Integrated Business Plan...
2006-2011
Summary

Together We Care
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Leeds Mental Health Teaching NHS Trust provides specialist mental health and learning disability services in hospital and community settings. We are now applying to become an NHS Foundation Trust (FT). This document sets out our reasons for wanting to become an FT and the benefits this will bring for our service users and their carers, for our staff, for our organisation and for our partners. It describes our plans for continuing to improve our services over the next five years.

A Foundation Trust is a new kind of NHS organisation, which operates on principles of mutuality and public benefit. FTs are still subject to NHS standards, performance ratings and systems of inspection. They still operate according to NHS principles of free care, based on need. The biggest difference with an FT is that it is run locally, with local people having a real say in how they want their services to be developed.

Within our Trust we believe in working in partnership with people who use our services and their carers and we take pride in our strong culture of service user and carer involvement. We involve service users and carers with a wide range of perspectives and experiences, to ensure that their voices reflect the diversity of our city and that we draw on their experience as we continuously improve services. As we become an FT we are building on this culture of involvement by inviting service users, carers, our staff and members of the public to become members of our Foundation Trust. Members can contribute to the way the Trust is run in a variety of ways, and are also entitled to stand for election to the Board of Governors. The Board of Governors will be made up of people directly elected from our membership together with a number of stakeholders from partner organisations. This Board of Governors will represent the membership and will directly influence the work of the Trust and our decisions regarding future developments and priorities.

We are excited and encouraged by the number of people who want to join us. There is a real commitment locally to help us to achieve excellence in our services, which support people who often face stigma and social exclusion. We believe that a highly important benefit of FT will be the opportunity to raise the profile of mental health and learning disability, helping to raise awareness, promote inclusion and challenge stigma. We hope that you will join us on our journey.
Leeds Mental Health Teaching NHS Trust provides specialist mental health and learning disability services to over 572,000 adults within Leeds. Some of our specialist services accept referrals from across the UK. We employ more than 2,400 staff members, working from over 40 different sites to provide services to over 2,000 people each day. In addition to the people of Leeds we also provide a number of specialist services regionally and nationally.

The Trust is a teaching organisation with strong links to local universities and has a reputation as a centre of excellence for teaching, research and development that reflects the national profiles of a number of our clinicians. Our purpose is simple but ambitious, that is to be the best at what we do. Our future direction is encapsulated in our vision statement:

“In 2011 people choose our FT because we always deliver the best mental health and learning disability care.”

Our conviction that we can deliver this vision is based on our impressive track record of innovation and sustained improvements in quality, efficiency and the service user experience over recent years. Highlights include achievements in the following areas:

**Service Developments**

- Implementation of a new functional service model in acute adult services, introducing new and modern ways of working for Consultant Psychiatrists, reducing inpatient beds by 70 and developing a range of high quality acute community services to fully meet National Service Framework (NSF) and Policy Implementation Guide (PIG) standards and provide choice to our service users;

- Modernisation of services for older people with ongoing bed reduction to deliver an integrated city-wide plan for older people’s care. This has incorporated the development of care home mental health services, introduction of Memory Services across the city, expansion of Liaison Psychiatry to a full multi-disciplinary team, the introduction of single sex wards, restructuring of Consultants’ roles in line with ‘New Ways of Working’, increased resource for Young People with Dementia, introduction of Service User Involvement Facilitator posts;

- Development and expansion of a range of regional and national specialist services, including services for Personality Disorder, Chronic Fatigue, Eating Disorder, Perinatal Psychiatry and Gender Identity, and the recent opening of The Beeches forensic community house;

- Development and ongoing implementation of a new strategy for Learning Disability Services, based on a tiered service model supported by Integrated Care Pathways, ‘New Ways of Working’ and active service user involvement;

- Recognising the ongoing need to optimise our use of PFI estate we are reusing original ward environments to provide enhanced care environments for services such as Crisis Resolution, Section 136 assessment, Chronic Fatigue, Eating Disorders and Learning Disabilities;

- The 2006 Service User Survey shows that overall Trust scores continue to improve and our performance is well above average in terms of relationships with health professionals, provision of information and service user involvement in treatment decisions.
System Developments

✔ Implementation of an electronic staff record system (ESR) will result in more sophisticated recruitment and workforce data to support business planning;

✔ Embedding of effective integrated structures and processes for risk management and performance monitoring;

✔ Significant investment over the past 3 years in developing a modern, high capacity and resilient data network and IT infrastructure serving all main sites from which services are delivered;

✔ We have recently embarked on a project to deploy an interim Care Records System (PARIS) as part of the national ‘Connecting for Health’ programme which, when fully deployed in 2008 will provide a single integrated system to support the delivery of care, improve efficiency and provide the basis for managing the Trust’s business.

Workforce Developments

✔ We aim to minimise our use of temporary staff, because service users and carers prefer to work with staff whom they know and because our own contracted staff are committed to high quality service delivery. Reducing our use of agency staff has saved £1.8m in 2005/06 and a further £1.2m in 2006/07;

✔ Consultant recruitment has saved more than £1.5m in locum costs 2003-2007. We have reduced vacancies from approximately 20% in 2003 to below 4% in 2007;

✔ Delivery of leadership and coaching programmes accredited by the Institute of Leadership and Management (ILM) to develop the entrepreneurialism of managers and leaders;

✔ Achievement of Improving Working Lives (IWL) Practice Plus status and national awards for HR practices.

