



With all of us in mind

SWYPFT 3 Year Plan

Calderdale OSC Briefing

14 July 2010





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Vision and Key Priorities

SUMMARY OF OUR CURRENT POSITION

- Just completed first year as Foundation Trust (FT)
- Governance risk rating – Green all year
- Financial Risk Rating (FRR) above 4 and downside scenarios rated 1
- Completed key deliverables from Trust Plan:-
Newhaven , Integrated Adult Psychological Therapies,
Attention Deficit Hyperactivity Disorder (ADHD)
- Joint partner in bid for Transforming Community Services (TCS) Calderdale
- Partner in Transformation Board for 2 other Commissioners
- Prison Mental Health Services out to competitive tender
- Strong position – finance, performance, partnerships





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SWYPFT Market Share

	2008-09	2009-10
Working Age	61 %	69%
Older People	86%	80 %
Learning Disability	26%	29 %
Forensic	31%	31%





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Overall Mission Vision and Strategic Business Objectives

MISSION – enable people with health problems and learning disabilities to live life to the full

VISION

- The service of choice for Service users
- The Employer of choice for staff
- The partner of choice for commissioners and partners

STRATEGIC BUSINESS OBJECTIVES

- Expand the Trusts role in the delivery of local pathways
- Utilise our expertise to develop specialist services
- Expand our provider footprint in delivering forensic and prison services
- Develop a systematic approach to service improvement and quality through the QUALITY ACADEMY approach
- Explore the potential for geographical expansion





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The outcome of delivering the Strategic Business Objectives will be:

- To improve the health and well being of our service users and increase our impact on the well being of the communities we serve
- An environment where risk is managed and safe, high quality services are delivered
- Improved service user experience, including engagement in the design and delivery of services
- More efficient and productive services in line with evidence based practice.
- A viable and sustainable future for the Trust





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Key Priorities

GROWING THE BUSINESS

- Expanding our role in local pathways whilst maintaining the quality of existing services
- Redefining our service offer through:
- Redesign of local pathways to improve effectiveness of service and utilisation of estate;
- Year 1 – Decant from St Lukes

Introduction of Agile working Kirklees

Introduction of Single point of Access Kirklees

Using INPAC to redesign services

Year 2 – Implement new service pathways Wakefield and Calderdale –
Single point of Access/ INPAC

Roll out Agile working, reconfiguration of estate

Year 3 – Continued roll out agile working , single point of access





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Key Priorities (Cont'd)

- Expanding our service footprint (TCS/geography)
- Increasing our range of forensic services, expansion of medium secure services to include women's services
- Creating critical mass in areas of expertise ADHD

ENABLERS

- Making sure we have good partnerships for testing times
 - Service users, commissioners, local partners
- Ensuring our workforce is fit for the future, training, skills management structure, leadership and culture
- Enabling service improvement through the Quality Academy approach
- Implement a Sustainability Plan to ensure we make best use of resources, reduce carbon footprint and aspire to become a good corporate citizen





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Key External Impacts on the Plan

- Reduction in healthcare funding and uncertainty re level of cuts and pace with new government
- Impact of demographics and recession – increased elderly population and increased unemployment creating increased demand for services
- Impact of tariff deflation for acute sector on assumptions for Mental Health
- Different approaches to TCS across 3 Districts may reduce opportunities for consolidation and service improvement
- SCG benchmarking exercise to review commissioning of service in future for forensics with potential competitive tendering for existing services
- Impact of national pay awards
- Development of Commissioning for Quality and Innovation (CQUINS) – increased % of income
- Development of national tariff/currency for Mental Health – destabilising impact on income if mismatch between historical contract values and revised one based on new currency
- Managing public and service user engagement in a time when services may change significantly – location, provider
- Managing impact of LA requirement to implement “personalisation” on joint services





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Impact on Clinical Quality

Using the Darzi definition – (1) Acceptable to users, (2) Effective and (3) Safe

- Mutual respect between service users/carers and service providers (1)
- Delivery of personalised care through CPA (1 & 2)
- Improving practice and positive outcomes for service users (2)
- Good quality environment which is safe protects privacy and dignity and good hotel services (1 & 3)
- Suicide prevention and risk management (3)





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Transforming Community Services : what do we want out of it

- Transfer of CAMHS – enhances our pathway
- Opportunity to sort out personalisation with LA
- Opportunity to reduce duplication between LA & Trust
- Spread fixed costs over larger service base
- Increase contribution (5% target)
- Create critical mass in hard to recruit specialties e.g. therapies, psychology
- Use care co ordination principles to manage more risk in community services therefore transfer services and capacity out of acute
- Create integrated workforce with generic skills e.g. assessment so that overall workforce numbers can be reduced





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TCS: impact on provider landscape

- Default for care is “community” – significant reduction in acute bed base
- Increase staff productivity – all sectors
- Improved gate-keeping in and out of service – key role for primary care and care co ordination
- Maintain or improve service quality
- Same or more with less staff and less money.

Therefore to be successful need to secure :

- Services which enhance effectiveness of our pathway
- Services which create opportunities for integration and workforce reduction through alignment of service model or reducing management costs





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Impact on the Workforce

WORKFORCE QUIP

- CIP savings of £3.8m OVER 3 years starting 2011-12
- Reducing overtime and agency (£0.6m)
- More effective rostering (£0.9m)
- Reducing Management costs 15 % (£2.3m)
Equivalent to 60 w.t.e on avg salary

SERVICE REDESIGN QUIP

- Saving £4.7m over 3 years starting 2011-12
- Reduction in posts 120 w.t.e
- Agile working increase in productivity by 20% in community
- Single point of access





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Estates Strategy and capital programme

1. Optimisation of estate to fit service model and agile working
2. Increase capacity for expansion of specialist services
3. Investing in sustainability
4. Ensuring good quality environment

TOTAL CAPITAL SCHEMES = £35.6m to 2013-14

Main schemes

1. Decant from St Lukes and CNDH- gross savings £2.8m
 - Investing in reprovision Dales/ Priestley/ community base £6.3m
 - New inpatient unit Huddersfield £8.6m
2. Newton lodge expansion and refurb £10.8m
3. Maintenance and sustainability capex £4.2m
4. Ensuite pods and single rooms £5.7m

In addition revenue investment in IM & T to support Agile Working





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Leadership and Governance

- Service Line Management
- Development of skills through Quality Academy
- Development of Service Improvement Methodology through Quality Academy
- Investing in Health and Wellbeing
- Future Workforce Requirements
- Key Workforce Groups - Medical Staff/Therapies/Psychology
- Impact of TCS





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Regulatory

SERVICE AND FINANCIAL RISKS

- Data Quality, Learning Disabilities – Green light toolkit, long waits in therapies; impact of personalisation
- Development of CQUINS financial risk if unable to respond
- Impact of TCS and economic conditions – increase in decommissioning affects sustainability of services
- SCG benchmarking exercise for forensics – significant fixed cost risk if move commissioning of services

GOVERNANCE AND COMPLIANCE RISKS

- Ensure membership council quorate, representative and effective
- Adequate response to “taking it on trust” and NHS Constitution
- Development of INPAC poses risk of non-compliance with Monitor and CQC

