commissioners towards delivery of their new Joint Commissioning Strategy.

- Commit to providing access to Recovery College services in 2014/15, with a view to developing more sustainable plans during the course of the year. We will do this in close partnership with people who use services and the organisations that represent them.

- Work to resolve the longstanding concerns about the quality of our community estate in Coastal West Sussex.

- Continue to engage in the proactive care developments across the health and social care economy and participate fully in the Better Care Fund developments.

- Look to piloting a joint initiative with South East Coast Ambulance Service which brings mental health skills closer to the frontline of mainstream emergency care.

6.2.2 **Brighton and Hove**

The priorities for core services in Brighton and Hove are:

- We will work with commissioners to fine-tune the Brighton Urgent Response Service (BURS) in line with their requirements. This will include full integration with the Assessment and Treatment Service.

- We will work closely with the new care home (Lindridge) to support its establishment alongside Brunswick ward.

- We will support the development of the shared care ward with Brighton and Sussex University Hospital

- We will undertake a review of our service provision on Caburn (women's) ward at Mill View Hospital, in recognition of the challenges associated with its current set-up.

- We will work closely with commissioners to identify the best options for reinvestment of funding released from acute bed closures, including crisis accommodation for people with a diagnosis of emotionally unstable personality disorder.

- We will engage fully in the Frailty Pathway development work co-ordinated by commissioners across the health and social care economy.

6.2.3 **East Sussex**

The priorities for core services in East Sussex are:

- Continue the national pilot in Eastbourne for 'street triage', in partnership with Sussex Police, building on the strong start in 2013/14 and ensuring evaluation and sustainability plans are developed.

- Continue to work closely with commissioners on a new solution for the delivery of dementia inpatient care, in line with the public consultation outcomes reached in 2013/14.

- Pursue an estates option appraisal for the future delivery of acute inpatient services in Eastbourne.

- Continue to participate in the strategic discussions about the potential options for closer integration of care in East Sussex, building on the momentum created in 13/14 as a result of the application to become a national pilot site for integrated care.

6.2.4 **Primary Care Mental Health Services**

Our primary care mental health services operate in a highly competitive market with the majority of services in a cycle of routine market testing. We have developed two innovative market solutions in Brighton and Hove and East Sussex developing tailored partnership arrangements with primary care services and the third sector.

The priorities for the year ahead are focused on three areas: quality, staff and growth.

1) **Quality** – improved GP engagement, clinical pathway efficiency, maintaining the high satisfaction rates and close working with commissioners.

2) **Staff** – The development of the 'mental health practitioner role', to continue to innovate around workforce planning and to emphasise staff wellbeing.

3) **Growth** – to develop our e-mental health support, to develop physical health support, employee assistance and medically unexplained symptoms.

6.2.5 Dementia and Later Life

The improvement of dementia services is a national priority and nowhere more so than in Sussex which has some of the highest prevalence of dementia in the country. The Trust is at the forefront of this challenge and is creating partnerships across the health and social care system to ensure an improved experience for people with dementia, their carers and families.

During this year we will review the effectiveness of our Assessment and Treatment model for people with mental health needs in later life. We will seek solutions which take account of local needs and commissioner expectations, as well as drive up consistently high standards across all areas. It is reasonable to anticipate that further change may lie ahead, in the context of the national strategic push towards integrated care across physical and mental health.

We will continue our work to consolidate the new innovations in dementia care that we have developed; memory assessment, dementia care home in-reach, dementia crisis services, and the dementia shared care ward. These services are part of a whole system model of care focused on supporting early diagnosis, providing early intervention, supporting people at home, and improving care in care homes and hospitals. As well as improving quality, they reduce in-patient admissions, length of stay, and the need for more costly care packages. We will develop the data systems to evidence the quality outcomes we are achieving and to enable us to set more challenge targets in the future. We also aim to design our approaches to include advance care planning for end of life within all trust dementia services.

6.3 Specialist Services

The Specialist Services Directorate is made up of four Care Groups providing specialist care across the south east of England, the Children and Young Peoples Division our Joint Venture with Care UK and the Lindridge care home development. The rationale for structuring our services in this way is that each specialist service will be enabled to take control of their own future and to act in a more responsive way to the need of the people they serve. Each specialist service is of a different size and operates in a different environment, with greater control of their destiny the assessment is that they will stand a greater chance of thriving in an increasingly competitive market place.