Financial Performance

✔ Movement from £4m underlying deficit to £2.5m surplus for last two years;

✔ Elimination of cash and capital debt;

✔ Improved efficiency has brought down our Reference Costs from 121% in 2004 to 107% in 2006;

✔ Development of service line reporting alongside a robust Budgetary Control Framework;

✔ New processes for procurement management are demonstrating significant impact on the management and control of non-pay expenditure;

✔ A rigorous approach to reporting and managing Cash Releasing Efficiency Savings enabled us to achieve 7% cost improvement in 2005/06 and circa 3% in 2006/07.

Our past tells us we have the capability, capacity, ideas and vision to deliver our future as a successful FT.

Governance and Quality Developments

✔ Strengthened and embedded professional leadership and clinical engagement structures;

✔ Establishment of the West Yorkshire Mental Health R&D Consortium, drawing together a catchment area of 2.2 million;

✔ A partnerships agreement and framework has been established between the Trust and the three main umbrella voluntary sector organisations we work with, enabling us to work more closely together for the benefit of people using our services;

✔ A governance framework and process has been established for further integration between Leeds Social Services and the Trust. Shared resources have been committed from both organisations to provide leadership and programme management to the process. A number of work streams are now underway in key areas – older people, community services, learning disabilities and acute care.
Service Delivery

Clinical services within the Trust have in recent years been delivered across five service directorates. As part of our preparation to become a Foundation Trust we have reviewed our needs and have now put in place new structures to better support our effective functioning as a successful FT. We are developing a model involving a small corporate hub and four devolved business units, being:

- Working age adults
- Older people
- Specialist services (to include addictions)
- Learning disabilities

To support the new structure we have reviewed the portfolios of Executive Directors. We will continue to review the effectiveness of our emerging model and will ensure that we always have the best form to support our organisational function.

Working in Partnership

We have an established track record of partnership working across the statutory and non-statutory sectors, in and beyond Leeds. This is a key strength of our organisation and enables us to plan and deliver services that are connected to the community and are based on assessed need.

We have an excellent working relationship with the Local Authority, with whom we jointly provide learning disability social care. During 2006 a joint Partnership Provider Board was developed, led by officers from the Trust and the Local Authority to strengthen partnership working.

Examples of joint service provision with the voluntary and community sector include the “Aspire” early intervention service and the Trust’s Personality Disorder Managed Clinical Network.

Other partner organisations include the Yorkshire and Humber Strategic Health Authority; Leeds Primary Care Trust (PCT); Leeds Teaching Hospitals NHS Trust (LTHT); Police; Prisons; and our Private Finance Initiative (PFI) partners Accent and Interserve. Partnerships will be strengthened through stakeholder Governors’ roles in the governance of our Trust once we become an FT.

Market Assessment

The Trust has a strong local profile and well-established relationships with commissioners. Service users value our commitment to involvement and engagement and this strengthens our position as provider of choice.

In understanding our markets, it will be essential to be fully informed on demographics and epidemiological trends as they apply to the populations we serve. For our services this will require clear engagement with those leading the public health agenda for Leeds PCT and with the office of the Regional Director for Public Health. We will explore the best means of achieving this and put in place suitable mechanisms for this engagement.

The Trust currently has little direct competition in our main markets. This position is expected to change as the new Leeds PCT develops its commissioning intentions; we expect the PCT to encourage competition. The remit of our new Business Development Unit will include horizon scanning to anticipate new competition, opportunities and other factors that will impact upon our business.

We expect to face increasing competition as the choice agenda develops. This will come from the independent sector, the voluntary and community sector, other NHS Trusts, Practice Based Commissioners (PBC), GPs and new NHS primary care providers. Implementing our Marketing Strategy will bring us closer to customers and stakeholders and give us better insight into what is important to service users and commissioners, helping us to be a provider of choice.
**Key Factors Driving Demand**

The age structure of Leeds is broadly similar to that of the national average (England and Wales) with the notable exception of the 20-29 age band which accounts for 15.2% of the population compared to 12.6% in England and Wales. With two major universities in the city the proportion of full-time students is significantly higher than the national average for England and Wales, with more than 20,000 students moving in and out of the city each year.

As a population we are drinking more alcohol more often. In Leeds:

- 55% of people drink alcohol two or more times a week
- 54% of 16-24 year olds usually drink more than five units in one session
- Only 10% of people know what the safe drinking levels are for men and women.

For the 2001 census 91.8% of the population of Leeds gave their ethnic origin as ‘White’, slightly higher than the percentage for England and Wales (91.3%). With over 15,000 people (2.1% of the total population) the Pakistani community has replaced the Indian community (12,303 people) as the largest single BME community in Leeds. Leeds also has larger than average Jewish communities (1.16% compared to 0.5%) and Sikh communities (1.06% compared to 0.63%).

These factors are significant for our core services; young males are a group known to be at high risk of suicide. Alcohol use and living alone both increase risk. Building on our consultation we will continue to work to address stigma and enable high-risk groups to access our services.

