

CENTRAL AND NORTH WEST LONDON MENTAL HEALTH NHS TRUST

Application for Foundation Trust Status Overview of Service Development Plans 2006 - 2011

1.0 Introduction

- 1.1 Central and North West London Mental Health NHS Trust (CNWL) is currently in the process of applying to become a Foundation Trust in Spring 2007. One of the main benefits that we believe Foundation Trust status will bring is that it will help us deliver our vision and service plans with more flexibility and on a surer footing under commissioning arrangements. It will also, through the new governance arrangements, enable us to further develop our partnership working and patient & public involvement to ensure that our service plans have the involvement and ownership of partners, staff, service users, carers and local residents. This will be achieved through having members and governors (forming a Members' Council), and through continuing to cultivate and strengthen the existing networks and consultative channels we have with our key stakeholders.
- 1.2 Our key service developments are set out in our Foundation Trust consultation document, which has been widely distributed and we warmly welcome comments up to the close of the consultation on 23 October 2006.
- 1.3 The purpose of this paper is to set our service plans in context and explain the benefits and risks associated with them. The paper will also identify what Foundation Trust status will mean for CNWL as an organisation and as a partner in the local health economy.

2.0 Context

- 2.1 CNWL is a three star Trust and is one of the largest specialist mental health Trusts in London. We provide mental health and substance misuse services to a population of 1.7 million across eight boroughs. Within our catchment area are some of the most affluent areas and some of the most deprived areas in London.
- 2.2 We provide a wide spectrum of services to the populations of Kensington & Chelsea, Westminster, Brent, Harrow and Hillingdon. We also provide substance misuse services to the populations of Ealing, Hammersmith & Fulham and Hounslow. In addition, we provide a range of specialist services such as eating disorders services, a mother & baby unit, a residential & day placement child and family psychiatry unit and residential facilities for people with severe & enduring mental health problems at the Horton Haven site. We also provide a range of mental health and substance misuse services to three prisons in London.
- 2.3 Our current service configuration has been formed through a series of mergers involving the transfer of mental health services from local health organisations. In April 2006 we took on the management of Hillingdon adult and older mental health services and substance misuse services from Hillingdon PCT, as well as CAMHS services for Harrow from North West London Hospitals NHS Trust. The Trust has a track record of being able to take on substantial transfers of services and manage a

turnaround in their performance without destabilising its core services, having taken on Harrow adult, older adult and substance misuse services in 2002.

2.4 Against this backdrop, the Trust has continued to achieve financial balance and has met its financial targets for seven consecutive years (as predecessor organisation Brent, Kensington & Chelsea and Westminster Mental Health NHS Trust and in its current configuration as CNWL). We believe this proven record of financial management and control will put us in good stead as a Foundation Trust.

3.0 Financial Planning

3.1 CNWL's income budget for 2006/07 is £181m. The Trust's contracts with its five local PCTs (Westminster, Kensington & Chelsea, Brent, Harrow and Hillingdon) represent 81% of its total income.

3.2 The Local Health Economy in which the Trust operates is experiencing a period of severe financial difficulty. It need hardly be stated that this makes the commissioning climate extremely challenging and constrained.

3.3 In its discussions with partners the Trust has recognised that it has a part to play in local health economy plans to achieve financial recovery, balanced against the importance of maintaining the financial stability and operational viability of CNWL services. This is reflected in our service plans set out in the next section of this paper, which have been developed in discussion with our commissioners.

3.4 The Trust's financial and service plans take into account the requirement to generate cost improvement programme (CIP) savings. In 2006/07 the CIP required is approximately £8m (4.5%), which comprises the 2.5% national target and a 2% settlement of service agreements. Key areas of focus within the cost improvement programme over the next five years include:

- Estates rationalisation, especially towards the end of the period
- Improved procurement
- Reduction in the cost of IT and communications structure
- Reduction in agency costs
- Re-structuring community-based services
- Developing more locally based solutions for high cost patients, currently placed out of borough, thereby also reducing the PCTs expenditure

3.5 The Trust is currently forecasting its year-end Income & Expenditure position for 2006/07 to be break-even. We believe that this will be difficult but can be achieved through tight financial control. The London Strategic Health Authority has requested that the Trust make an additional 1% surplus. This is currently the subject of discussions.

4.0 Our Vision, Strategic Objectives and Service Development Plans 2006 - 2011

4.1 Our vision is to work in partnership to provide responsive and dependable mental health and substance misuse services for the communities we serve, encouraging recovery, well being and social inclusion, individual choice and independent living through high quality care.

4.2 Our strategic objectives to take this vision forward are to:

- provide integrated, high quality, timely services based on the needs of the individual.
- improve and maintain to a high standard the physical environments in which we provide services.
- engage meaningfully with service users, carers and the local community to improve and align our services to their needs.
- recruit, retain and develop a skilled and motivated workforce that is proud to work for the Trust.
- provide a financial base that is robust for the future development of the Trust and to provide economic and efficient services.
- improve Trust information systems to support improvement in patient care and performance management.
- seek and develop new business opportunities consistent with our vision.

4.3 In 2006/07 we have been progressing a wide range of initiatives which will assist our goals. These include:

- moving towards completing the final stage of our 4 year £40m capital investment project to reprovide adult and older adult services for North Kensington & Chelsea and Westminster in refurbished, high quality accommodation on the St Charles Hospital site. The development will include the creation of a new women only PICU ward for female service users across the Trust catchment area (reducing the need for out of area placements in the NHS and private sector).
- the relocation of several community-based substance misuse services to improved accommodation more suited to purpose with capacity to enable service expansion required under government targets.
- reviews of our adult community mental health services as part of wider system redesign, alongside the development of NSF service developments such as crisis resolution services, assertive outreach and early intervention in psychosis services.
- reviews of our adult day care services to promote social inclusion.

