

Strategic Plan for y/e 31 March 2015 to 2019

Executive Summary

The NHS is facing significant challenge to maintain its position in terms of quality and financial management. Staffordshire, is one of 11 health economies, nationally, that is recognised as significantly financially challenged. Local commissioners are working with KPMG to identify a sustainable future.

The key to our success in the future is to build on our foundations and maintain our strategic approach by:

- Continuing to deploy high quality, recovery focussed care
- Continued service workforce and redesign that ensure services are as effective and efficient as possible
- Fully embedding and enhancing the RIO clinical information system
- Continued improvement to our estate that enhances quality of our inpatient and community facilities
- Enhancing our opportunities to partner to improve the patient pathway

These core initiatives provide the umbrella for multiple work streams, to deliver our goals for sustainability. The Trust is undertaking significant pathway redesign to improve patient care, enhance efficiency and provide more care outside the hospital environment. This is complemented by internal redesigns of structures, processes and working practices. We have already started to see the benefits of the implementation of our LEAN working in many of our wards and departments.

As an FT we assess our current and future strategic position. We assess this by using internal performance data, trends nationally and scanning the horizon. Our strategic ambition reflects our desire to improve quality and identify clinical initiatives and turn them into robust, trackable plans that can directly relate to improvements in patient care.

The Trust recognises that our existing markets may not fully provide for our sustainability in the future. We are exploring new markets, such as a wider range of work with the Criminal Justice System and Primary Care. Building on our successful management of the former PCTs "Out of Area" budget, the Trust is looking to manage a wider range of CCG and local Authority residential budgets from which we believe considerable spend can be reduced. The Trust anticipates an enhanced number of tenders in the period 2015 - 2019 and has provided extra business support to the clinical teams to ensure a higher than ever success rate in bids.

Accurate data capture is fundamental to efficiency and sustainability and the Trust will continue to add functionality to its new RIO system. Estate efficiency is paramount and the Trust is continuing to deliver its rationalisation plan which is on target.

All these fundamental objectives and reforms underpin the local and national drivers to deliver higher quality, more cost effective care. The Trust continues to anticipate on-going financial pressures for some time to come and hence the successful delivery of our CIP is fundamental to our strategy. During these difficult times, the Trust Board recognises the significant challenges it faces, but believes it can overcome them and continue to improve the lives of our patients and staff.

The Trust Board is aware that the strategic plan will need to be delivered through:

1. Effective leadership through the appropriate use of resources and use of commercial skills
2. The deployment of a bold and open minded culture
3. Proactively addressing the external environment and its uncertainties

We place a high value on a leadership culture that understands the need to take ownership in the development of strategy and does this through insight gleaned from our service users, their carers, our staff and our partners. There are effective mechanisms in place to commercially liberate clinicians and guide developments whilst ensuring full accountability for delivery.

We will continue to ensure that we continue to allocate and invest in adequate resources to support strategic planning processes and maintain our approach to developing sophisticated partnerships to enhance the patient pathway.

We will continue to use our analytical abilities to support internal and external analysis through effective monitoring and reporting to inform decision making at clinical and organisational level.

We appreciate the need to be commercial but will continue to do this within our three values and in line with our strategy. This plan includes areas where we demonstrate the use of our FT freedoms and our entrepreneurial spirit.

Our culture is important to us and is one of our values and our strategic aims. We understand the importance of setting challenging but realistic goals whilst challenging traditional practices.

The Trust proactively addresses challenges in the environment and seeks to address these through effective partnerships and always in a way that holds patient care central to what we do.

The next few years will be challenging for the NHS. We have a strategy that keeps our service users and the quality of our services at the heart of our organisation. We are committed to being bold and proactive and partner where we can enhance the experience of the patient.



Section 1

Our Vision

Section 1 Our Vision

Our Vision “*to be positively different through positive practice and positive partnerships*” illustrates our commitment to patient care, service quality and to continual improvement. As part of our strategy, the Board has agreed three core values:

- People who use our services are at the centre of everything we do
- We value our staff
- Our partnerships are important to us

In addition to these core values, and based on feedback a set of high level aims have been identified which represent the five priority areas of delivery:

- 1 Provide** *high quality recovery focused services*
- 2 Respect** *inspire and develop our workforce*
- 3 Innovate** *through co-operation and co-production*
- 4 Deliver** *regulatory, financial, performance and quality standards*
- 5 Expand** *our current service portfolio in order to enrich services*

Our clinical goals are to provide high quality care that makes a difference to people’s lives. This will remain the Trusts strategic priority. This is reflected in our vision and delivered through our values.

Our main improvement priorities were chosen following a process of engagement and discussion with clinical staff, service users and their carers, and our partners. We will continue to work closely with commissioners to support their approach to delivering health and social care across care pathways and will remain vigilant to national policy and best practice whilst keeping a clear line of sight on the quality of services delivered daily on our wards and departments. We will continue to review services, consulting with our key stakeholders and listening to the views of our service users in order to shape their delivery and deliver better outcomes.

The Trust will remain committed to rolling out real engagement with staff and the use of improvement methodologies such as the Virginia Mason LEAN methodologies. These projects focus on local teams being empowered to make and take decisions to improve their working environment and ultimately the care that they deliver. The Trust’s commercial goals are contained within its commercial strategy. They are based around the basic principles of:

- Expanding into markets where we have a strong reputation and feel we can make a positive difference
- Developing new markets where we feel that services can be delivered and better outcomes achieved by delivering services in a different way
- Retaining our existing market share and continuing to build speciality brands such as MoD and Prisons.
- Develop sophisticated clinical partnerships that are delivered through clear contracts but enhance local and regional services
- Ensure that all commercial activity aligns to the Trust's and the Divisional business plans and strategies
- Ensure we make considered commercial decisions against a clear appetite for risk whilst using our FT freedoms
- Ensure that we remain able to compete in the changing healthcare market

The Trust’s primary Financial Goal is to generate sufficient surpluses to invest in Estate, IT and Equipment, commensurate with a modern Mental Health Service, and be able to handle financial risks as they arise including supporting workforce changes.