Specialist service developments are particularly relevant in light of Leeds’ demographics. Trends indicate a national increase in eating disorders in the 20 - 29 age group and there is also national evidence of a growing risk of Bulimia among South Asian women (NICE). As a university city Leeds may need to make provision for body image disorders as the university population rises.

In line with national trends Leeds has an ageing population; people are living longer and at the same time the number of children born has declined. The proportion of the population aged 60 and over has increased from approx 18% in 1991 to 19.96% in 2001. This compares with a national average of 16% (mid–2003). Projected population growth from 2004 to 2022 shows that we will have significant growth in the age groups from 55 to 79. See diagram overleaf.

We expect to see a growth in the prevalence of dementia and depression, increasing with age. Implementation of the multi-agency Partnerships for Older People Project will bring a broad range of services into an integrated care pathway, ensuring we have fully appropriate services to meet future demand.

We also know that improvements in care have led to an increase in the number of young people with learning disabilities leaving school. As such the numbers of those leaving school will have more than doubled between now and 2009. We will continue to use our understanding of demographic influences in future service planning and development.

We will play our part in the national social inclusion agenda by supporting a multi-agency approach in building capacity and effective pathways to support service users into work. Hospital based care, CPA and community support will have a much stronger focus on vocational options and we will develop a strategy for vocational support.
### Summary of Environmental Analysis - PEST

Below is a summary of the environmental factors which we have identified as impacting upon the Trust.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Impact on Trust</th>
<th>Potential Actions and Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Political</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P1. Changes to commissioning of mental health services (linked to PCT reconfiguration, NHS financial pressures, Practice Based Commissioning).</td>
<td>Uncertainty regarding the impact in terms of scale of change, funding available and timescales.</td>
<td>■ Develop clear contracting arrangements and clear service specifications with commissioners and maintain good working relationships.</td>
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<tr>
<td>P2. Choice agenda – increased choice for service users in services available, choice of providers and choice of location.</td>
<td>The Trust is in a good position to remain at the forefront of complex provision but needs to ensure that services, and access to services, meet the needs of service users and that the Trust is a provider of choice.</td>
<td>■ Ensure high quality services.</td>
</tr>
<tr>
<td>■ Develop clear contracting arrangements and clear service specifications with commissioners and maintain good working relationships.</td>
<td></td>
<td>■ Develop information for referrers and service users about the Trust and how to access its services.</td>
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<tr>
<td>■ Ensure high quality services.</td>
<td></td>
<td>■ Continue to focus on the development of community based local services and develop partnerships as appropriate; develop strategic alliances rather than force competition.</td>
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<tr>
<td><strong>Economic</strong></td>
<td></td>
<td></td>
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<tr>
<td>E1. Tight financial position in the local health economy as a result of reduced funding and increased need to find efficiencies.</td>
<td>Financial position will restrict commissioners’ ability to maintain funding and invest in services. The Trust may be required to seek efficiency savings or reduce services.</td>
<td>■ Develop clear strategic 3-5 year plan for all services.</td>
</tr>
<tr>
<td>E2. Impact of Payment by Results and uncertainty as to how mental health and learning disability tariffs will be calculated.</td>
<td>The Trust’s current information systems provide inconsistent and inaccurate information which suggests high reference costs.</td>
<td>■ Agree legally binding contracts.</td>
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<tr>
<td>■ Develop clear strategic 3-5 year plan for all services.</td>
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<td>■ Develop accurate, effective and reliable systems for collection of data relating to activity.</td>
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<tr>
<td><strong>Social</strong></td>
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<tr>
<td>S1. Diversity of population (age, culture, ethnicity).</td>
<td>The Trust has a responsibility to meet the needs of people from a diverse demography and demand for different services to meet individual needs.</td>
<td>■ Maximise productivity as a result of implementing Agenda for Change (AfC) and New Ways of Working.</td>
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<tr>
<td>S2. Mobility of population of Leeds (more city dwellers, students, middle to high income earners).</td>
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<td></td>
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<tr>
<td><strong>Technological</strong></td>
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<tr>
<td>T1. New interventions, medications and clinical practice as a result of NICE guidance and other relevant guidance.</td>
<td>Continue to develop and deliver models of care informed by relevant guidance.</td>
<td>■ Ensure services are provided according to individual need.</td>
</tr>
<tr>
<td>T2. New Technologies</td>
<td>Improve and replace inefficient and outdated systems to meet the required standards relating to access and information governance.</td>
<td>■ Ensure all staff access diversity training and awareness programmes.</td>
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<tr>
<td></td>
<td>Make full use of available technologies to support improvements in risk, performance &amp; staff training &amp; development.</td>
<td>■ The workforce will be recruited to reflect the population it serves.</td>
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<tr>
<td></td>
<td></td>
<td>■ The Trust will continue to research, develop and implement new therapies.</td>
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<td>■ Trust clinical staff will continue to demonstrate continual development and up to date knowledge.</td>
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<td></td>
<td></td>
<td>■ Provide a modern IT infrastructure to support universal access to IT, enabled in part by the national Connecting for Health programme. Ensure the Trust gains maximum benefit from systems and services being provided.</td>
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<tr>
<td></td>
<td></td>
<td>■ Roll out The Trust’s Care Records System (PARIS) which will be e-booking compliant.</td>
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Why we want to become an FT

Section 3

“As a service user and a member of staff, I think that becoming an FT will allow me to have a much greater say in the running of the Trust and to be better informed about future developments.”