The care groups are substance misuse, specialist learning disability, prison health and secure and forensic services. Given the size of the services and geography covered the children and young people's services is a Division and provides services across Kent, Sussex and Hampshire. Our Care Groups and Division works closely with NHS England, sixteen Clinical Commissioning Groups, five Local Authorities and a wide range of other partners in the statutory and third sectors on the delivery of these services.

Specialist services will introduce a development programme that will support the services to

progress towards a new model of earned autonomy. The trust will develop processes and criteria to grant autonomy and systems for assessing and monitoring quality, safety and performance. It is envisaged that the existing leadership team within specialist services will continue to work together to maximise the synergies and learning that emerges through the experiences of each component service. Detailed equality and human rights impact assessments will be completed for each specialist service, recognising the particular needs and disadvantages faced by protecting groups within specialist services.

The aim of the development programme is to develop senior leadership teams: strengthen leadership capability and make best use of the mature clinical/managerial relationships and expertise that exists within the directorate. Each care group and division will have a clear strategy focused on growth through clinical excellence: they will be enabled to develop and deliver their own annual business plan, supported by corporate business partners. Performance outcomes will determine the level of autonomy with which they are empowered.

This development programme will support greater flexibility to develop new ways of working in each services. For example through exploring alternative skill mix or extended roles that are transferable. It will be designed to create a platform to challenge traditional assumptions and behaviours; provide greater opportunities for engagement and encourage services that are confident, outward looking, and astute: pitched to enhance our reputation of delivering innovative treatment and care.

6.3.1 **Substance Misuse Services**

Our substance misuse services deliver a range of community, specialist and inpatient services throughout the south east. Substance misuse is the most competitive area of service delivery in which we operate with all services routinely put out to the market for tendering.

Our service model has been to offer a high level of clinical excellence whilst ensuring service user engagement and a focus on recovery. To date we have worked in close partnership with a range of third sector organisations in order to deliver integrated services across the pathway. As we move forward we will seek to develop our service model further and prioritise partnership development and inpatient services in order to ensure the long term viability of the care group.

The aim is to be a provider of high quality inpatient and specialist drug and alcohol services. This care group will work in partnership with proven third sector providers and adult core services to develop future service models and integrated care pathways designed to continuously improve patient experience and clinical outcomes. There will be further work on specialist inpatient detoxification services, with the option for marketing the service regionally and exploring the potential for working with the private inpatient detoxification market.

Options for working more closely with Brighton and Sussex University Hospitals are being considered, with a view to developing a specialist provision for people requiring detoxification who have complex physical needs and provide local care to the most vulnerable service users.

Working in conjunction with the University of Sussex, substance misuse services will continue to maximise the opportunities to improve patient outcomes through research.

6.3.2 **Specialist Learning Disabilities Services**

The Learning Disability Services comprise of community teams, assessment and treatment inpatient service and a domiciliary care model of intensive specialist support services for

people and inpatient services which enables people with complex and challenging needs to live safely and successfully in their local community.

The vision is to build on the community teams work in providing progressive specialist health interventions for people with a learning disability who have complex needs through developing care pathways. Wherever possible the service aims to enable people to use ordinary health provision, and give advice, support and training to other services to enable them to make reasonable adjustments. In addition to the Selden Centre, the model of care is being extended to provide a more comprehensive approach, working together with commissioning partners in reducing reliance on out of area placements. The supported living service being developed at Mayfield Court in East Sussex will complement our current supported living flats at Acorn House and enable a more creative approach to supporting people with complex needs to live in their local communities.

6.3.3 **Prison Health**

Prison health services aim to provide health services to offenders which enhance their overall wellbeing and are comparable to the level of care and support expected to be available to the wider population. As a relatively new entrant to the prison health market Sussex Partnership has begun a process of transformation and it has achieved positive reports from Her Majesty's Inspectorate of Prisons and the Care Quality Commission for our work at HMP Ford and HMP Lewes. The priorities will be to ensure that the service model is of best practice and consistently applied and that the service is financially viable for the long term.