1.1 Strategic Plan

The Trust strategic overview has been developed through our workforce and shaped clinically to ensure it appropriately reflects our business.

Our vision, delivered through our three values is deployed against our five aims. These aims are achieved by delivering our aspirational outcomes.

This strategic overview is reviewed twice a year and formally evaluated annually.



Aims

Aspirational Outcomes (2019)

Provide

high quality recovery focused services

1. Services are timely, appropriate, considerate, based and focused on personal recovery and delivered with passion
2. All services will improve people's lives and help people recover from episodes of ill health
3. People who use our services will be able to see clearly how they have shaped our services into the future
4. Tracking progress throughout all our services by using outcome measures will be part of the normal everyday experience for people who use our services and our staff
5. All clinical audits will be prioritised according to national and local priorities and we will be able to demonstrate how the audit cycle has been completed in each case
6. Implement a clinical information system that fully supports an Electronic Patient Record that supports clinical and business decisions, nurturing and supporting innovative clinical delivery to provided evidence to support a governance risk rating of green
7. Demonstrate our commitment to treating and caring for people in a safe environment and protecting them from avoidable harm

Respect

inspire and develop our workforce

1. All staff work in real teams; mandatory training and appraisals are complete, meaningful and timely
2. Demonstrable principles of the recovery model applied to all services
3. Be the local leader in leadership and management development opportunities
4. Actively support the improved health and wellbeing of our staff
5. Each service area has a workforce and development plan aligned to service, business and financial planning processes
6. Clear demonstration of dignity and respect across all areas of the Trust
7. A culture where staff feel engaged, empowered and able to innovate
8. Living and embedding our values at every stage of the employment journey, through recruitment, appraisal, and development

Innovate

through co-operation and co-production

1. Clearly defined productive partnering arrangements that show benefits to clinical quality, reputation and resource use
2. A deployed preferred commercial partnership framework linked to a commercial strategy aligned to preferred partners which supports the Trust's role in the patient pathway
3. Dedicated subcontracts and prime contracts for the delivery of services offering confidence, assurance and delivery across multiple sectors and pathways
4. Dedicated professorial and research partnerships with preferred Universities
5. Fully deployed national and international partnership with the MoD resulting in the Trust offering a range of sustainable services to UK and American Armed Forces
6. Progressive specialist services, integrating expertise through lived-experience, skilled professionals and co-produced initiatives to pursue the highest quality of provision for those using our service.

Deliver

regulatory, financial, performance and quality standards

1. Delivery and articulation of all regulatory requirements in an accessible easy to understand format
2. Improvements needed to demonstrate we can maintain compliance with any CQC regulation will be able to be tracked and evidenced electronically
3. Retain a financial risk rating commensurate with the aspirations of the Trust, which demonstrates improving financial efficiency, meeting agreed targets and controlling expenditure whilst supporting the local economy
4. Fully engage in and influence the outcome of Payment by Results implementation for Mental Health
5. Fully implement the Electronic Staff Record to facilitate staff to function efficiently, reduce the administrative burden to free up clinical face to face time and enhance the service user and carer experience

Expand

our current service portfolio in order to enrich services

1. Be the provider of comprehensive and integrated mental health and learning disability services across Staffordshire and Shropshire
2. Greater developed niche markets offering greater choice to local people
3. Be a comprehensive provider of Children and family services across the West Midlands
4. Co-produce a range of shared services across Shropshire and Staffordshire
5. Fully deployed evidence of service user and member involvement in the shaping and delivering of new business models and packages of care
6. Full deployment of Service Line Management ensuring that all business decisions can be informed and shaped on accurate and current financial and clinical information.
7. Provide business support to operational divisions in developing business plans, negotiating tenders and explaining commercial opportunities

Section 2

Declaration of sustainability

Section 2 Declaration of sustainability

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

Confirmed /~~Not confirmed~~

The Trust has assurance and governance arrangements in place that ensure line of sight on the delivery of quality from Board level through to all aspects of what we do. We have invested in our people to ensure that leadership and skills are promoted and supported within a culture of empowerment and continual and sustainable improvement. We test all of our ideas and assumptions against evidence and feedback at all levels and work with commissioners to ensure that any service changes do not dilute the quality of our care provision.

The Trust strives to deliver the perfect patient experience and holds the service user and their carers at the centre of everything we do and has embraced the Virginia Mason LEAN methodology to ensure operationally we liberate ideas and ensure the workforce is empowered to make local changes that make a real difference.

The Trust has a commercial and financial strategy that includes approaches and schemes to ensure long term sustainability and opportunities for growth that is owned and created in partnership with our clinical leaders.

The Trust recognises that in order to be sustainable within a challenged health economy that radical change is needed. This approach needs to reflect the need of the economy whilst ensuring that there is no dilution of quality. The majority of the Trusts change management approach will be delivered through a comprehensive programme within the Mental Health Division. The Specialist Services Division also has its challenges but they remain more market focussed.

The Mental Health division of South Staffordshire and Shropshire Healthcare NHS Foundation Trust have set out their strategic ambition for the next 5 years. This ambition recognises the need to improve service delivery and the experience of service users and carers, staff and stakeholders, within the challenges of a reducing financial envelope. The levels of savings required throughout the NHS over the forthcoming years will only be delivered through major service redesign and development of innovative, efficient ways of working including exciting new partnership arrangements with sectors out with the NHS.