Cath Sweeney, Service User Involvement Facilitator

“Leeds PCT is in support of the direction of travel taken by Leeds Mental Health Trust to become a Foundation Trust (FT). We believe it will strengthen the effectiveness of our local health and social care economy and increase opportunities for access and choice.”

Martin Drury, Chair, Leeds PCT

“The achievement of FT status will be an important element of a reformed NHS that provides more responsive, pluralistic, higher quality services. This will be designed to build on much of the excellent practice already in mental health in Leeds.”

Jo Franklin, Head of Provider Development, NHS Yorkshire and the Humber

These quotations illustrate the support that we have for our plans to become an FT. Below we list some of the benefits of FT from the perspectives of our service users and carers, our staff, our commissioners, and from an organisational perspective.

Benefits for Service Users and Carers

- Service users and their carers can be members of the FT and can stand for election as Governors, meaning they will have a bigger say in how the Trust is run;
- The aspirations of the FT will be more strongly aligned with those of local communities, through mutuality and social ownership;
- Service users and carers will be in the majority on the Board of Governors and able to influence strategic direction and day to day operation of services, providing direct links to our communities;
- Service users will be able to make informed choices from a range of clinically effective options;
- Care pathways will be clear and coherent with a range of choices built in.

Benefits for Staff

- Greater empowerment – staff were directly involved in developing the five-year service strategy and the integrated business plan and they will remain directly involved in its ongoing implementation;
- Influencing the organisation as members and Governors;
- Being expected to deliver excellence and being rewarded for doing so;
- Ability to deliver improved clinical outcomes leading to greater job satisfaction;
High standards of employment practice, development opportunities and effective leadership;

Mutuality and shared ownership of ambition and strategic direction.

Benefits for Our Commissioners

- Closer partnerships and a collaborative approach to health improvement;
- A heightened focus on local need complementary to national requirements;
- Legal contracts providing stability of quality service delivery, with constructive dialogue and challenge;
- Tight specifications that ensure delivery with the underpinning financial regime to make things happen;
- Leeds PCT stakeholder representation on the Trust’s Board of Governors.

Benefits for the Organisation

- Greater ability to shape and develop high quality services;
- Opportunity to design good processes for how we decide on our priorities;
- Freedom to innovate and develop services tailored to the needs of our service users and our communities;
- Able to keep any surplus money at the end of the year to reinvest in services;
- Able to borrow money that we decide we need to develop services;
- Opportunities to develop new partnerships, collaborative approach to health improvement;
- Improved and integrated governance processes accountable to local people and stakeholders; a representative membership will work through elected Governors which will influence the Trust’s business, particularly around its decisions, resources and services;
- The rigour of the application process and the successful transition to FT will promote more streamlined, efficient, focused and integrated services for the communities the Trust serves; evidence shows that FTs are improving the care environment; opening new facilities more quickly; developing new services tailored to needs; developing new research partnerships; contributing to community regeneration;
- The business culture of an FT will support our drive to optimise productivity and efficiency;
- A clear understanding of our market and our operating environment enables effective and strategic business planning;
- Opportunities to enter joint ventures with new partners open potential new markets wherein we can grow specialist services beyond Leeds;
- FT status fits well with our ethos of increased engagement with all stakeholders and will support our delivery of a consistently high quality service that truly meets local need.

Leeds Mental Health Trust has chosen to apply to be an FT in an early wave because we can use the benefits FT status brings to drive up quality and so improve the service user experience. As an FT we will have 3-year legally binding contracts with our commissioners which will provide greater certainty for the future of our services. If we are unsuccessful in our application we believe that our position as a provider of choice in an era of competition will be weakened; this would in turn weaken our ability to provide the high quality services that our service users deserve and our staff wish to deliver. Achieving FT status at the earliest opportunity is therefore of the highest priority for our organisation. We know that our staff and stakeholders will support us on this journey.
Our Vision and Strategy for our future development

Section 4

Over 250 people including staff, stakeholders, service users and carers have been involved in developing our five-year strategy and a staged transformation programme to ensure that we continue to improve and work towards our vision for 2011.

Our strategy is to sustain our strong market share for the core population base we currently serve, with targeted growth of specialist services in response to wider market opportunities.

This reflects the fact that our primary focus is Leeds, and that we are determined to provide the best possible specialist mental health and learning disability services for its citizens. We will progressively improve quality, reliability, efficiency, effectiveness, integration with other services and choice in all the services we provide so that we are the preferred provider for commissioners and service users and carers alike.

To sustain our strong market share we will continuously improve our services and the service user experience, working with partners to ensure that service improvements and developments are integrated and progressive, contributing to broader health economy objectives. To fully realise our strategy we will ensure we employ the right staff with the right skills, and that we invest in those staff through continuing development and support mechanisms.

We remain mindful of our status as a teaching and research Trust and the high level of expertise amongst those we employ. As well as delivering better services for the people of Leeds, we will also develop specialist services over a larger geographical area, regionally and potentially nationally, where there is a market and where we can provide a service.

In all that we do our fundamental test will be ‘Does this support the achievement of our vision?’ We believe that doing the right thing for service users – efficiently, effectively and reliably – is the key to sustainability in the new NHS.

