South London and Maudsley NHS
NHS Foundation Trust

Strategic Plan 2014-19 summary

A high level summary of our Strategic Plan 2014-19

About us

South London and Maudsley NHS Foundation Trust [SLaM] provides a wide range of high quality mental health services to local communities as well as specialist services for people with complex conditions that are provided both nationally and internationally. We are an organisation with exceptional human and capital resource, located within an organisational system of remarkable strength and potential. We are particularly proud of our lengthy and strong association with the Institute of Psychiatry [IoP], and also of our strong relationships with local people, providers and Clinical Commissioning Groups [CCG's and NHS England [NHS E] who are our commissioners.

The Trust is part of King's Health Partners [KHP] Academic Health Sciences Centre [AHSC]. KHP comprises four organisations: Guy's and St Thomas' NHS Foundation Trust; King's College Hospital NHS Foundation Trust; King's College London University; and SLaM. Together, KHP contains a diverse combination of clinical specialities aimed at delivering real benefits to patients and staff through closer working and better alignment of research and development with services. KHP continues to build on its position as Europe's lead provider in health education, and to strive for international academic and research excellence to improve the delivery of patient-centred care.

KHP has developed an ambitious programme of work for the next five years including programmes to integrate mental and physical health, value-based care systems, integrated healthcare across primary, secondary and social care, and public health. There will also be a focus on six specialties where there is outstanding research, education and clinical care - cancer, child health, cardiac, diabetes and obesity, mental health and neurosciences, and regenerative medicine and transplantation.

Our purpose and ambition

Everything we do is to improve the lives of the people and communities we serve and to promote mental health and wellbeing for all. Our aim is to achieve this through becoming:

- An integral part of KHP, one of the world's premier Academic Health Sciences Centres.
- An international centre of clinical excellence committed to local people and communities.
- With the Institute of Psychiatry, an international centre of academic excellence focused on translation into practice.
- With our local partners, leaders in truly integrated and preventative health and social care.
- Contributors to a flourishing and sustainable health and care system in south London and beyond.

Our context: "the best of times, the worst of times"

We have developed our five year strategy during a time of exciting possibilities and yet at a time of great challenge. The profile of mental health and stigma has never been higher supporting a real sense of social and professional momentum. We have leading edge research and development that offers new hope for innovation into practice; there is much more we can do with technology to support and empower our staff, our patients and our partners; and we are endowed with a valuable estate that offers major opportunity for refurbishment, disposal and selective new-build.

Increasingly the focus of services and service users is shifting from the treatment of established difficulties to prevention, as reflected in our adult mental health [AMH] model [described further below]. Embedded within this move is a new emphasis on social models of population health and wellbeing as well as greater integration of care.

The changing contract between citizens and professionals, driven by consumer ethic and increased public awareness means that we, as part of King's Health Partners, share a unique local and global opportunity to develop and deliver holistic care.

And yet, with all of this positive forward movement, our historic models of service delivery are unsustainable in the face of financial challenge, societal change and demographic shift.

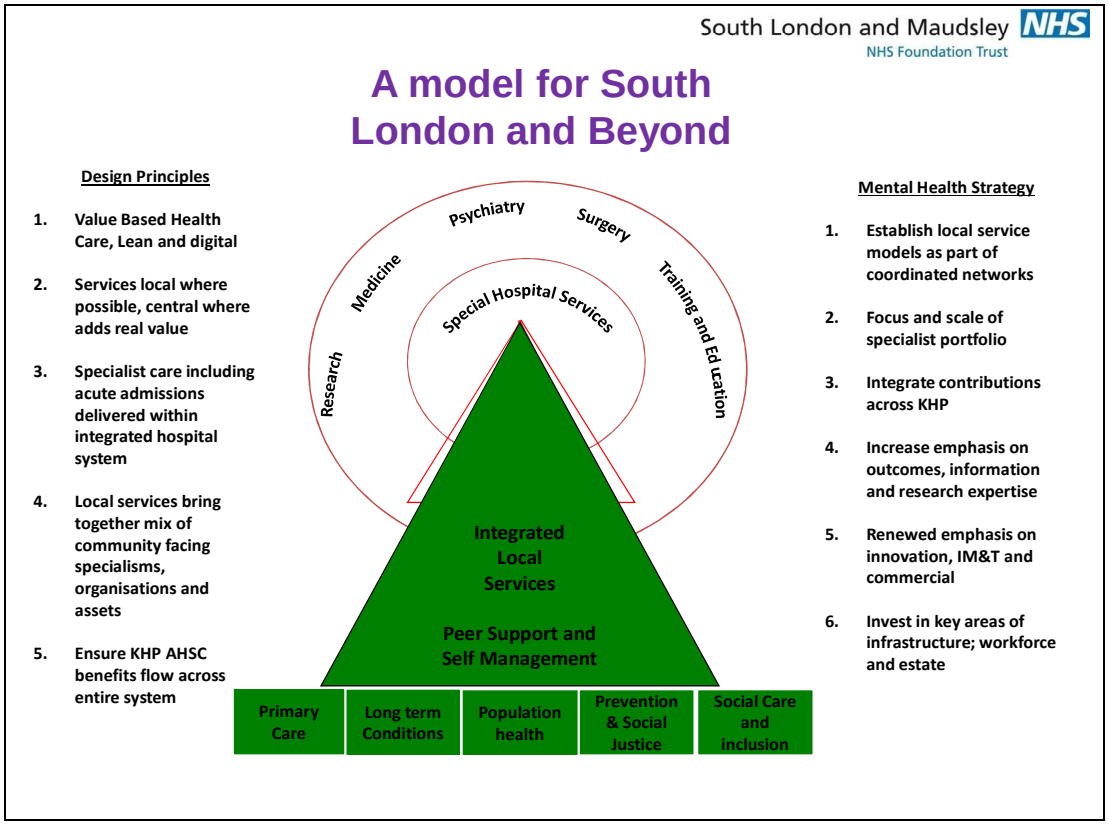
The future we are seeking to create – our strategic plan