Prison health services include the full range of physical, primary care, substance misuse and mental health services. It is noteworthy that this is the most integrated service the Trust provides in that the whole health needs (physical and mental health) of prisoners are met and general nurses are employed by the Trust. The service delivery works very well as the Trust is good at working with people who are vulnerable and with complex needs.

Healthcare at HMP Lewes serves an essential role in the offender care pathway across Sussex for men. The Trust currently manages this group of men from arrest through secure care and community outreach to the point of discharge from services. Retaining this contract, working in collaboration with prison staff and offender health commissioners will enable us to develop a high quality, fit for purpose service model with a focus on excellent clinical practice is the priority for this service over 2014/15.

HMP Ford and HMP Lewes health services aim to build on the positive inspection reports from both the Care Quality Commission and Her Majesty's Prison Inspectorate received in 2012. In particular there will be a focus on improving health and developing health promotion strategies, meeting the needs of an ageing prison population and developing the workforce to provide a holistic approach within this setting. 2014/15 will continue to provide an opportunity to progress governance across the prisons as the new prison leadership teams are established.

6.3.4 **Secure and Forensic Services**

Sussex Partnership is one of the market leaders in secure and forensic services with a wide range of low and medium secure services, community teams and court/criminal justice liaison services. Services are available and provided to Sussex, Kent, Surrey and Hampshire. The service model aspires to provide high quality, compassionate patient focused care with teams having a clear focus on evidenced based practice underpinned by a strong research base.

We are seeking to capitalise on our reputation of excellent clinical outcomes and high standards of accommodation by achieving efficiency and effectiveness targets including

occupancy and throughput.

There are good opportunities for development including further inpatient services, support for probation services and court and police liaison services.

Secure and forensic services will focus on providing high quality, compassionate care. Services are provided from the point of arrest through into specialist inpatient care and in the community to those discharged from hospital. The combination of established clinical leadership and a mature senior leadership team ensures that care group maintains a clear focus on evidence based interventions and that a strong research base drives their practice. The team will strengthen clinical leadership by extending the practice of nurse-led clinical reviews and non-medical responsible clinician role and promote its work on restorative justice; adding to its research credentials by publishing articles on these achievements.

The service aims to work effectively with partners and other stakeholders to promote public protection, challenge stigma and achieve the best clinical outcomes for people who require this type of care. Building on the reputation of our high standard accommodation, care and patient engagement the service will continue to work with NHS England commissioning colleagues.

The police and court liaison and diversion service will work in partnership with Sussex Police, Surrey, Sussex Probation Trust, the youth offending service and offender health commissioners to maximise the benefits of the trust being a trial site for the new national operating model roll out.

The community Forensic Outreach service has developed a 3 year strategy that will guide its work and develop practice to enable the teams to support and sustain the benefits of inpatient secure care for those discharged into the community.

This provides the opportunity for growth through excellent clinical service at a range of points through the care pathway.

6.3.5 **Children and Young People's Division**

Sussex Partnership is one of the largest providers of mental health services to Children and Young People in the country. This means that we have a great deal of clinical leadership available to design and implement effective service models in the areas we serve. We currently provide community services to Kent, Medway, Sussex and Hampshire. We also deliver a very high quality inpatient service at Chalkhill in West Sussex.

The services aim to provide flexibility and choice, improve access, and maximise engagement of children, young people and families. Care pathways for eating disorder, developmental disorders and self-harm will be established in all areas and evaluated to ensure high quality consistent care. Our people will be committed to developing and sustaining strong relationships with our partners so young people quickly get the right help throughout a 24 hour period and where possible are supported to stay out of hospital.

There is feedback from most stakeholders of the need for Youth Services covering the 14 to 25 age range. Service users and carers talk about a mixed experience of transition from Children and Young People's Services to adult services. We are working with commissioners and third sector partners to improve this experience and are developing models of integrated healthcare that will improve outcomes and ensure smooth transfers between services.

With the largest geographical penetration of any division in the trust, the children and young people's service is in different phases of delivering the Right from the Start model of care to the populations it serves. Over the past year we have seen demand across the whole

pathway increase, particularly in accessing tier 4 inpatient services and this subject to a national review. The increase in demand has placed additional pressure on the service. Therefore our main priority for the year ahead is in improving access to services and the timely delivery of treatment. Our service model is efficient and high quality but we need to ensure that rapid access is delivered consistently across all of the areas we serve. Good progress has been made but we need to sustain this effort to meet the expectation of children and young people, their families and commissioners. For instance, when we took on service for Kent and Medway in September 2012 there were waiting lists of 18 months, this has been reduced to six weeks but we need to keep improving and reduce the waiting times further.