All of this is reflected in our values. In summary, these are:

- Be the best for everybody, everyday.
- Treat people with openness, decency and consideration.
- Learn and improve.
- Be effective and honest in our communications.
- Lead, do not blame.
- Take on challenges and do not look for excuses.
- Listen to others and respond.
- Put others first.
Our Five Year Strategy: a summary

**OUR VISION:** people choose our FT because we always deliver the best mental health and learning disability care

**OUR STRATEGY:** Our strategic direction is to maintain sustainability and strong market share for the core population base we currently serve, with targeted growth of specialist services in response to wider market opportunities

### OBJECTIVE 1
For our Competitive Position
Develop and maintain an excellent reputation by demonstrating that we provide cost effective services with clear added value for service users.

**Targets for 2011**
1) Maintain identified market share.
2) Regular audit of marketing information and adapt to changes.
3) Regular survey of customers.
4) Meet internal KPIs for marketing.
5) Budgets reflect continued productivity / efficiency of 2.5% per annum.
6) 100% effective resolution of valid complaints.
7) 100% of service users are offered vocational support.
8) 100% success in winning selected contracts.

### OBJECTIVE 2
For people who use our services, carers and the public
Ensure service users, carers and the public choose our services, valuing the care and treatment they receive because it is high quality and accessible, with timely and accurate information, care focused on the individual and full involvement opportunities in all aspects of our service.

**Targets for 2011**
1) Provision of comprehensive range of accessible services to match need.
2) Audit of single unified assessments shows consistent compliance.
3) Annual review: demonstrate continuous improvement across services.
4) 100% compliance with national guidance, standards and targets.
5) Reduction in variation in practice as measured by audit.
6) Year on year reduction in serious untoward incidents.
7) All environments fit for purpose.
8) We provide regional and supra-regional services which generate income.
9) Monitoring demonstrates mandatory training requirements met.

### OBJECTIVE 3
For our commissioners
Make the best use of our resources to meet all qualitative and quantitative contractual requirements allied to clear specifications about the services we deliver.

**Targets for 2011**
1) Provision of clear specifications, targets and effective monitoring.
2) No unnecessary out of area placements.
3) No delayed discharges.
4) First choice preferred provider for Leeds commissioners.
5) Outcome measures show we are in the top decile nationally.
6) Audits of data quality show 100% completeness and accuracy.
7) Our costs are at or below tariff.

### OBJECTIVE 4
For clinical & care performance
Provide high quality clinical care underpinned by evidence based practice undertaken by well-trained and supported staff to ensure the best possible outcome for service users.

**Targets for 2011**
1) Recruit and retain high quality and effective staff ensuring diversity, work-life balance, and appropriate development.
2) Redesign job roles to deliver a productive and flexible workforce.
3) Staff survey shows improved involvement and engagement of staff.
4) Continue to embed a positive culture of personal responsibility.

### OBJECTIVE 5
For our staff & their dependants
Ensure our staff feel valued and supported in their work and are actively involved in the planning and delivery of services.

**Targets for 2011**
1) Appropriate access to information.
2) Satisfaction surveys show high scores and continual improvement.
3) Reduced waits at all points of access and transfer.
4) 100% agreed integrated care plans in place and accessible 24 hours per day.
5) Psychological therapies integral to all services.

### OBJECTIVE 6
For our Board
For the Board to give clear direction and leadership ensuring standards of care and statutory duties are met.

**Targets for 2011**
1) Trust Board meets the principles of the Intelligent Board.
2) All performance targets achieved.
3) Trust scores in top 10% in comparative measures.
4) FT membership is representative of our diverse communities.
5) Staff survey shows improved involvement and engagement of staff.

### OBJECTIVE 7
For Universities
Achieve excellent results in teaching and research, working in conjunction with the local universities and supporting multi professional involvement in teaching, learning and research, to contribute to improvements and innovations in service delivery.

**Targets for 2011**
1) Measurable continuing improvement in quality and time given to teaching and learning.
2) Clinical Academic Centre status achieved.
3) 100% staff trained to appraise evidence.
4) Year on year increase in service user involvement in teaching and R&D activity.
5) Increased profile in academic literature.
6) All our services are evidence-based and are responsive to changes in the evidence base.

### OBJECTIVE 8
For partner agencies & other stakeholders
Work with partners and other key stakeholders to improve and deliver a seamless service providing better value for service users.

**Targets for 2011**
1) Make best use of opportunities for joint ventures.
2) FT member growth representative of our diverse communities.
3) Trust objectives appear on other organisations’ strategies and vice versa.
4) Partnership agreement signed.
Further Trust Wide Developments

- Progress integrated working arrangements with the local authority.
- Implement Single Integrated Care Records.
- Implement new NHS Care Records Service.
- Embed and develop the role of the West Yorkshire Research and Development Consortium.
- Remodel workforce using Agenda for Change (AfC) flexibilities and the Knowledge and Skills Framework (KSF).
- Complete review of psychological therapies which will further inform targeted service provision and improve access to Psychological Therapies for all care groups.
- Undertake a review of procurement and transport costs.

Service changes will result in the need for some of our staff to work differently, with some staff moving from working in an in-patient setting to a community setting. The flexibility of AfC in job re-design and new ways of working will support these improvements. KSF will be used to ensure that staff are developed to their full potential and that existing team skills are considered when filling existing and creating new posts.