Increasingly, a body of ideas is being shared within our Trust, with our partners both locally and beyond, and with service users and local people, that together represent a coherent direction of travel. Care and support moving further out of hospital towards primary care, communities and ultimately home; hospitals organising around specialist services, including a reformulation of acute admission as a specialist intervention at the top of the care pathway; moving from prescription to partnership in working with empowered citizens and patients, facilitating self-management and peer support with a greater emphasis on helping people to stay well supported by greater use of digital solutions; recognising the development of resilient and health promoting communities as key ingredients for real population health; working towards holistic approaches that bridge the mind-body divide that we have artificially created; employ integration and partnership as the primary modes of operation in creating sustainable health economies.

The fact that these ideas are shared, and that our transformation plans align with those of commissioners, providers and the needs of local people, we believe is key. The boroughs we serve in south London have pockets of high deprivation and poor health; with many people subject to the factors that adversely affect their health, including unemployment, poor housing and poverty. Whilst these are not the responsibility of traditional healthcare organisations we do need to respond in partnership with other organisations to meet increasing demand and to work to improve population health.

In particular, we believe our future lies as an integral part of KHP and the south London Health Innovation Network [see Appendix 1 for details on KHP and HIN], and as a member of the Southwark and Lambeth Integrated Care [SLIC] programme and Lambeth Living Well collaborative. These organisations are central to identity as a provider of high quality specialist services on a national basis, and to our model of integrated local service delivery. With our partners, we will develop integrated health and social care solutions across our four local boroughs, contributing to a shift in how services from all parts of the system are delivered so that they are properly coordinated around patient and population need.

The diagram below summarises the design principles and features of our future model.



Major initiatives included in the plan that underpin the model are set out below:

1. **Transforming the nature and value of our local services through partnerships that deliver around the needs of individuals and communities**
   We will:
   - Integrate mind and body treatment in collaboration with KHP partners, GPs and community health care professionals to support people with often complex lives and comorbid conditions. We have many examples of this work, including a number of projects that have been initiated with charitable funding.
   - Engage community partners to co-lead with us on pro-active peer support, social care, self-management and preventative health [including financial and employment advice].
   - Deliver services from fewer, fit for purpose, shared community hubs.
   - Support the development of a right-skilled, agile workforce supported by high quality mobile technologies and Information Management and Technology [IMT]. This support includes technology and application projects to enable our workforce to work away from a traditional single base on a Trust site, and to give them access to the information, tools and training that they need to do their job.

2. **Moving from treatment to prevention, working to empower people to help them stay well through effective self-management and peer support**
   We will:
   - Develop our workforce to embrace more staff with lived experience of using services or caring for those that use them.
   - Provide learning opportunities for service users, carers and staff to develop self-management tools via the Recovery College.

- Provide opportunities for service users, carers and members of the public to contribute to the delivery of services as volunteers. [See Appendix 2 for more details on the above].

3. **Building on our high-quality specialist services for those with complex and intensive care needs through focus, scale and continuous quality innovation**
   We will:
   - Focus investment in those specialties that offer differentiation through quality of clinical staff, innovative methods and/or critical mass .
   - Pro-actively lead specialist research and its translation to practice in partnership with the Institute of Psychiatry and KHP.
   - Build state of the art inpatient centres for planned care and acute emergency care at designated hospital sites.
   - Lead on digital innovation within mental health, promoting improved access, patient empowerment, self-management and peer support coupled with flexible communication between professionals, providers and service users.

4. **Managing our costs effectively so we can re-invest in our people, innovation, research and training**
   We will:
   - Reduce manual administration and duplication of data entry through investment in clinical workflow and management information systems [that interface with partners].
   - Use contract resources for all non-core and seasonal requirements to reduce fixed costs.
   - Dispose of non-core estate assets.
   - Reduce management layers to improve communication and liberate leadership.
   - Out-source support functions where this is cost effective or will improve quality.
   - Partner with organisations who can enhance our offering at lower cost.

5. **Contributing to our long term financial position through new growth at fair levels of return for the resources and risks involved**
   We will:
   - Take a whole system approach to local service development, aligning transformational plans with commissioners, providers and the needs of local people.
   - Focus and scale our chosen specialist services to improve impact and build reputation.
   - Seek appropriate opportunities for growth with margin including international provision, training and education, occupational health provision and management consultancy in NHS, corporate and international markets.

How we work – our value-based methodology

One of the greatest challenges that our local healthcare economies and organisations face is that of how to enhance the quality of outcomes and service user experience in the face of increasing demand and expectations but within a context of flat funding. In responding to this we will employ a value based health care approach that aims to reduce the costs of care by increasing the quality of care provided, ensuring that resources are deployed at the right time, in the right place and by the right people.

Value based health care originates in the work of Michael Porter. It defines a value equation, in which value equals outcomes that matter to patients divided by the cost of delivery across a whole care cycle. As such, the definition and measurement of such outcomes is a key component, as is the evaluation of cost. The approach has the very significant advantage of

aligning clinical and financial interests for staff working close to the front line, in that we should all want to deliver the best outcomes we can within a set financial framework.