The Division have set out the following principles through which to achieve this ambition to remodel and deliver the 'best' Mental Health services:

- To meet and exceed the expectations of all 'customers'
- To have defined service 'products' that are competitively priced
- To have an engaged and empowered workforce
- To be efficient and reduce unnecessary variation in services
- To clearly define and meet quality standards for Mental Health service

The key work strands below identify the main areas of work and highlights actions required to achieve these aims. The actions to deliver these aims are contained within the Divisional Business plans - these are based on the five year direction and split into 2 year operational plans and 3 years aspirations. This approach has helped us to mirror the Monitor Framework into our clinical divisions and align to the Trusts strategy.

Section 3

Market analysis and context



Section 3 Market analysis and context

3.1 Material challenges facing the wider LHE

The Challenges facing the LHE

The NHS is facing a significant financial challenge over the next few years. Monitor, NHS England, and the NHS Trust Development Authority have established a project to support groups of commissioners and providers to “work together to develop integrated five-year plans” which deal with the “particular local challenges they face”. 11 “financially challenged” health economies have been identified for this work to be undertaken.

The Trust is supporting the review by working with the economy providers and KPMG on fact finding and the data sharing. The Trust believes that there are real opportunities for providers and commissioners to work together for the benefit of the patients and the economy. We believe that duplication exists in all sectors and that more sophisticated partnership working would provide patients with better access and higher quality whilst eliminating waste and unnecessary duplication.

The Trust is aware that the findings of the review and recommendations may be presented after this plan has been submitted. The Trust Board is also aware that we need to remain vigilant to changes that affect the economy, even if they do not affect us directly. We will continue to work in partnership for the benefits of our patients and ensure that we remain central to any changes planned in order for us to respond accordingly.

3.2 Healthcare needs analysis

National needs analysis

The Trust needs to ensure that it is able to respond to both national trends and local drivers in order to best serve its local population. The Trust is also strategically sighted on longer term impacts and changes in both political and policy landscapes. Our national environmental scan regularly outlines the following key areas that are aligned to (and responsive to) the Trusts strategy and the divisional business plans:

- By 2030 there will be approximately 2m more adults in the UK with a mental health problem
- Society’s attitudes towards mental health problems are changing as are the expectations of people who use services
- In the next decade the NHS could experience a funding gap of some £54bn
- Bold leadership will be required to build a common vision for the future of mental health services; tackling the investment challenge is critical
- Our population and demographics are changing due to a variety of factors
- Technology continues to develop at a rapid pace and people expect more
- The recovery movement in mental health continues to grow as does the focus on integration; at the same time demand continues to increase.
- Significant questions are being asked about where future investment in the NHS might come from

Supporting this longer term view are needs analysis and epidemiological evidence that relate to the clinical gap and the risks associated with healthcare systems not having properly integrated patient pathways. The Trust uses these statistics and other evidence from public health trends to inform its clinical strategy, commercial strategy and overall direction of travel. Examples include:

- Poor mental health costs Britain £70bn a year through productivity losses, higher benefit payments and the increased cost to the NHS - equal to 4.5% of the growth domestic product
- Employment, or the lack is major contributor to these productivity losses - between 10% and 16% of people with a mental health condition excluding depression are in employment
- Much higher rate of mental health problems amongst people in the criminal justice system - approx. 70% of prisoners have a mental health problem of whom 7% of men and 14% of women experience psychosis
- Around 70% of people accessing homelessness services have a mental health problem
- Of the 100,000 annual avoidable deaths - amongst under 75s - it is estimated that a third of these involve someone with a mental health problem
- Between 4000 and 4500 people commit suicide in England each year
- One in 10 children aged between 5 and 16 years old has a mental health problem

Key areas for the organisation to continue to be observant of include:

The Digital Revolution - the UK is becoming an increasingly digital society

- 83% of homes now have internet access
- We have one of the most developed e-commerce markets in the world
- Customers are increasingly expecting 24 hour on line access to information and services
- 54% of the public say they would find it useful to be able to book GP appointments on line - just 1% of the public have used Email to consult their GP
- Expectations of service users, carers and professionals are now very different to the expectations of a generation ago.

Increasing Prevalence and Demand

- It is estimated that by 2030 - assuming rates of prevalence stay the same as they are now - there will be approximately 20m more adults in the UK with mental health problems
- Evidence points to prevalence rates of common mental health disorders rising over time
- In 2007 an adult psychiatric morbidity survey found that the proportion of the English population, aged between 16 and 64 meeting the criteria for one common mental disorder increased from 15.5 % in 1993 to 17.6 in 2007
- Depression is predicted to be the second leading cause of global disability burden by 2020
- The London School of Economic and Political Science estimated that just a quarter of people with mental health problems currently receive treatment
- The Alzheimer's society estimates that in 2012 there were 800,000 people in the UK with a form of dementia, by 2021 this is projected to rise to 1m and then to 1.7m by 2051

Population Change

The UK population is predicted to increase by 10.9m over the next 25 years to 73.2m by mid 2035 it is predicted that in the next 40 years people from minority ethnic groups will make up 20% of the population (from 8% in 2001) - it is predicted that this population group will become less populated in larger urban areas, moving out from the inner city from suburbs to surrounding towns. Our society is aging; compared to 2010, by 2030 there will be 50% more people age 65 and over.

Local Needs analysis and demographics

The Trust continues to work with local economies on understanding the specific needs of some of the population and occupational aspects of culture, employment and presentation for health needs. This population is also effected by a significant military establishment in Stafford and Lichfield where troops over the next few years will be returned to these localities and based locally. The Trust has an excellent working relationship with MoD (The Trust is the Prime Provider in an inpatient Network

delivering mental health and specialist services to the serving population for the armed forces, this contract has been in place for over 6 years). The Trust also has a significant profile for the delivery of veterans' services and has established a network of providers across the West Midlands and also partnerships locally. The Trust is a key partner in the community armed forces covenant strategy.