The model will be further refined and developed to create additional capacity and flexibility to meet an anticipated trend of increasing demand. The overarching aim is to be a force in young people's mental health that is more than the sum of its parts, and to achieve this by engaging with individuals, recognising their skills and experience, listening and planning creatively and with an open mind for the future. There is much to be achieved through the synergies of working this way. The appointment of an academic Chair for young people's services will build a strong voice in research and development and will work to ensure that a robust research and development agenda guides what we do and underpins our national profile

There is growing competition in the provision of Child and Adolescent Mental Health Services with a mixed range of organisations that includes acute and mental health trusts, the third sector and private companies. Sussex Partnership will work very closely with our third sector partners to ensure the overall service offer combines the best of clinical standards with sound user engagement and customer care.

The services will aim to provide flexibility and choice, improve access, and maximise engagement of children, young people and families. Care pathways for eating disorder, developmental disorders and self-harm will be established in all areas and evaluated to ensure high quality consistent care. Our people will be committed to developing and sustaining strong relationships with stakeholders and partners so young people quickly get the right help throughout a 24 hour period and where possible are supported to stay out of hospital.

Working with NHS England to find a solution to local pressures will be a focus for the coming year for all localities and exploiting any opportunities to increase our bed stock either through expansion of Chalkhill, development of high dependency or intensive care beds as well as acquisition of new contracts, particularly in Kent and Hampshire where we are the provider of community services.

In addition to the Division priorities, each of the three localities has specific initiatives to pursue.

- **Kent and Medway**

Here the focus will be on demonstrating quality and delivery of timely assessment and access to treatment. We will work with commissioners and partner providers to drive a more integrated approach across the whole system of care.

- **Hampshire**

Work with commissioners to meet the increased demand and improve service delivery will continue through the next year with a strong focus on relationship management and stakeholder involvement to prepare us for the impending procurement process which is scheduled to take place during the next year.

- **Sussex**

Across Sussex we will be working with commissioners and local stakeholders to ensure the whole emotional wellbeing pathway is delivered though an integrated working approach. New approaches will be explored through pilots such as planned for the Crawley area and developments in Brighton and Hove. The Early Intervention and Youth Mental Health Services across Sussex will develop a plan for the rollout of the evaluated Youth Mental Health service model across Sussex.

6.3.6 **Complex Care Pathway**

The Complex Care Pathways care group consists of a range of services including Personality Disorders, Eating Disorders, Peri-natal and Neuro-behavioural services. A market assessment has revealed there is a need to expand community and inpatient eating disorder services as demand for this service is increasing across Sussex. It has also been identified that there is additional needs and further development for community based personality disorder services.

6.3.7 **Recovery and Rehabilitation Partnership Limited**

Sussex Partnership has established a joint venture with Care UK to develop inpatient and high care rehabilitation services. This is being delivered by a new company called the Recovery and Rehabilitation Partnership and is jointly owned by both organisations. This has enabled us to develop new services that would not have been available without this new organisation. We currently operate a 32 bed service in Gosport and are opening a new 24 bed service in Horsham in 2014**.** The focus over this year will be on the opening of the Horsham service and continued work on the leadership, service model, governance and clinical outcomes across the partnership.

6.3.8 **Lindridge Nursing Home Development**

Lindridge is our care home development located in Hove, East Sussex. Lindridge will open in May 2014 for people with dementia and complex range of physical health needs This new service is undergoing significant expansion and redevelopment following our acquisition of The Downs Nursing Home from the Southern Cross Group. The Home is co-located in the same building as one of our specialist dementia inpatient wards and is undergoing extensive refurbishment resulting in the phased release of new capacity. The first 21 rooms and 4 flatlets will be available in May 2014, with 76 spaces for residents available from October 2014.

Based on a model of holistic, relationship-centred care Lindridge will meet the growing demand for care for people with increasingly complex health and dementia presentations and be marketed to a range of health, social care and private purchasers.

Working in partnership with multi-disciplinary colleagues, our team of staff are passionate about the rights of those within our care to experience “the best that life can be” within the challenges diminishing physical and mental health brings.