In pursuing this approach at scale across the organisation we will be using systematic change methods and strategies to bring about improvement in outcomes, patient experience and healthcare processes. In the past quality has been defined by a single attribute including process measures [such as safety or access] or in terms of outcomes that may not be those patients would prioritise. This is a challenging agenda as we will be required to explore with patients and their carers the outcomes which really matter most to them and to get much clearer about the costs associated with these outcomes. We will also seek partnerships with organisations with significant experience and capability in the delivery of such changes to ensure the necessary pace.

Key enablers to success
In the delivery of our forward plan, ensuring that we provide a proper platform is critical. Below, we have identified a number of areas that we see as key to successful delivery of transformational change.

- **Our workforce** – we need to engage, support and develop staff to enable them to work to the top of their skill set, enabling us to respond and adapt to the constantly changing economic climate and system requirements. This will include training and education to promote leadership of change, patient choice and increased collaborative working.

- **Our IMT platforms** – where we will deploy mobile working technologies, cloud-based productivity applications, patient facing record systems [i.e. building on our innovative MyHealthLocker application]. This will support service transformation and improve management reporting, decision-making, training and self-care.

- **Our estates** – to build fit for purpose community hubs for use by ourselves and key delivery partnership, situated appropriately and that are cost effective and cost efficient on a whole life basis. Alongside this, rebuilding our hospital buildings to be more accessible, therapeutic and sustainable.

- **Our commercial capability** – as we invest in commercial capability and capacity, embedding commercial practice and cost awareness into the day-to-day thinking and doing of operating CAGs.

- **Our partnership strategy** – building relationships with those who have complementary skills and like values so that partnerships become the essence of everything that we do and the way that we work.

Market analysis and context

National context
In 2011 the mental health strategy *No Health Without Mental Health*[1] was published. This set out long-term ambitions for the transformation of mental health care, and for a broad change in the way people with mental health problems are supported in society as a whole. The document sets out an expectation that there will be parity of esteem between mental and physical health services. The subsequent document *Closing the Gap: priorities for*

[1] No Health Without Mental Health: a cross-government health outcomes strategy for people of all ages, Department of Health, Feb 2011

essential change in mental health[2] states 'people who use mental health services, and those who care for them, continue to report gaps in provision and long waits for services', and 'that there is still insufficient support within communities for people with mental health problems'.

The document *Starting Today: the future of Mental Health*[3] *Services* states that it is estimated there will be nearly eight million more adults in the UK by 2030. If prevalence rates for mental disorders stay the same (at around one in four), that is some two million more adults with mental health problems than today. It is also estimated that there will be one million more children and young people in the UK by 2030. Again, if prevalence rates for mental disorders stay the same (at around one in ten), that is some 100,000 more children and young people with mental health problems than today.

The document goes on to summarise the current position as follows: "We spend more across the UK on mental health services than on any other area of health, including cancer and heart disease. The economic impact of poor mental health is estimated to be over £100 billion to the economy each year in England alone. Yet despite this, we know that the care and treatment that we offer people with mental health problems is variable – many people with mental health problems have trouble accessing services; interventions are not always effective; services can be poor at providing a holistic response to people's needs, for instance neglecting people's physical health; and many simply get no help at all (some do not seek it, or give up trying due to difficulties accessing help)."

As well as the economic impact as set out above, we know that having a mental health problem increases the risk of physical ill health. Depression doubles the risk of coronary heart disease in adults. People with mental health problems such as schizophrenia or bipolar disorder currently die, on average, 17 years sooner than matched controls in the general population. This is why it is essential that we use the opportunity provided by partnerships such as KHP and SLIC to shift how treatment and care services are provided, centering it around the needs of people and communities.

Local context

The demand for healthcare is rising with a growing and ageing population. Of the four boroughs we serve, Croydon and Southwark will see the largest growth with around 20,000 more people in each of the boroughs by 2018. Projections currently suggest that the main growth will be in 0-10 year olds and the working age population, while there will be little growth in the over 65 year old population in the next five years. Black African and Black Caribbean populations are likely to continue to form the largest ethnic minority group over this period. However, on current projections there will be little change in these groups as an overall percentage of the population.

Not only is the populating growing, it is highly transient. In Southwark and Lambeth, the equivalent of roughly half the current population has moved in and out over a five year period and it is anticipated that the high population turnover is likely to continue across all boroughs.

Within each of the boroughs we serve there are areas with high levels of deprivation.

Population density is considered to impact on mental health. The population density is expected to increase over the next five years and beyond, with the rate of increase higher in

[2] Closing the Gap: Priorities for essential change in mental health, Department of Health. Jan 2014
[3] Starting Today: the future of Mental Health, Mental Health Foundation. Final inquiry report, Sept 2013

the more densely populated boroughs of Lambeth, Southwark and Lewisham while having less impact on Croydon.

Unemployment is associated with social isolation, which has a number of adverse effects, including reduced psychological wellbeing, and a greater incidence of self harm, depression and anxiety. People who are unemployed report difficulties with self-worth and can develop a range of mental health problems related to the stress of unemployment. The employment rate of the economically active population (16 – 64 year olds who are either working or not working but actively seeking employment/able to start employment) across the four boroughs we serve is projected to increase in the next five years with Southwark seeing the highest rate of increase and Croydon seeing the least increase.

Alcohol is the leading preventable cause of disability and mortality in 15-59 year olds worldwide. The UK has seen a rapid rise in alcohol related harm over the last 20 years which is related to greater affordability and availability of alcohol. Deaths from alcoholic liver disease have doubled in the UK in the last 20 years and alcohol related hospital admissions have doubled in the last eight years, accounting for 7% of all hospital admissions.