3.3 Capacity analysis

To deliver our five year strategy there are some clear aspirations and assumptions that we will use to inform our planning. The detail of this is contained within the business plans of the Trust. The two clinical divisions have different needs, with Mental Health being focussed around local services and specialist services offering services wider afield.

Both clinical business plans detail their key risks and areas for development and are aligned to the Trusts strategy and overall direction of travel. The capacity analysis for both have different challenges ranging from remodelling local services in order to support LHE commissioners to investment in commercial skills tendering for new UK wide services.

The Trusts core capacity challenge over the next few years will focus around Mental Health and older people pathways. This also includes an inpatient and community upgrade programme where we plan to significantly enhance the care environment.

Community services - More and more services will need to take place in primary care and this will need the further remodelling of staffing levels, skill mix and the training that staff will require. It is crucial that changes take place in relation to the care co-ordinator role to enable trained staff to maximise their time on treating people enabling other staff to be care co-ordinators/navigators. Treatment periods and evaluation of the treatment plans will need to be more robust and based on an IAPT type model. Recovery and planning for discharge will be part of the initial treatment plan. Co-production will become part of the way of working for staff which will require a cultural change for many staff.

Internal Organisational Development - Lean methodology will be central to the division achieving its aims over the next 5 years. The challenges should not be over simplified, but with staff being made aware of the scale of the task and being freed up to drive forward ideas, test solutions and evaluate the changes, we are confident of success.

Business development and growth - Promote the need to have robust services that respond to the needs of people with personality disorders through re-engineering of existing resources or the development of services in partnership with the independent sector bidding against new monies linked to national strategies.

Acute and crisis services pathway - Functionalisation will be re-examined and changes where necessary will be put in place. The purpose of admission needs to be much more robust, with the emphasis on why could the person not be home treated and if not when can home treatment be reinstated. Flexible home treatment that meets service user and carers needs is required, thus the acute care pathway needs to be re-examined.

More work in partnership with other third sector organisations will prove invaluable in ensuring good quality crisis and home treatment.

Dementia services pathway - Demand is set to rise dramatically over the next few years and we will need to find increasingly innovative and streamlined ways of working. Partnership working with primary care, third sector and voluntary organisations will be key to sustainability. We will need to learn lessons from current pathway redesign and pilots and stay at the fore of clinical and technological advances. Organisational development in terms of continuous improvement philosophy and tools and techniques will also be key.

Operational requirements and capacity - The division is embarking upon a journey of ensuring that team managers and leads have the autonomy and the responsibility of making decisions at local level, thereby reducing bureaucracy and ensuring speedier decisions are being made as close as possible to the patient. This will enable the managers above them to help to drive forward strategic change and ensure communication and engagement is working well.

Workforce development and cultural change will be the key to the success of the business plan and therefore we must ensure that the workforce changes are well planned and delivered, partnership working with staff side and staff is crucial. The OD agenda will be a key part of our transformation

Estates requirements - Estates and where staff deliver their work from will also play a crucial part of our strategy as we will need to consolidate where we deliver clinical delivery whilst ensuring we have satellite facilities where good quality interventions can be delivered. It is important that we deliver more from good quality bases as it utilises staffs skills and expertise in a more efficient way, although we will always ensure that we meet the needs of users and their carers who find travelling difficult by working in local facilities, GP practices of, third sector premises and of course where required in the person's own home.

We are committed to supporting our communities and actively engage and listen to their feedback. This shapes us as an organisation and makes us locally responsive. It is this feedback that has shaped our decision to have no Community Centres based on Mental Health inpatient sites, (e.g. Redwood's and SGH), and that Community Centres (Hubs) will comprise both admin/clerical facilities and bookable clinic space, additional bookable clinic space will be sourced from primary care via GP practices where appropriate.

Workforce requirements - The various pilots across Staffordshire and Shropshire will inform workforce requirements. There are opportunities around skill mix. The requirements for the community are around the need for the workforce to be more recovery focussed, utilise the expertise of the most senior within teams in a more specialist manner; flexible workforce to support extended hours of working; enabling the workforce to be able undertake more group work activities; Ensuring the teams are led by Clinical and operational leads that enable strong and robust managerial and clinical governance systems to be in place.

Within dementia services the workforce needs to be proactive working in partnership with service users and carers in a way that enables the carer to avoid 'burnout' and the user to remain in their own familiar environment reducing the need for admission to inpatients as well partnership working in the wider sense. Teams will be structured and situated in a way that enables better use of skills and experiences and increasing efficiency; again a flexible workforce to support extended hours, implementation of rehabilitation assistants, ability to undertake more group activities e.g. Cognitive Stimulation Therapy.

There are opportunities in South Staffordshire for SSSFT to be prime provider of dementia services. This is being also explored in Shropshire. This is an example where the Trust, working in partnership with primary Care and the commissioners has been able to use its FT freedoms to create an integrated approach to supporting people with Dementia. This model is being economically evaluated to demonstrate where the system savings exist in addition to the clear clinical benefits presented to the patient.

3.4 Funding analysis

Local Challenges and commissioning intentions

The Contracting round for 2014/15 was challenging as we are operating within a challenged health economy. The health economy is in deficit across the board and every commissioner is seeking to ensure that their Quality Innovation, Productivity and Prevention (QIPP) are met. In addition, it was mandated that Mental Health PbR currencies was to be used during 2014/15. SSSFT moved away from the traditional currencies used such as 'face to face' contacts and Occupied Bed Days. The

Pricing Activity Matrix is based on cluster days. However, not all services are part of PbR, such as Learning Disability, Children's Services and RAID. These are commissioned by Occupied Bed Days and face to face contacts.