Services for Working Aged Adults

Services for working aged adults have undergone extensive reconfiguration in the last year to improve efficiency, effectiveness and the experience of service users. We now have an effective service model in place which complies with national policy and guidance. Ongoing service improvement and evolution will focus on fully delivering the benefits of this model and will mirror the themes in the Leeds Mental Health Strategy.

We will ensure that we are utilising staff skills in the most effective way and that those skills are deployed at the right stage in the care pathway. Our aim will be to treat and care for service users in their communities wherever possible, whilst ensuring that admission to hospital is rapidly accessible where this is needed. When admission is indicated, improved therapeutic environments on our wards will result in an improved service user experience and therefore strengthen our position as provider of choice in a contestable market.

Specialist Services

Services within this directorate have a stronger focus on regional and national provision; service plans will continue to develop strong regional links.

Our strong performance as one of the eleven national Personality Disorder (PD) pilot sites has led to funding for this service being expanded and mainstreamed; further expansion has been approved in 2007/08 following our successful tender. The new PD pathway service will improve the care pathway between mainstream and forensic services for people with personality disorder who require both practical and therapeutic interventions. It will be a regional service, delivered in partnership with Community Links (voluntary sector) and Humber Mental Health Trust, with LMHT as the lead partner.

We are the lead organisation within Leeds in a national pilot aiming to improve transfer times from prisons to secure mental health settings to fourteen days. This complements our prison in-reach work.

One of the key service plans for 2006 was for the development of an 8-bedded community facility for men, providing an improved care pathway with step-down from low-secure in-patient settings. This development is now complete and is enabling us to bring back individuals who would otherwise be placed out of area in other secure settings. This will result in significant
financial savings for the local health economy because of the high cost of out of area placements.

Within addictions services we will continue to provide specialist drug and alcohol services and will fully implement the Choosing Health agenda and engage service users in improving health outcomes as part of routine clinical care.

**Services for Older People**

Key service plans will build on the work of the Leeds Partnerships for Older People Projects (POPP) programme, a national investment programme that enables the re-design of current services. Estimates indicate that there are approximately 400 people currently in acute beds in Leeds because of undiagnosed mental health problems; implementation of POPP will improve outcomes for these individuals and their carers and benefit the broader health economy. Significant service improvements include the development of a city wide Mental Health Intermediate Care and Rapid Response Service and the enhancement of Psychiatric Liaison Services to the acute hospital Trust. There will be further integration of community mental health services with social services and the development of whole system bed management for older people with mental health needs who require long term 24 hour care. All developments will incorporate the principles outlined in the Mental Health Ten High Impact Changes.

This shift in emphasis from inpatient to community is in line with national policy drivers, in particular the NSF for Older People (DH 2001) and Everybody’s Business (CSIP 2005). Service modernisation plans have been developed in collaboration with our partners, key stakeholders and clinicians within and external to the Trust and contribute to a coherent health and social care service for older people in Leeds. These plans contribute to local health economy objectives within ‘Making Leeds Better’ and the transfer of resources within the Leeds economy.

Implementation of these plans will ensure that we are fully prepared for the expected growth in the over-65 population and in particular expected growth in the prevalence of dementia and depression.

Exit strategies are being formulated to mainstream the investment funds that are time limited to 2008/09 under the POPP programme. To facilitate the transfer of resources needed we are working with Social Services to actively reduce delayed discharges. Financial implications will be met through service redesign.

**Learning Disability Services**

Learning Disability service developments are in line with the objectives of the Leeds Joint Commissioning Strategy for Services with People with Learning Disability and the Valuing People Strategy. The main work over this five-year period will be the completion and implementation of the emerging strategy for specialist learning disability services. The resulting reconfigured service will have a tiered structure with clear multi-disciplinary teams and a single point of entry. Priority areas for service development are severe challenging behaviour and multiple physical impairments.

The Trust has already given urgent consideration to the findings in 2005 at Cornwall Partnership NHS Trust. Following the publication of the joint Healthcare Commission/CSCI report, we will participate in the Healthcare Commission’s national audit and will implement any relevant recommendations which may arise.

**Stakeholder Support for our Plans**

Leeds PCT and Yorkshire and the Humber Strategic Health Authority support the Trust’s intention to become an FT and have acknowledged our work in creating an organisation fit to apply for FT status.

Leeds PCT has commented upon the development of robust management structures and mechanisms that have had a positive impact on the delivery of services, and the considerable improvement in the way we manage our finances. This provides the PCT with confidence in our ability to manage under FT regulations and rules.

On-going working relationships at all levels between the Trust and Leeds PCT continue to be positive, inclusive and transparent, strengthening integrated working and problem solving across the local health and social care system. We will continue to work in partnership for the benefit of the people of Leeds.
Financial Plans

Section 5

In financial terms the Trust has moved from a very difficult position to a much more robust and viable position. For a number of years the Trust had only been able to achieve its statutory break-even duty through external support in the form of revenue brokerage (loans). This led to the built up of a significant cash and capital debt. Over recent years the Trust has gradually developed a stronger financial management culture, achieving its break-even duty without external support in 2004/05 and subsequently delivering a surplus of £2.5m in 2005/06 (of which £1m was brokered back to the SHA). These achievements together with the implementation of a cash management plan have placed the Trust on a much firmer financial basis. At the end of 2006/07 the Trust again achieved a £2.5m surplus and fully eliminated all historical cash and capital debt.