London has the second highest prevalence rate of alcohol dependence amongst regions in England. The prevalence of alcohol use disorders has increased by 56% over the past 20 years in England. In south London 15-20% of all acute admissions are alcohol related. This is particularly concentrated in acute medical admissions units, for example, in King's College Hospital a recent audit found 31% of patients admitted to the Medical Assessment Unit had an alcohol use disorder. In mental health inpatients the prevalence of alcohol misuse is 50%, with 23% experiencing alcohol dependence, while in emergency departments 40% of attendances are alcohol related, rising to 70% at weekends.

We are committed to promoting equality and improving health inequalities that are experienced by people from disadvantaged groups, for example black and minority ethnic (BME) groups are more likely to live in deprived areas and have negative experiences, both as a result of their ethnic identity and because of their socio-economic status and living environment, which as set out above can impact on mental health.

Within the context of increasing economic pressures, the health inequalities experienced by some local populations, and societal pressures such as unemployment and poor housing, the case for developing models of care that join up services around real people with complex lives and often comorbid condition is very strong and supports our transformation plans to move towards integrated models of care.

With our partners in KHP and within our local boroughs we are uniquely placed to work collaboratively across the local health economy to deliver the scale of transformational change that is required. This ambition is reflected in the KHP mission which states, we will:

- drive the integration of research, education and training and clinical care, for the benefit of patients, through our Clinical Academic Groups (CAGs);
- consider all aspects of the health needs of our patients when they come to us for help;
- improve health and well-being across our ethnically and socially diverse communities and work to reduce inequalities;
- develop an AHSC that draws upon all academic expertise in medical science and also in basic science, social science, law and humanities;
- deliver a radical shift in healthcare by identifying 'at risk' groups, based on genotype and lifestyle, and helping them to avoid illness;
- work innovatively with stakeholders in the redesign of care pathways, including the delivery of care closer to home.

In terms of need, the trend is expected to follow the population growth of people of working age within the four boroughs, taking due account of economic and social factors, urban developments and similar, i.e. 1% per annum growth in Lambeth and Southwark, 2% per annum growth in Lewisham and 4% per annum population growth in Croydon. On average need will grow by 2% per annum.

In terms of demand, recent evidence indicates that individuals expect more from their health service year on year, are becoming more consumerist in their thinking and are quite properly being encouraged to demand earlier and better services through initiatives such as Choice. The Trust estimates that the growth in demand for services over and above need will be 2% per annum.

Proposed changes in the mode of service delivery linked to service transformation, prevention and early intervention are expected to translate to a reduction in inpatient demand and a commensurate increase in community and outpatient activity across the five year planning period.

Estates strategy

We recognise the imperative to utilise fully our property assets and our estates strategy puts the needs of services and the expectations of the public at its heart. This is underpinned by several principles:

- Flexibility in how we organise our places, buildings and spaces. All new builds and refurbishments will be 'future-proofed' to enable changes to be made without large reconfiguration and expenditure.
- Sustainability based on a long-term view of delivery of mental health services.
- Shift of property assets into the community to support prevention and early recovery.

Our plan is to develop a network of highly accessible facilities in local communities that support mental health care [community hubs] and to raise the standard of and improve the flexibility and effectiveness of existing secondary/tertiary facilities as well as promoting closer joint working with health care and research partners.

Our clinical imperative is to promote health, to prevent the progression of ill health, to promote recovery and to minimise the risk of relapse. In order to do this we need to work alongside other professionals, families and carers and to accompany patients on their journey of recovery. We aim to deliver better spaces that will better support recovery.

Our plan also takes account of how mental health care will evolve in the future, particularly as articulated in the document 'Starting Today: the future of mental health services', and the strategy has to be implemented in a future where financial resources will be scarcer (NHS@75 Towards a Healthy State[4]). We aspire to be a leader in the design and provision of the best and most appropriate locations, buildings and spaces for mental healthcare and wellbeing.

Implementation of our AMH model will have direct implications on location and space planning. Staff will be working differently to deliver intensive multi-intervention approaches and a more effective and responsive crisis service that is designed to help people recover more quickly from crisis and to stay out of hospital. There will be a focus on speedy treatment with early and prompt intervention as well as appropriate and timely discharge for

[4] NHS @ 75: Towards a Healthy State, pwc. July 2013

follow up care in primary care or community service settings. This will require spaces to be configured in a way that promotes greater team working and sharing.

The AMH model also has implications for inpatient services which will need to be planned innovatively so that they take account of service changes and projected activity.

Under the above proposals we anticipate that on average, need for inpatient provision will reduce in each of the next five years as more and more activity becomes community based.

In terms of community estate, although activity is due to increase by 8% per year, through more effective use of space, longer service opening hours and the use of other locations to deliver care, e.g. GP surgeries, it is envisaged that in overall terms the Trust has sufficient community estate. The intent, however, is to consolidate activity within two to three hubs per borough with a network of satellite provision for crisis services, drop in clinics and similar.

Based on our direction above, the strategic plan includes proposals for:

- A new facility within the Maudsley Campus by summer 2018.
- Four to six community hub projects in partnership with development partners by summer 2016.
- New wards and supporting service facilities as appropriate by summer 2018 within an overarching master plan across all of our sites.

Workforce

We need to be able to strategically predict, manage and respond to ever-changing healthcare requirements in line with our long term plans to deliver a workforce fit for the future. Our longer term strategy is to enable the workforce to work to the top of their skill set, enabling us to respond and adapt to the constantly changing economic climate and system requirements. This will include training and education to promote leadership of change, patient choice and increased collaborative working.

Our eight step approach to deliver our five-year plan includes:

- Preparing for change.
- Clarifying our current baseline.
- Developing workforce data / Insights.
- Defining the required service change.
- Define the workforce and skills required for the future.
- Forecasting workforce changes and supply / demand constraints.
- Taking tactical actions to reduce workforce costs.
- Managing the change.