Shifting care delivery outside of hospitals

Care has already shifted significantly to a community base over the last three years in both core geographical areas for South Staffordshire and Shropshire. In the last eighteen months in Staffordshire commissioners have invested additionally in Crisis Home Treatment Services and following a public consultation we have closed an inpatient unit in Burton. A review of this closure has demonstrated that user and GP satisfaction is high with Crisis Home Treatment services and that there has been no increase in out of area placements as a result of having fewer beds. In Shropshire the long term business case agreed with commissioners in Telford and Shropshire has led to the building of a modern, but smaller hospital - the Redwoods Centre, and a growth in community services. Over the last year the number of staff employed in these services has significantly increased together with the amount of clinical work carried out in non-institutional settings. The number of patients going out of area for beds has been successfully reduced despite a reduction in the total number of beds available within the Trust.

Workforce planning is a key part of the Trust's strategy that will continue to change and develop the workforce over time to meet the needs of patients in community and inpatient settings by having the right skills available, at the right time and in the right place. This has been deployed successfully and the key benefits have been realised. Work is continuing around improvements to service with the introduction of LEAN and an approach aimed at eliminating waste. This forms one of the Trusts future objectives.

The Mental Health Division is continuing to work collaboratively with Commissioners to develop a 5 year strategy for Mental Health together with agreed pathways of care for community, adult inpatient and dementia services. These pathways will seek to ensure that patients are maintained in their own environments (e.g. home, residential or nursing establishments) for as long as possible and care is provided as close to patients as possible.

The key objective for the Mental Health pathways is to provide a quick and responsive service, reduce waiting times and ensure people receive the right care at the right time through:

- Extended availability of community services – 8am to 8pm, 7 days per week
- A thorough multidisciplinary single assessment process as near to the patients' home location as possible, to reduce duplication and identify the options for treatment/intervention at an early stage, including provision of brief interventions
- Increased availability and enhanced roles for Community Support Workers including Peer Recovery Workers
- Closer working between community, Crisis and inpatient teams to reduce delays and avoid unnecessary admission
- Remodelling of the Dementia pathway to enhance community care through provision of Rehabilitation Support Workers to maintain people in their home environment for as long as possible, avoid crises and reduce admissions to both mental health inpatient beds and nursing home beds
- Provision of defined outcome measures for treatment/interventions and time limited packages of care that encourage recovery

Commissioning Intentions

The Trust worked with local commissioners and partners on establishing that the Commissioning Intentions were fully understood and aligned to our strategy. The Trust works locally across eight CCGs and nationally with NHS England on areas of specialist services.

Commissioning in the NHS has undertaken a radical change over the last twelve months with the structure and function changing to become more local, with “patients at the heart” of new reforms and GPs becoming the primary commissioners.

As a Foundation Trust, South Staffordshire & Shropshire Healthcare NHS Foundation Trust (SSSFT) is embracing the new competitive markets and remains committed to ensuring service users receive the best care, which is value for money and which produces positive outcomes.

Engaging with commissioners is crucial at every stage of the commissioning process. The Stakeholder Engagement Plan describes the key principles and actions required to engage with different commissioners and stakeholders.

Commissioning – the National Strategy

The Government set out its vision for the reform of the National Health Service in the NHS Mandate. This sets out the vision for improving healthcare and health outcomes by devolving power and responsibility away from central government to “healthcare professionals closest to patients: GP’s and their practice teams working in consortia.”

Primary Care Trusts (PCTs) are to be abolished from 2013 and in their place are GP consortia, now called Clinical Commissioning Groups (CCGs). CCGs will commission most services on behalf of patients, including:

- Planned hospital care
- Rehabilitative care
- Urgent and emergency care (including out of hours)
- Community health services
- Mental health and learning disability services

CCGs will be overseen by a National NHS Commissioning Board, which will lead on “health outcomes, allocate and account for NHS resources, lead on quality improvements and promote patient involvement and choice.” The NHS Commissioning Board has overall responsibility for a budget of £80bn, of which it will allocate £60bn directly to GP consortia. It will directly commission a range of services including primary care and specialised services and have a key role in improving broader public health outcomes. Patients will have a choice of any provider and treatment and will be encouraged to “rate hospitals and clinical departments according to the quality of care they receive.”

Local Position

Each CCG is remaining independent but are forming federation for commissioning purposes and taking a “lead” on their major contracts on behalf of all the CCGs. With the emphasis on local commissioning and decision making, the role of the GP and GP engagement becomes essential for success. Not only is the GP the commissioner but as every patient is registered to a GP, the GP will be influenced by the outcome of the service that his patient has received. The GP is the referrer and by definition knows what the needs of the patients are and whether those needs are addressed. Each CCG will continue to define its local needs, gaps and future aspirations. The Trust has made significant strides to engage with and support the local commissioners and support and shape the development of their clinical, commercial and strategic direction.

The Trust is conscious that we must continue to demonstrate good outcomes for patients in order to receive payment in future and thus being able to demonstrate high quality care and patient satisfaction is fundamental. We have delivered the CQUINs in the contracts which have provided monetary return for evidenced improvements in quality across previous years and will continue to work in partnership to ensure this continues.

Prescribed Services/NHS England

Formerly known as specialist services and commissioned currently by SCT Midlands and East. Forensic Mental Health, Forensic Learning Disability, Eating Disorders Inpatients and Outpatients and

Mother and Baby Inpatients and Outpatients will be commissioned by the Local Area Team (part of the NCB). The Trust has a number of specialist contracts that are aligned to the emerging NHS England strategies. A number of the Trust's Executive Directors are also acting in an advisory capacity to support the strategic direction of these services moving forward towards 2019.

3.8 Intelligence gathering, trend monitoring and environmental scanning

The Trust has a number of routes to horizon scan and gather intelligence, ranging from clinical forums and strategic meetings to formal reporting and analysis of external policies and statistical information.