Financial plans for the next five years underpin the Trust’s objectives and will support achievement of the vision for 2011. The main components and key assumptions in the financial plan are summarised below.

Underlying Income and Expenditure assumptions

The Trust’s main source of income is from Leeds PCT, which accounts for over 90% of our clinical income and is contracted on a block basis. We have not assumed any major change to this arrangement, but are working towards indicative activity based contracts until such time as Payment by Results is introduced for mental health and learning disability services.

We envisage some growth in specialist services and expect, as a minimum, to receive income uplifts in line with nationally determined NHS inflation rates.

Cash Releasing Efficiency Savings (CRES)

Our plans show how we will deliver the required 2.5% Cash Releasing Efficiency Saving (CRES) each year. This is the national efficiency target for all organisations, in order to meet the full cost of inflationary pressures. In recent years the Trust has a good track record of delivering efficiency savings through service modernisation, income generation and non-clinical service efficiencies. For 2007/08 a firm plan has already been agreed. The focus of our efficiency plans will be:

- Service redesign;
- Review of Corporate Costs;
- Reduction in spend on locum and agency staff;
- Rationalisation of estate;
- Further development of specialist services and associated income streams.

Capital Expenditure

The Trust’s PFI redevelopment means that most of the estate from which we deliver our services is now of high quality. We continue to maximise the use of PFI assets wherever possible and will sell any estate which becomes surplus as a result of our estate strategy. Given the quality of our PFI accommodation we will not need extensive major capital investment over the next 5 years; we plan to only utilise cash generated from internal sources (depreciation) to reinvest in capital. This will meet our needs both in terms of adaptations to existing buildings to support our agreed service developments and also implementing the recommendations of the recent condition survey. Importantly this avoids the need for the Trust to take out commercially financed loans.

Our financial plans underpin the long term vision for the Trust. They reflect a consistent flow of fixed, mainly block income from Leeds PCT as our main commissioner, with limited growth in certain specialist areas. Our expenditure plans will achieve the required cost improvements to ensure the organisation remains viable and ensure costs are compatible with the requirements of the anticipated Payments by Results regime. Surpluses will be utilised both to improve liquidity and to reinvest in clinical services as required.
The Trust’s high level risks are taken from identified risks within clinical directorates, corporate directorates and through detailed review of the Trust’s strategic objectives, external markets and commissioner intentions.

High level risks are overseen by the Risk Management & Governance committee. This is a sub-committee of the Trust Board which, reviews in detail each risk and the plans to mitigate against the risk.

At present, the highest risks can be found in the following areas:-

- Sufficiency of operational data to support Trust business and in particular, income, activity and future developments around tariff.

- The adequacy of sustained funding and the deliverability of our long term financial plan with particular emphasis on the sustainability of our Private Finance Initiative, the Cost Improvement Programme and the Trust’s liquidity.

We have robust and well progressed plans in place to address these risks and are confident that necessary funding has been identified to support the risk treatment plans where required.
We are committed to the development of services and staff so that people choose our Trust both as a workplace and as a provider of services.

Our Human Resources (HR) Strategy sets out our plans for the management and development of our workforce over the next five years. This complements the Trust’s five-year strategy and supports the achievement of our strategic objectives by ensuring our workforce is equipped with the right skills and values to be effective in the new business culture of an FT. Carers and volunteers are integral to this workforce along with staff, contractors and agency staff. We will focus on creating an environment where teams feel optimistic and can see the benefit of their work on service user outcomes; this will further improve retention and job satisfaction, reduce stress and sickness absence levels and in turn improve organisational value for money.

HR managers and teams are aligned to service and corporate directorates to support their operation as business units, strengthening our integrated approach to delivering strategic objectives. Alongside this Workforce Planning, Diversity, Temporary Staffing and Development teams provide a Trust-wide service.

**Workforce Planning**

The workforce plan comprises of service delivery plans, workforce predictions, forecasts, performance figures and a full workforce breakdown. The plan is produced in collaboration with Directors, Associate Directors and HR Managers and enables service areas to plan for future workforce needs.

Workforce plans highlight the fact that 23.5% of our staff are over 50 and that over the next 3 years more than a hundred staff could retire under Special Classes entitlements. We are implementing various measures to avoid a future staffing shortfall, including flexible retirement options to help retain the skills and experience of our older staff members.

Role re-design and the modernisation of services will ensure we have the right people in the right place at the right time. Service reviews and developments are being undertaken across the Trust to ensure that we are making best use of our staff and our estate. The development of a Rapid Response and Intensive Home Support Service for older people is an example of a new service development which will use the skills of our existing workforce differently. We recognise that working in different ways requires a cultural shift; the HR team will support teams in making these changes successful. Where redesign leads to surplus posts we will redeploy staff with appropriate development to meet service need.