Our work on AMH is already providing insights on best practice workforce models that are cost-effective, though this will develop as we continue implementation and accelerate our work on integrated care with King's Health Partners, primary care and community partners. As a result, there are bound to be some changes to the way that we plan our workforce that are, as yet, unclear and subject to review over the next two years.

There are however some certainties about how we will operate differently and we have factored these into our current thinking and planning around workforce:

1. Structure and management

The AMH model is demonstrating early benefits for service users as well as removal of process duplication and clarity of roles and contribution across our CAGs. We expect to

continue to refine and develop this model and to expand it to other appropriate services over the period of the strategic plan.

2. Roles, productivity and costs

We have started work to benchmark how we deliver services against best practice organisations both within and outside the NHS and to think innovatively about what we could do differently. This links into our education, training and development strategy to ensure we have the right skills, attitudes and values in our workforce.

3. Staff capability

We require a workforce that is highly skilled in the roles that they are employed to do but we will also require one that is agile, flexible and able to work in a changing landscape, where expectations are high and people are expected to deliver, and managed appropriately if they do not. The appraisal process is fundamental to ensure that people are clear about what is expected of them and that their objectives that are aligned to the overall delivery of the Trust's ambitions.

4. Training and development

We will build learning into every job role and into our organisational culture to underpin flexibility and innovation. In particular, the way that we link Continuous Professional Development to our workforce strategy will underpin the way we work, improve and develop to be ready for the next generation of services. We will provide the support and opportunities to our staff to think and operate differently, valuing the attributes that are fundamental to high quality patient centred care, whilst operating in a cost effective and commercially viable way.

5. Strategic direction

This plan is an important opportunity to review what we want to be known for at SLaM, not just in terms of our services but in terms of our workforce, our unique attributes as an employer and our national and international reputation. Overall, we want to ensure that SLaM is commercially and financially viable for the future, whilst recruiting, developing and retaining a flexible workforce that is right sized and right skilled for the future. We want to be known as an excellent employer with staff who are fully engaged and able and ready to change and move with the demands that will be placed on them over the five years of the plan, working with us as a Trust as they feel part of the change that is needed.

Financial projections

There are significant financial challenges facing the health and social care systems, both in the medium and longer term. Our financial strategy and plan has been designed to offset this challenge and where possible to provide additional protection and mitigation against downside risks.

The Board accepts that the trust is unlikely to deliver year on year savings of 4% for five years through traditional cost saving methods. Accordingly, most of the plans iterated in this document entail proposals that focus on service transformation, innovation and creating additional value from our specialist resources. Changes on this level require an element of investment to unlock future benefits.

The Board recognises the challenges faced by its host commissioners who, with increasing demand for services and constrained budgets, are seeking ways to shift the focus from inpatient to community provision and rebalance the acute versus mental health equation, moving to a more integrated and holistic approach to service provision. We have built good working relationships with our commissioners and recognise the imperative to deliver viable

plans. Fundamental to this is working in partnership to agree more effective and value added provision of services that support the shift into community settings. However, the financial plan acknowledges the pressure on commissioners and has taken a pragmatic view with only moderate levels of income growth assumed from its host commissioners and further NHS sources.

The Trust has already submitted its two year operational plan. We are also preparing detailed plans to deliver the five-year strategy. These plans entail a number of potential options and opportunities all of which are uncertain to varying degrees in terms of their likelihood, their timing and the associated investment and payback costs. This is inevitable given the uncertainly of the environment over the specified time frame. As such it is difficult to project with any degree of reliability the actual mix of income and activity. Instead the financial plan reflects the financial objectives underpinning the five-year strategic plan of as follows:

- Financial stability delivering £20m EBITDA in order to break even by the end of the period.
- Income growth to ensure the trust maintains annual income of at least £350m in order to generate sufficient funds to secure economies of scale, retention of specialist resources, invest in innovation and leading edge services
- That income growth to be generated from a combination of sources that include enhancing and developing specialist services to be provided on a cost by case basis to patients outside the host boroughs as well as pursuing opportunities to provide mental health services to other geographic areas, developing the provision of specialist services to non-NHS patients and, where appropriate, running complimentary community based healthcare activities.

The Board considers that part of the solution to the longer term financial challenges of the NHS and the local health economy will involve structural change in the system in terms of funding and commissioning arrangements, the provision of integrated services by integrated providers and further mergers and consolidations amongst providers. Developments in this regard are likely to commence within the next five years but necessarily the financial plan has been prepared in isolation from any such developments.

We are fortunate in that both Guy's and St Thomas' Charity and the Maudsley Charity are committed to supporting the transformational changes that we believe are necessary. The charities have agreed to align their grant giving decisions with our strategy, and this will be implemented by informing the Clinical Academic Groups [CAGs] as part of their Forward Plan review and refresh, in autumn 2014.

Integrated care – our strategic vision

As set out earlier in this document, our intention is to transform the nature and value of our local services through partnerships that deliver integrated care built around the needs of individuals and communities.

We know that in the past care has been fragmented and based on treatment rather than prevention. We are committed to our transformative plans that will improve the quality of the lives and the health of the people who we serve. Working across KHP and SLIC – which is a partnership of citizens, commissioners and providers across health and social care in Lambeth and Southwark – has offered a unique opportunity to develop a shared understanding of the issues and to put in place improvements that will achieve a reduction in hospital attendances, better mental and physical health liaison and improved access to high quality care, delivered locally.