- Reviews of our older adult day care services to further develop models of care consistent with national policy.
- Workstreams to improve the quality of service user experience such as through the Trust's Better Services for Women initiative and the Trust Acute Care Forums for adult inpatient services.
- Ongoing development of the Trust's user employment programme.
- Review of the Trust patient information systems with the aim of reducing the number of systems used, thereby improving clinicians access to information and reducing data duplication.

4.4 Beyond this we have identified a number of key service developments which we intend to take forward in partnership over the course of the next five years:

- *Development of early intervention for psychosis services (EIS) across all five boroughs.* Service provision is currently at different stages of development across the boroughs. The realisation of the initiative would support the development of evidence-based, quality care, with there being evidence that early intervention following a first episode of psychosis can improve clinical outcomes. The development also supports the ongoing shift to community-facing service provision.
- *Development of services at the Horton Haven site for people with challenging behaviour.* The effect of this development would be to reduce the number of private sector placements currently commissioned by PCTs.
- *Development of Tier 4 adolescent inpatient service for 14 to 18 year olds.* Currently, this represents a gap in local NHS provision. The effect of this development would be to reduce the number of private sector placements currently commissioned by PCTs. The Trust currently provides inpatient services for children aged 5 to 13.
- *Development of Tier 4 drug & alcohol detoxification service.* This service is currently provided at the Max Glatt Unit on the Ealing Hospital site. The aim of this initiative would be to improve clinical provision in accommodation fit for purpose.
- *Development and expansion of learning disabilities services.* Currently, the Trust manages a small learning disability service within two of its adult services (Hillingdon and Westminster). The Trust has agreed in principle with Brent PCT to take over the management of the inpatient learning disabilities service at Kingsbury Hospital and its local community outreach team.
- *The reconfiguration of adult service CMHTs to meet national policy implementation guidance.* This initiative is part of ongoing work and will support mental health provision in primary care.

- *The further development and integration of older adult service CMHTs with local authority social services in line with national policy.* The effect of this development will be a more 'seamless' service for patients.
- *The further development of section 31 partnership agreements for adult and older adult mental health services.* This is a medium to longer-term initiative and involves the development of closer integrated partnership working. It will enable the further development of flexible and responsive ways of working.
- *The redevelopment of adult and older adult services in Brent and Harrow (at Park Royal Centre and Northwick Park).* This is a longer-term initiative. Current premises, particularly in Brent, are being used to full capacity. The aim is to provide improved accommodation and thus enhance standards of care.

5.0 Risks and Mitigating Strategies

5.1 In formulating its service development plans the Trust has taken into account associated key risks, which include:

- *The financial context of the local health economy.* The Trust is engaged in ongoing discussions with PCT commissioners over its service plans. As already indicated, a number of these developments should improve efficiencies for the local health economy through local provision of services which PCTs are currently commissioning elsewhere at higher cost.
- *The transfer of Hillingdon services,* which have historically operated to deficit. The Trust has put in place arrangements to strengthen management capacity, clinical leadership and financial controls.
- *The introduction nationally of practice-based commissioning over the next few years and Payment By Results (PbR) for mental health services, anticipated by 2009.* Both are likely to change the focus of commissioning and increase instability of funding flows. The implementation of Trust service plans are leading to the increasing GP realignment of community services and the strengthening of working arrangements with primary care.
- *Other clinical and non-clinical risks,* most notably those associated with patient information. Not uncommon for a Mental Health Trust, CNWL has inherited multiple patient administration systems and is embarking on a project which will result in a single system being rolled out across Trust services.
- *Competition.* Government policy is increasingly moving in the direction of introducing greater plurality of providers into the healthcare market. Current work to improve our patient information systems will underpin our ability to offer and demonstrate value for money.

5.2 We are not complacent about the challenge before us. We believe that Foundation Trust status will help better position us to take forward the organisation and develop our services to better meet the needs of local communities.

6.0 What Foundation Trust Status Will Mean at Organisational Level

6.1 Foundation Trust status will enable us to:

- place our contract arrangements on a surer footing through having legally binding three year contracts, providing greater clarity and assurance for both commissioners and the Trust.
- strengthen Trust planning processes through the requirements placed on Foundation Trusts to operate like healthcare businesses.
- create stronger ties with local communities, partners and staff and also engender more local ownership of how services are developed and run, through the new FT governance arrangements.
- help us to find local solutions to improve the quality of patient care environments through the increased freedoms FT status gives (such as more autonomy and greater access to capital).
- raise the profile of mental health services in the area and with it create opportunities to promote mental health positively and reduce stigma.

7.0 What Foundation Trust Status Will Mean for Local Services

7.1 Foundation Trust status will ensure the Trust is better placed to take forward:

- consolidation and development of service improvements around priority areas agreed through local planning forums such as the National Service Framework Local Implementation Teams (LITs), Drug Action Teams (DATs), Safeguarding Children Boards and Joint Health Partnership Boards.
- the improvement of its patient information systems, used by health and social care staff under integrated management structures (a local priority).
- financial mechanisms and freedoms to better protect service stability for local people.
- work in new areas in response to partners' priorities (e.g. learning disabilities services), optimising organisational strengths.