We always aim to recruit for positive attitudes and behaviours and are committed to building and developing the skills of our workforce.
Governance Arrangements
Section 8

How Stakeholder Interests will be represented

We have agreed the following outline for constituencies for membership and for the Board of Governors of the new FT:

- An opt-out strategy will operate for all Trust contracted staff;
- All other defined groups within the membership will be viewed as opt-in;
- We will endeavour to ensure membership reflects the appropriate diversity mix for the city of Leeds;
- We will review constituencies on a regular basis;
- We will engage in a systematic approach to retain an active membership base.

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
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<tr>
<td>Public</td>
<td>1200</td>
<td>2600</td>
<td>3400</td>
</tr>
<tr>
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<td>2600</td>
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</tr>
<tr>
<td>Staff</td>
<td>1800</td>
<td>1800</td>
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<tr>
<td>Total</td>
<td>4,500</td>
<td>7,000</td>
<td>10,000</td>
</tr>
</tbody>
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Membership Numbers

The diagram above outlines our proposed membership from year one to year three:

In light of the present age distribution of service users within the Trust, we have set a lower-age limit for membership at 16. This will be reviewed if the organisation undergoes any significant changes to its service delivery portfolio.
The Board of Governors

We will constitute the Board of Governors as follows:

- Public Constituency: one elected member of the Board of Governors will represent each of the eight parliamentary wards within the Leeds Metropolitan area.

- Service User Constituency: any service users or their carers who have used Trust services can be included in the service user constituency, including service users and carers who receive treatment from us but do not live in Leeds. Of the twelve Board of Governor places available ten will be for Leeds based service users and carers and two for non-Leeds based service users and carers.

- Staff Constituency: staff who do not wish to be members can choose to opt-out. Staff who are not employed directly by the Trust but have carried out services for the Trust for over 12 months (this may include staff working for our PFI partners) can also be members but will need to opt-in. Six staff Governors will be elected, four from staff offering direct clinical care and two from non-clinical areas.

- Stakeholders: there will be ten stakeholder non-elected Governors. These will be from Leeds Teaching Hospital NHS Trust; Leeds Metropolitan University; Leeds University; Accent Care Partnerships; two from the voluntary sector; West Yorkshire Police; Leeds City Council; Leeds Primary Care Trust; Leeds Local Medical Committee (LMC).

The Board of Governors will therefore consist of 36 members as illustrated in the diagram overleaf.

The Board of Governors will work alongside the Trust’s Board of Directors. Through the Foundation Trust’s membership, Governors will create a dialogue with the local community, enabling broad participation in the Trust’s decisions.

The Board of Governors will operate through a Code of Conduct and Standing Orders, which will ensure the highest standards of probity and responsibility and make it clear how potential conflicts of interests should be dealt with. The Code of Conduct has been adapted from the Nolan principles, relating to the seven principles of public life.

All meetings of the Board of Governors will be open to the public, except where there are special reasons for excluding them. The Board of Governors will meet throughout the year, on at least four occasions. An Annual General Meeting will receive the annual accounts, auditor’s report and annual report.

The Board of Governors will play a crucial role in the membership strategy for the Trust and for ensuring that policies are implemented to maintain and grow a representative membership. We also hope that Governors will take responsibility for making presentations to the community and helping in the recruitment of new members.

The Public Patient Involvement Forum will change and merge into a forum known as a Local Involvement network (LINK). LINKs will have a key role in strategy and policy consultation, but no inspection role as such. It will be for the Board of Governors to develop an effective way of working with this local network.
Corporate Governors: the FT Board of Governors

Chairman
Executive and Non-Executive Directors

Members

Public
- 8
- 1 Leeds Central
- 1 Leeds North East
- 1 Leeds North West
- 1 Leeds West
- 1 Leeds East
- 1 Pudsey
- 1 Elmet
- 1 Morley and Rothwell

Service User and Carer
- 12
- 5 Leeds Service Users
- 5 Leeds Carers
- 1 Non-Leeds Service User
- 1 Non-Leeds Carer

Staff
- 6
- 4 Clinical
- 2 Non-Clinical

Stakeholders
- 10
- 1 Accent Care Partnerships
- 1 Local Authority
- 1 Leeds Local Medical Committee
- 1 Leeds Metropolitan University
- 1 Leeds Primary Care Trust
- 1 Leeds Teaching Hospitals NHS Trust
- 1 Leeds University
- 1 Learning Disability Forum*
- 1 Volition
- 1 West Yorkshire Police

* The voluntary sector body appointed to this seat on the Board of Governors will be reviewed at least every three years at a meeting of citywide voluntary sector bodies.
The diagram below illustrates the key components that come together in our integrated business planning. Our plans will be refreshed annually.
Our Trust has an ambitious but realistic vision for the future. This is centred on being the best possible organisation which service users and carers always choose when they are in distress or experiencing difficulty. Alongside this we are determined to offer the best value for money in an increasingly competitive environment.

This summary document describes our journey to date, where we have come from but, most importantly, where we are going to. We are determined to fully realise our ambition and we continue to improve in many areas. At the same time we believe in resisting complacency, being honest about the issues we face, and being clear about what we are doing to improve.

Our application for Foundation Trust status offers us a tremendous opportunity to drive through the improvements that we all want to achieve and to create structures and processes whereby the voices of all of our members influence and inform what we do. This must mean better outcomes for service users and greater satisfaction for our staff.

For those who use our services and for those who deliver them, nothing but the best will do.
If you would like this information on audio tape, please call communications on 0113 30 55977