Adult Mental Health (AMH) Model – our strategic vision
The AMH model is a whole system approach to solving a combination of pressures, including those highlighted within the Schizophrenia Commission report. At its heart, it is a clinical and social solution to a demographic, system and financial problem.

We are implementing changes to the delivery of services to create a step change in the treatment of patients, ensuring implementation of the latest NICE Guidelines and current best practice is at its heart. The proposals are designed to enhance community services, reduce relapse rates and therefore the need for hospital beds, provide an improved patient experience and create greater flexibility to meet future challenges.

The transformation plan brings together demand management, crisis response, assessment and relapse prevention to develop a high quality, responsive system designed to ensure the right care is delivered at the right time in the right place by the right people. To achieve this vision we are focusing on the following issues:

- Relapse reduction
- Assessment
- Crisis response

The changes involve significant investment into services, in terms of both financial investment into community services and investment into staff training and development to facilitate new ways of working and capacity for enhanced interventions. We anticipate that after working within this model for 12-18 months people will have a reduction in the number and severity of the relapses they suffer, leading to a reduction in the number of admissions to hospital and, in turn, to a reduction in the number of hospital beds required.

Maintaining and improving quality

To deliver our Strategic Plan there will be significant service changes. Implementing this will require a rigorous approach to ensure that quality is maintained at a time of transformation. This will be achieved through a number of approaches, including:

1. The development of a competent workforce - defining the new skills to provide new services based on best evidence/research. Workforce planning processes will be based on defined competency. Training will be provided in relation to new skills required to provide new style services.
2. Risk assessment of change - where service transformations are planned that will require changes in clinical staffing, these will be risk assessed following a process of challenge by Clinical Board members, based on the Monitor quality impact assessment process.
3. Measurement of key quality indicators - we identify key quality priorities every year, in consultation with commissioners, service users, clinical staff and governors. These priorities are the principal measures by which quality in core services will be judged.

The overall approach to assuring Quality will be based on the Domains of:

- Safe Services.
- Caring and Responsive Services.
- Effective Services.

Although Quality Objectives for the Trust will be reviewed each year with stakeholders, consistent themes will remain for the period of this Strategy, for example

- Service users experience of services.
- Safety in inpatient areas.
- Rapid access to services.
- Outcomes from services.

Communicating our plans to staff and other key stakeholders
In developing our vision and content of the Strategic Plan we have engaged widely with staff and stakeholders. We will continue to work in this way, developing key messages for a variety of audiences and using our digital, print and social media channels. We will, therefore, be aiming to build on our established platform for engagement with staff, staffside and other key stakeholders including patients, governors, members, carers and the public as we develop and implement service transformation plans.

We host regular roundtable events, bringing together representatives from clinical commissioning groups, local authorities, governors, Healthwatch and voluntary groups from the four boroughs of Croydon, Lambeth, Lewisham and Southwark.

The Council of Governors Planning and Strategy Working Group are planning a further round of membership engagement events that will take place in each borough. These events have been run annually for the past three years.

Internally, we will use our senior leaders event, our Trust Conference and Annual Public Meeting to communicate the plan and engage our staff, patients and Governors in its continued development and implementation.

The Equality Duty
We want our developing strategy and key service transformation programmes to deliver the best possible access, outcomes and experiences for service users, staff and people in our local communities, whatever their age, disability, gender, gender-identity, race, religion or belief or sexual orientation. To achieve this we will consider equality in the development and implementation of our plans to enable us to make fair decisions; identify where we need to take action to mitigate any negative impacts or maximise any positive impacts on equality and to ensure we comply with our statutory responsibilities under the Equality Act 2010.

Appendices

Appendix 1

King's Health Partners

In April 2014, our Academic Health Sciences Centre (AHSC) King's Health Partners was awarded a five year extension of its accreditation by the Department of Health.

King's Health Partners brings together Guy's and St Thomas, King's College Hospital, and South London and Maudsley with King's College London. Together we serve over 3.6 million patients each year and have 31,000 staff and 25,000 students, with a combined annual turnover of £2.8 billion.

The partnership exists to bring together world-class research, education and clinical practice for the benefit of patients. We want to make sure that the lessons from research are used more swiftly, effectively and systematically to improve health services. We believe we can foster innovations of international standard that will be of particular benefit to the population of south east London.

King's Health Partners has four goals:

1. Improve patient outcomes through closer integration.
2. Integrate mental and physical healthcare.
3. Build sustainable healthcare systems working with partners across south London.
4. Focus on specific areas where we seek to be internationally competitive:
    - Cancer
    - Cardiac
    - Child health
    - Dental
    - Diabetes and obesity
    - Mental health and neurosciences
    - Regenerative medicine and transplantation

These longer term goals will drive our more immediate work programmes:

Building an academic integrated care system - our local population is characterised by high levels of deprivation and poor health outcomes. King's Health Partners is committed to working with partners across the local boroughs to integrate services to improve patient outcomes.

King's Health Partners are founder members of Southwark and Lambeth Integrated Care (SLIC), a movement for change that aims to genuinely shift how services are delivered so that they are coordinated around the needs of individual people, treating their mental health, physical health and social care needs holistically. New services have been delivered – for example 3,200 people have had a Holistic Health Assessment within general practice to generate a care plan, and 322 people have had their care co-ordinated by an Integrated Care Manager. Experience from patients and staff suggests that care is changing for the better.

Through SLIC we will work with commissioners to:

- Identify if and how health and social care budgets are brought together to fund services for specified segments of the population (e.g. people over 75 with multiple

long term conditions), rather than funding being based on the settings where care takes place;
- Recommend different financial mechanisms and incentives to help providers focus on providing care in the right place, at the right time; and
- Establish ways that providers can come together to improve the coordination of care.