These are built from service level intelligence from clinician to clinician through to team level, then divisional, through to Board and then into the political landscape. The Board receives a monthly Chief Executive Report (available in public board papers) which includes key policies and areas of note to enable the Board to ensure that its trajectory remains clear and has early warning of clinical, commercial, financial or political impacts that may need wider discussion.



OVERVIEW OF THE REPORT

The objectives of the report are to:-

- Scan the fast changing environment in which our NHS Foundation Trust operates
- Focus on new vital issues and encourage focused and strategic discussion
- Encourage the Board to share intelligence, plan action or seek assurance
- Ensure effective internal governance of issues discussed through sub committees
- List policies for verification by the Board and provide assurance of a robust consultation and approval process

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8. NEW NATIONAL GUIDANCE, REPORTS

The following documents and reports are placed with Executive Levels for decision on whether any actions are required for follow up or consideration by Board Sub Committees.

2.1 Guidance and Reports

Document	Priority	Lead
2.1.5 Department of Health - Mental health crisis care overview - Improving outcomes for people experiencing mental health crisis. The document sets out the principles and good practice that should be followed by health staff, police officers and approved mental health professionals when working together to help people in a mental health crisis. It follows the national blueprint for 2015 (England) which includes a new requirement for the NHS that 'every community has plans to ensure its role in mental health crises will be better than ever before health services'	Medium	Alison Bentley
2.1.6 Department of Health - The sixth year of the Independent Mental Capacity Advocacy (IMCA) Service (2012/2013). This report provides an overview of the 6 years that the IMCA service has been active. It is particularly relevant to local authority commissioners, mental capacity teams and participating bodies.	Medium	Alison Bentley
2.1.8 National NHS Foundation Trusts review of nine months to 31st December 2013. This report examines key trends drawn from Foundation Trusts financial reports. It looks at operational performance, financial performance and regulatory performance.	Medium	Greg Thomas
2.1.9 NHS Staff Surveys - 2013 NHS staff survey in England. This briefing note provides an overview of results from the annual national survey of NHS staff. The results are primarily intended for use by NHS organisations to help them review and improve staff experience so that staff can provide better patient care. The 2013 survey was conducted across four of the pillars in the staff NHS Constitution, with the additional themes 'quality and diversity' and 'being successful'.	Medium	Alison Bentley
2.1.10 NHS Staff Surveys - Making our health and care systems fit for an ageing population. This report sets out a framework and tools to help local service leaders improve the care they provide for older people across their key components, within	Medium	Alison Bentley

The Trust has deployed this approach for many years and has evidence of using this intelligence to prepare for external and internal impacts in an informed proactive way.

The scans are sent and shared with the Divisional teams and discussed through a senior clinical forum to ensure that key culture carriers are also aware of the environment and can provide additional intelligence and insight to enrich this. These scans are also shared with Governor Members on a regular basis to ensure their intelligence and insight is taken into account.

Commercial Scanning

The Trust has a commercial scan that is discussed at the confidential element of the Board and is discussed in more detail at the Business Development and Investment Sub Committee. This report covers strategic opportunities/threats that are likely to present in the next few months along with performance information on tenders, bids and market decisions including formal intelligence gathering through Expressions of Interest and meetings.

This report has helped shape our response to markets and their needs, inform our bidding processes in line with commissioning trends and to centrally store and regularly discuss business models and tendering activity. This is illustrated in narrative and diagrammatic ways as below.

The Trust has a central commercial team that gather formal intelligence that also inform this process, this is captured within the report and shared with the clinical teams on a weekly conference call. This has proved invaluable commercially and has led to the Trust having a commercial conversion rate from PQQ to ITT of some 80% and a commercial conversion rate of ITT to award of some 40%.

This team also provides a mechanism to explore Non NHS business and gather external information from expressions of interest and tender processes.

3.8.1 Use of service level assessment and benchmarking

The Trust also uses benchmarking to ensure that its services remain modern and effective and offer value for money. Formal annual financial benchmarking is done so that service lines are reviewed regularly. More frequently clinical peer groups are used to assess the efficacy of the services and share best practice. The Trust also has contracts for external validation from the Royal College of Psychiatrists.

3.8.2 Scenario planning

The Trust uses its SWOT analysis, intelligence gathering and scanning to inform and review its strategic direction. The Board of Directors meet regularly with protected time to review the strategy and scenario plan based on intelligence and trends.

The Trust has an annual business planning cycle that is driven clinically and informed by service users, their carers, staff and partners. These plans are modified annually to reflect the Monitor framework and planning processes, decisions on plans and strategies moving forward are always scenario planned and tested against a range of lenses to ensure that equality is evidenced, clinical improvements to quality are paramount and that the trusts suitability is strengthened.

The Business Development and Investment Sub Committee regularly scenario plan with service leads operational tenders and commercial decisions. This is reflected through the commercial strategy and business plans within the divisions. The divisions also scenario plan at their away times and are always encouraged to liberate new ideas and test them in a safe environment.

3.8.3 Networking - formal and informal

The Trust is also aware that relationships are key to ensuring long term sustainability and providing early warning when things are not quite so good, or have to potential to change.

The Trust has developed a stakeholder map where key personnel (directors and clinical leads) are present at appropriate meetings with partners or form direct service relationships to ensure that insight and feedback is gained and acted on quickly.

The Trust has also deployed an engagement strategy with local commissioners and CCGs and has formed significant clinical relationships that span sectors that clearly add value to patient care and reduce duplication and bureaucracy

Commercial partnerships

The Trust has established a large variety of additional partnerships ranging from Sub Contractors to affiliations. We currently bid across a range of services in partnership so that we can offer the maximum choice to service users and commissioners.