Our move into this market signals our desire to utilise our expertise as a Trust in the care of people with dementia and to grow our existing service to provide both transitional and home for life provision.

7.0 FINANCIAL PLAN

7.1 Financial and Operating Environment

The financial plan for 2016/17 to 2018/19 is set in the context of an expected period of

further unprecedented financial challenge, and represents a refresh of the 2014/15 to 2015/16 financial plan that was produced in March 2014.
The Annual Planning Guidance for the NHS was published by Monitor in December 2013. The key highlight of the guidance with regards to future planning was the inflationary assumptions regarding income, which have been taken into account in this plan.
This section and the following appendices set out the Trust's financial plans for the three year period 2016/17 to 2018/19.

7.2 Financial Strategy

The main focus of the Trust's overarching strategy is to provide services that are Better by Design in terms of their provision, the estate and the skills of our workforce. The Trust's financial strategy is therefore focused on:

- the delivery of the high quality services that provide value for money through optimum and consistent service models
- maximising the skills of our workforce and the utilisation of technology to enable this
- rationalisation of our estate to provide fewer better buildings from which to deliver our services and accommodate our staff

The Trust will also continue to pursue new business opportunities. However, these will only be taken forward if they align with the Trust's vision and provide the required rate of return.

7.3 Financial planning process

The main body of the three year plan has been produced by extending the 2014/15 to 2015/16 plan to take into account the following:

- assumptions as set out in the Annual Planning Guidance for 2014/15
- inflationary assumptions regarding pay and non-pay
- changes due to cost pressures and cost improvement plans

Upside benefits and downside risks regarding strategic developments and changes have been reflected in the Sensitivity section of the plan and accompanying financial template.

7.4 Key financial assumptions

It is assumed that the income deflation of 1.8% in 2014/15 and deflation of 1.5% in 2015/16 will revert to 0.4% inflation in 2016/17, 0.6% deflation in 2017/18, and 0.7% deflation in 2018/19, as per the Annual Planning Guidance.

It should be noted that from 2016/17 it is expected that we will be commissioned or part commissioned based on a local Payment by Results tariff rather than our existing block contract, although for the purposes of planning at this stage it is expected that this will be cost neutral.

With regards to pay, we have assumed that pay inflation will be reinstated for all staff from 2016/17 at 1%, and that staff who are entitled to receive incremental progression will continue to receive this.

This is different to the 2014/15 to 2015/16 plan, when only staff at the top of their pay scale will receive pay inflation. We have also assumed there will be no further amendments to National Insurance or employer pension contributions over the next three years.

The Trust has assumed that non pay inflation will be 2% per annum over the period, which

is consistent with medium term CPI forecasts, with cost pressures of 0.5% per annum. A summary of the inflationary assumptions that are included in our three year plan are set out in the table below.

Category	**2016/17**	**2017/18**	**2018/19**
Income inflation / (deflation)	0.4%	(0.6%)	(0.7%)
Pay inflation	1%	1%	1%
Pay increments and other pay uplifts	1%	1%	1%
Non pay inflation	2%	2%	2%
Non pay pressures	0.5%	0.5%	0.5%

7.5 Overview

An overview of the Trust's financial projections for the three years 2016/17 to 2018/19, compared to the plan for 2014/15 to 2015/16, is set out in the table below.

	2014/15 £m	**2015/16 £m**	**2016/17 £m**	**2017/18 £m**	**2018/19 £m**
Turnover	231.3	227.4	227.9	226.5	224.9
Surplus	1.2	1.2	1.2	0.0	0.0
Capital Investment	13.2	12.3	10.0	10.0	10.0
Cash	35.4	32.5	28.7	23.8	19.0
Continuity of Services Rating	4	4	4	4	4

7.6 Summary

The Trust's financial plan for 2016/17 to 2018/19 is set in the context of more challenging times for the NHS, as public sector funding continues to be squeezed in order to address the economic downturn.

This is reflected in the Trusts decision to aim for a break even plan during the latter two years of the planning period.

The Trust will need to be flexible in meeting these challenges in order to mitigate against these risks over the next three years of the plan in order to maintain its financial stability. However, the Trust's track record of delivering financial performance puts it in a favourable position to tackle the challenges ahead.