Treating the whole person – we know many mental health patients have physical care needs that are not met well enough, and many patients with long term physical conditions have untreated mental health needs. We are determined to change this. We will:

- Ensure that all patients with chronic physical conditions are screened for mental health co-morbidities with a particular focus on pain, cancer, rheumatology and diabetes.
- Change the training of our students and staff to deliver more integrated care.
- Extend opportunities for students to undertake more joint degrees and support new professional roles, such as integrated care practitioners.

Improved patient experience and value - we are committed to improving the outcomes patients get and their experience of being with us, concentrating our resources on those areas where we can achieve the best outcomes. We will:

- Measure and share key outcomes across our Clinical Academic Groups (CAGs), recording metrics including academic outcomes as well as quality of care and clinical measures;
- Publish CAG 'outcome books' and develop internal scorecards to reduce variation in quality, safety and patient experience outcomes; and
- Ensure that patients' electronic records can be shared across the partners to improve safety, quality and the timeliness care.

Using data to drive improvement at scale – in many disciplines the ability to build large data sets and to analyse them is a key capability for innovation and improvement. This is especially true in health. We will:

- Expand our use of anonymised patient data for research through integrated IT systems across the partnership and with external healthcare organisations and industry. We will establish a large number of patient trials addressing the health issues that matter to our local population;
- Harness the strength of existing research data – and connect our mental health data sets to our physical health ones;
- Create 'big data' solutions using The Cloud to ensure a 'health vault' facility for all clinicians across primary, secondary, tertiary and social care. Our health vault model will incorporate our award winning 'MyHealthLocker' programme and grow this for all patients with long term conditions; and
- Provide a platform for accessible and easy to reach patient pathway and diagnostic information.

Governance

The King's Health Partners Board has been considering a number of options about how the partners might work even more closely together in future. One of the options is to merge the three foundation trusts and we have been actively looking at this. In November last year the King's Health Partners Board agreed that it was not the right time to progress merger considerations due to uncertainties in the regulatory environment. Work on a Full Business Case for merger will begin as soon as it is judged feasible.

A new governance structure has been introduced to support King's Health Partners in its next phase. The King's Health Partners Board will be chaired by the Principal of King's

College London, and the Executive Board will be chaired by the Chair of SLaM. Additional highly experienced non-executives are in the process of being appointed.

The new arrangements will also bring a wider group of senior staff into the management of King's Health Partners - Trust Chief Executives and the College Head of Administration will each take on roles as Executive Leads for programmes of work.

Health Innovation Network

The Health Innovation Network is the Academic Health Science Network for South London, established in 2013 along with 14 other AHSNs. Each of the AHSNs works to a common purpose, and has 4 strategic objectives set by NHS England:

A. to meet the needs of patients and local populations.
B. to spread innovation and good practice.
C. to promote partnership and collaboration.
D. to create wealth through private partnerships.

South London has a population of around 3.4 million, which is very diverse both ethnically and socio-economically. There are significant variations in service provision and health outcomes across the 12 boroughs, and real expertise to draw upon, including an AHSC. The Health Innovation Network has a number of key characteristics, reflecting the central nature of patients and population health in our work:

- Choice of clinical themes was based on Joint Strategic Needs Assessments (Diabetes, Dementia, Musculoskeletal, Alcohol and Cancer) and deliberately inclusive – being of relevance to all member organisations.
- Our approach to patient involvement has patients at all levels of governance arrangements (e.g. patients present within leadership teams and at performance meetings).
- Strong collaborative relationships with local partner organisations (e.g. KHP, HESL, CLAHRC) focusing on common population health needs (e.g. Alcohol, Dementia).
- Wealth creation is at the heart of our work programme, with industry engaged in scoping and implementing projects, with all projects aiming to enhance value whilst meeting needs of local patients.
- We believe in transparency of information for patients, through provider benchmarking clubs, and through London Connect programmes which explore patients' perspectives on use of health information.
- Our philosophy is to promote self-management and personal responsibility for health and wellbeing (approach common to all themes, and cross-cutting work such as the obesity strategy).
- We encourage "whole person" approaches; integrating physical and mental health and social care needs.
- We are the only national AHSN to have patient experience as a work programme.

How will the HIN deliver?