The Trust's third value represents how important partnerships are to our success. We have developed a range of sophisticated partnerships with a variety of agencies and organisations that are across a wide range of sectors. All of our partnerships are formed to ensure that services best suit the service user and their carers. We continue to develop innovations across our services in order to ensure:

- We deliver seamless care pathways
- We present a less stigmatising interface
- Our services are as easy to access in local geographies as possible
- We align to local communities and their cultural needs
- We are as cost effective as possible, whilst ensuring the highest levels of clinical quality exist
- We offer real choice to those who use them

Section 4

Risk to Sustainability & Strategic Options

Section 4 Risk to sustainability and strategic options

4.1 Risk Management processes

To achieve success in the delivery of our strategy, quality is essential priority that is reflected through our governance themes, assurance and risk management mechanisms. The risk management processes laid out within its Risk Management Strategy support the Trust in the achievement of its strategic objectives, whilst ensuring that the best use is made of public funds.

The purpose of the Risk Management Strategy is to create within the Trust a positive risk culture that encourages its employees to consistently use its risk management policies and procedures and its Assurance Plan and Risk Register in order to:

- Identify and control risks which may adversely affect the Trust's operational ability and its Annual Governance Statement
- Compare one risk with another using the Trust's risk scoring and grading matrix
- Where possible, eliminate or transfer risks or reduce them to an acceptable and cost effective level
- Otherwise ensure the organisation openly accepts the remaining risk
- Ensure that issues and concerns raised by internal and external audit and external assessment are addressed and resolved

Strategic, operational, corporate and other key quality risks confronting the organisation, and associated action plans form the Trust's Assurance Framework, and these risks are recorded using the South Staffordshire and Shropshire NHS Foundation Trust Assurance Plan and Risk Register.

The Trust Assurance Plan is a high level document that records the principal risks that could impact on the Trust achieving its strategic objectives. It provides assurance of where risks are being managed effectively and where objectives are delivered. It also identifies objectives where there are gaps in controls and therefore insufficient assurance. The Trust level Assurance Plan is presented to the Trust Board on a quarterly basis with overall review of its delivery being undertaken by the Audit Committee. In addition to this each principal risk identified within the Trust Assurance Plan is allocated to a Trust Board Sub-Committee, responsible for monitoring key controls and sources of assurance for each principal risk assigned to them.

The Risk Register is a log that holds the main record of all identified risks that present a continuing threat to the Trust's objectives and operations. The corporate risk register is presented to the Trust Board on a quarterly basis and is monitored by each of the Board sub-committees at each of their meetings. The Audit Committee takes an overarching role for the monitoring of the corporate risk register and ensures that risks are reviewed in line with the timescales detailed within the register.

The Trust has embedded a web-based assurance plan and risk register process at a Trust Board, assigned sub-committee and divisional level. Each of the assigned sub-committees to the Board review the assurance plan and risk register risks assigned to them at each meeting and are able to assure the Audit Committee and Trust Board that key risks are being reported, reviewed and escalated in real-time.

4.2 Local Health Economy Support

The Trust has a positive working relationship with local, regional and national commissioners. In order to address the risks against our service lines and the external risks that may present through the changes in the economic, political and competitive environment the Trust will continue to encourage open dialogue at both clinical and contractual levels.

The Trust will remain vigilant to commissioning need and intent and has embedded ways to provide clinical influence on the direction of service change and is already working on risk sharing arrangements around local services. Examples of this include the repatriation of out of county

placements and Dementia Services. In both areas the Trust will take a Prime Contractor role and will deliver the governance required to demonstrate line of sight on quality and will cascade this down through sub-contractors. The sub contracts are carefully chosen to ensure that quality outcomes are clear and they deliver against a set contract. These approaches are supporting a range of effective pathways that historically may have broken down in-between organisational hand over.

It is recognised that there are existing deficits in provision of specialist mental health and learning disability services, resulting in poor access for extremely vulnerable patients who often have to travel significant distances across the country. Duplication also exists detracting from sustainable high quality services. Collaboration and effective partnership working could potentially address these issues.

The Trust feels that the LHE would benefit from improved collaboration across sectors and has presented this within the review. Effective collaboration would enable the whole system to improve access to local high quality, affordable sustainable patient pathways to the benefit of the population by:

- Strengthening existing relationships with non-health bodies (e.g. University of Keele, Local Authority, non-statutory and third sector bodies) ensuring strategic alignment to the holistic needs of the population (e.g. housing, employment, education & training, recruitment, domiciliary care)
- Maximising opportunities from recent legislation (e.g. BCF) to achieve strategic change
- Ensuring pathways are integrated across physical and mental health to improve the patient experience and improve service efficiency.
- Effective care coordination across and between organisational boundaries leading to Increased access to specialist mental health services through arrangements such as:
 - Integrated commissioning across care pathways
 - Prime and sub-contractor arrangements
 - Hub and spoke models
 - Joint Ventures and risk sharing arrangements

Section 5

Strategic Plans

5.1 service level ambitions

The tables below represent our ambitions at service level over the next few years (2014-2019). The Trusts remains committed to working with local commissioners on the delivery of their intentions and will continue to look at new ways to work to ensure that the service user and their carer is getting the best possible service. The List is not exhaustive and will change depending on new developments, national guidance and local commissioning need.

Specialist Service Division

No	Scheme	Summary
1	Staffordshire and Shropshire wide Children's Service	Provision of an integrated children's service across Staffordshire, to include physical, mental health, speech and language, physio and social care.
2	Psychology Services (Including PD)	Prime Provider for Delivery of Specialist Psychological Services to West Midlands Probation Trusts.
3	Effective joint working with health and Social Care	Integrated approach to care across health and social care, appropriate care pathways, single point of access etc.
4	On-going expansion of IAPT and substance misuse nationally	There are a range of these service types that are commissioned locally on a variety of contract lengths (from 3 to 7 years). Inclusion would intend to tender nationally and expand current range of services.