- **Through a focused number of Clinical Themes**

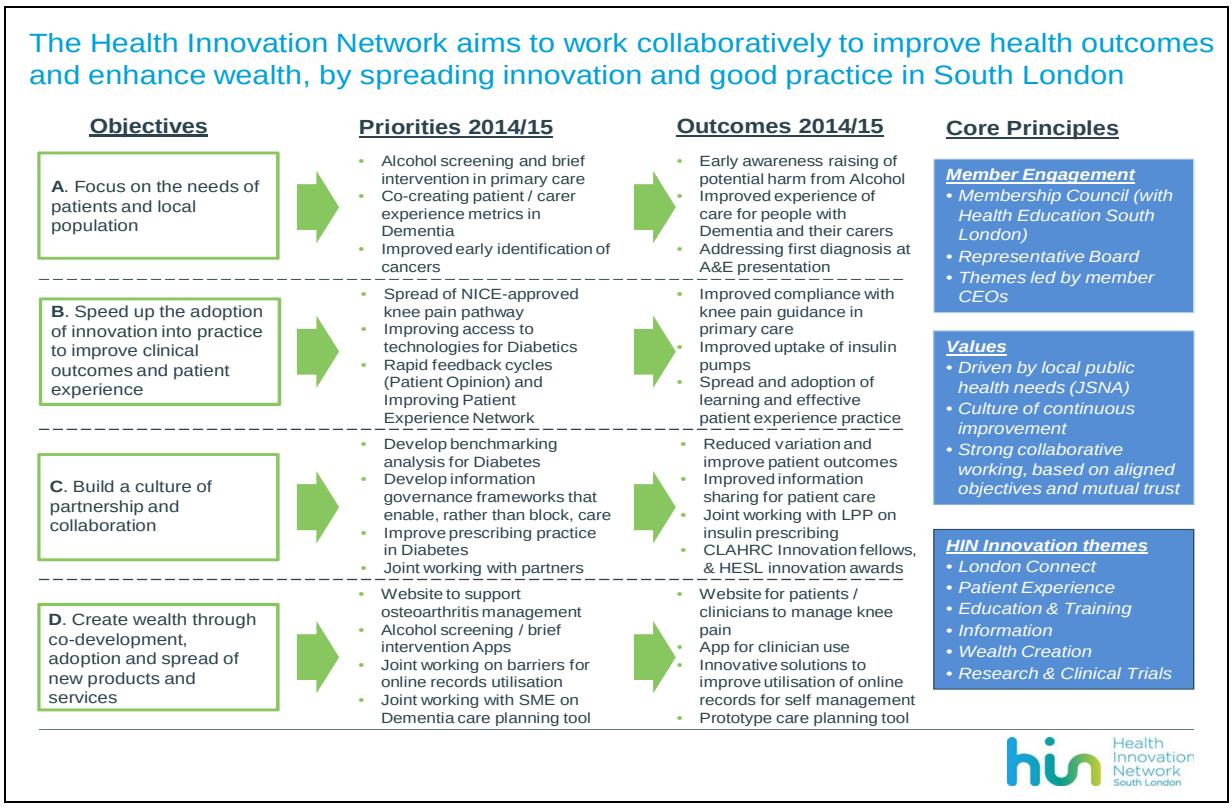
We have selected a small number of clinical priorities (see above), which will enable both (i) "Proof of concept", in terms of a collaborative working approach, implementation at scale, and embedding innovation in commissioning, as well as (ii) Supporting wider cultural change – including adoption of good ideas (versus "not invented here" syndrome) embracing private partnerships, continual improvement approaches, and valuing academically robust service change.

- **Through our role as systems integrator and co-ordinator**

Our ability to perform this role effectively builds our non-elitist approaches and inclusive governance arrangements, as well as through our strong collaborative relationships and mutual trust that our senior leadership team have built up with partner organisations.

- **By supporting and spreading local innovation & best practice initiatives**

Through facilitating the adoption of best practice, sharing methodologies and celebrating successes, we aim to support local innovation initiatives to allow them to develop regional momentum.



Appendix 2

Recovery
Self-management and peer support

The following provides a brief overview of our approach to embed recovery, self-management and peer support into the way we provide services.

The Recovery College
Whilst service users and carers had already played a major part in the delivery of education and training programmes through such initiatives as SUITE [service users involved in training and education], the establishment of the Recovery College has provided opportunities to co-produce and deliver educational programmes which recognise professional and lived experience expertise. The College opened in July 2013 with pilot courses and a second programme ran from October to December 2013 before being formally launched for the Spring/summer term 2014. The Recovery College will support and enhance the integrated care agenda, and associated developments across KHP and local communities, in addition to providing an employment route for people with lived experience and an educational model of staff, service users, their carers and supporters learning together as students. The focus is on self-management, skills building and prevention, underpinned by the values of hope, control and opportunity.

Peer Support
Peer support is provided through a number of routes and mechanisms, and this is summarised below:

Immediate - where service users and/or carers engage personally with others (both in-patients and those in the community) who are at an earlier stage of their recovery journey, to provide hope, encouragement and practical assistance, while also acting as inspirational role models.

- This includes Peer Support Workers who provide ward-based support to people during periods of hospitalisation as well as community-based support through a number of local initiatives.
- Community of interest peer support is seen where service users with a common background support each other through a self-managed and/or supported network.
- In addition, we host and/or facilitate many groups, some with a special-interest/activity focus [e.g. Mind and Soul Choir, Bloco Maluco Samba Band] in which peer support is the prime motivation for the participation of many service users in activities which are in some cases open to other members of the community.

transferred, where service users and/or carers engage in activities that are designed to ensure that the user voice is a significant factor in shaping service delivery and development. Examples include:

- Service user consultants, who play an increasingly important role within the Trust carrying out a wide range of activities designed to improve services (e.g. through audit, research and service evaluation),
- Service-user and carer trainers, who make a vital contribution in the training of mental health professionals and other staff with the ultimate aim that current and future users of our services will benefit from an improved appreciation of the impact of the subject of training from a service-user or carer perspective. An important example of programme that has been co-produced and is co-delivered by mental health professionals and

service users is the HARP (Hope And Recovery Project) which delivers Recovery training to clinical teams across the Trust and an introduction to Recovery to all new staff at induction.

- A number of facilitated carers' groups have been set up, through which participants provide each other with mutual support with clear transferred benefits to the service users themselves.
- Service users play a valued part in the recruitment and selection of staff by serving as members of interview panels.
- Service users are given opportunities to showcase their achievements in many high-profile events, thereby acting as effective role models for those at earlier stages of recovery. Examples include conference presentations, art exhibitions, music performances, films and books.
- Service users also play a pivotal part in overseeing the direction of travel of the Trust by serving as members of Boards [e.g. the Social Inclusion and Recovery Board], Councils [e.g. the Council of Governors], Committees and Groups

We also provide opportunities for service users to contribute directly to the delivery of services as volunteers, undertaking administrative and other skilled tasks that are of mutual benefit to themselves and the services they support