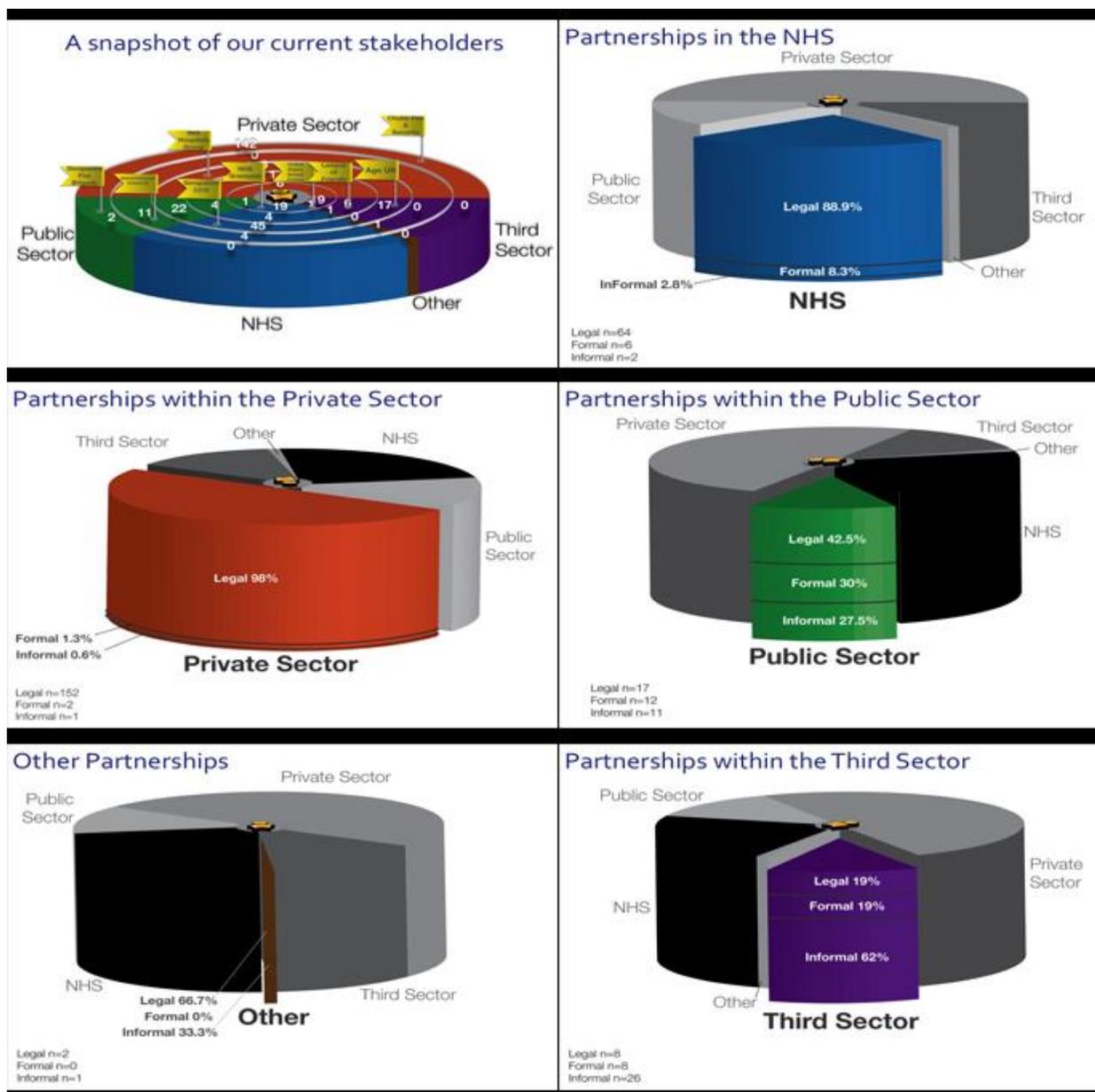
Mental Health Division

No	Scheme	Summary
1	Develop integrated acute care pathway (both localities)	Further develop the acute care pathway to integrate CRHT with ward staffing and develop partnerships with the independent sector to provide alternative care settings (step down, emergency psychiatric room) to meet the needs of people in crisis and reduce the length of stay if needing inpatient support
2	Refine access/assessment through primary care partnerships (both localities)	Further to the two year plan to stream line access and offer earlier assessment, develop further refinements to working in an integrated way with primary care providers for a range of conditions to prevent people from needing secondary care and promoting wellbeing within the population
3	Contract efficiencies Continuing Health Care (Both Localities)	Develop and expand on the work of the out of area team in Staffordshire addressing clinical efficiencies within CHC contracts both locally and out of area for all of our local CCGs
4	Partnership developments for community Rehab Service (Staffordshire)	Establish a scheme in partnership with the independent sector that responds to the longer term needs of people with complex presentations and personality disorders and is competitively priced with existing providers
5	Integrated Dementia pathway through partnership working	Develop partnerships with the third sector to remodel the workforce for the intensive community support service for dementia and to develop with care providers a dedicated residential/nursing service as an alternative to hospital admission

5.1 Stakeholder mapping and engagement

An illustration of the Trusts relationship map is shown below. This is reviewed formally by the senior leadership forum, the trust management team and the board of directors every year or when significant external change has occurred (our about to occur). The Trust reviewed its stakeholder map in line with the development of the new strategy and have identified new partnerships that we wish to explore (as outlined in section three in order to deliver our strategic aims in section five).

An illustrative overview of our current stakeholder map is below:



Conclusion

The next five years for the NHS will be challenging. The Trust will continue to work in partnership to ensure that our service users and their carers get the best possible service. We will remain vigilant to the increasing demands of the economy, our regulators, commissioners and strategic partners, whilst ensuring that the quality of the services we provide is never diluted.

We will continue to deliver services that offer value for money to those who commission them. Our partnerships remain important to us and we will continue to collaborate and co-produce services so that they support the local health economy and the organisations within it.