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SEPT

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summary annual plan **2012-2013**



Welcome to the Summary of our Forward Plan for 2012-2013. This document is a culmination of our annual planning days, Board of Directors' meetings, Board of Governors' meetings and SEPT staff across the organisation looking ahead armed with a wide knowledge base of our services, our budgets, commissioning contracts and the demographics and needs of the people we serve across Bedfordshire, Essex and Luton. We are proud of the effort that we put into listening to our staff, to users of our services, their carers, our Governors and members, and our partners when we are considering our plans

A Message From Patrick

for the future. We engaged with nearly 1000 people during our planning for 2012/13 process.

SEPT is now responsible for delivering a wide range of in-patient and community based health services in Bedfordshire, Essex and Luton. We provide specialist mental health and social care services, specialist learning disability services, child and adolescent mental health services and forensic mental health services in Bedfordshire, Essex and Luton and since autumn 2011 community health services in Bedfordshire, south east Essex and West Essex. Although our organisation has changed, our commitment to providing the best possible quality of care hasn't.

When forward planning, our priority remains the provision of high quality services. Preparing the Forward Plan also affords us the opportunity to look back and celebrate our achievements of

2011-2012. I am very proud of the staff working within SEPT and truly believe that SEPT recruits and retains the best staff in the business, and this is the same whether they work in Essex, Bedfordshire or Luton. Thank you to each and every one working at SEPT.

I hope you find our Forward Plan interesting and informative. Please remember this is only a summary of a much more comprehensive and detailed document. Our full Forward Plan Strategy Document 2012/13 is available on the Trust's website www.sept.nhs.uk. If you want to discuss any aspects of either of these documents, please don't hesitate to contact me by email at chief.executive@sept.nhs.uk

Dr Patrick Geoghegan OBE
Chief Executive



SEPT's Priorities

The NHS and local government are facing the most radical structural changes and financial challenge in its history. Whilst SEPT is able to demonstrate a reputation of being able to respond to changes around us; the scale of the changes and challenge is such that we will need to use every ounce of our experience, enthusiasm and commitment to high quality patient care to make sure that SEPT is in a good position to continue to provide the services that people we care for need, want and deserve.

The Board of Directors approved a strategic direction for the Trust in April 2011. This recognised the challenges faced and set out a high level strategy to respond appropriately. The Board of Directors, clinical leaders and senior management team confirmed a shared belief that SEPT should continue to be a provider of health and social care services in the future; "doing nothing" was not an option and therefore the overarching strategic priority is to be clinically and financially sustainable in the long term.

The Board of Directors originally identified that SEPT will need to take action in four specific areas of activity that were subsequently identified as our strategic priorities for 2011/12 and beyond. In November 2011 the Board of Directors reviewed the strategic priorities in light of the recent acquisitions of community health services in Bedfordshire, south

east Essex and West Essex and the strategic context for the planning period and as a result identified an additional strategic priority relating to the Trust's workforce and amended the focus of the other strategic priorities to reflect specific challenges. The five strategic priorities identified below provide a framework for action during 2012/13.

Strategic Priority 1 Delivering High Quality and Safe Services

Providing services that are "in tune with you", requires a continued focus on day to day, local service delivery that has quality and patient safety as a priority, meets and where possible exceeds targets, standards and expectation, and delivers the best possible outcomes / encourages recovery, regardless of the challenging and ever changing environment in which the Trust operates. The Trust will be required to take a range of actions in all areas of service delivery to ensure that patient experience is regularly and consistently monitored and levels of reported satisfaction improve; all services meet applicable national and local NHS and social care targets; issues of concern are addressed; and new stretching goals for quality improvement are achieved. The Board of Directors specifically identified that for 2012/13 and beyond there is a particular need for the Trust to clearly define quality and safety standards expected; put in place enhanced systems and processes

to monitor those standards; escalate issues identified and have assurance that appropriate action is being taken.

Strategic Priority 2 Transforming Services

We will demonstrate that we can deliver complex change in an uncertain environment. In the past we focused on transformation being estate related and service specific. Going forward we need to develop more innovative and visionary approaches to changing the way that services are delivered across care pathways. Major challenge is best addressed via a small number of large changes, not a multitude of small ones and this has to happen across a whole health and social care economy. Quality failure, delay and waste frequently occur at hand off points between organisations. This will require identifying new ways of working; designing and implementing new care and treatment pathways; and ensuring that our focus is on easily accessible, fully integrated and multi-disciplinary pathways and services with health and social care partners.

Strategic Priority 3 Creating an Efficient and Effective Organisation

A range of activities will be required to ensure SEPT remains fit for purpose and financially viable. We have to have an efficient and effective infrastructure that is capable of supporting the delivery of high quality and safe

local services in whatever future service configuration. The Board of Directors and senior clinical leaders will need to identify new ways of working that ensure a clear focus on strategy, without taking the “eye off the ball” when it comes to delivery of front line, operational local services. We want to create an organisation that is ‘healthy’ (clinically and managerially), with great leadership, a positive culture and robust governance systems. New ways of working will also be required at all levels of the organisation. SEPT must continue to embrace new technology to reduce duplication and the administrative burdens associated with delivering healthcare; new technology must also be used to enhance clinical service delivery and deliver it in new and exciting ways.

Strategic Priority 4 **Workforce Culture and Capacity**

We need to develop an organisational culture that reflects the increasingly diverse nature of SEPT’s service provision and the diverse communities which we serve and builds on the strong brand, ethos and values already in place. We will need to ensure that we have the right capacity at the right time; clear expectations and standards of performance expected of our staff and ensure that they have the right skills and support to deliver the Trust’s objectives. The key to achieving major service transformation is the engagement and incentivisation of frontline

clinical leaders and teams who genuinely own change initiatives and ensure that improvement is sustainable and sustained. We will need to ensure that targeted investment in workforce development encourages greater local clinical leadership and prepares staff to respond to the challenges faced and that there is an on-going programme of engagement activities that ensure staff understand SEPT’s vision and share responsibility for its delivery.

Strategic Priority 5

Clear Plans for a Sustainable Future

SEPT must have clear plans for tackling the scale, scope and speed of change required and the Board of Directors is prepared to make tough decisions about the Trust’s priorities along the way. Our fifth priority confirms the SEPT Board of Directors’ commitment to continuing to focus on the longer term plans for the organisation and making sure that patients and local communities benefit from the focus on the future, not just the here and now.

To be sustainable we will, in the short term, need to consolidate our position after a period of significant growth, in order to create a new baseline from which we can achieve our longer term ambitions.

National population increases predicted in the next five years, and continued restraint in public sector funding, will require radical service delivery solutions. Our vision is to be an integral part of efficient and effective, local, integrated care networks. We will

therefore focus on developing service delivery models, strategic partnerships, infrastructure and operational management structures that support the delivery of care integrated around the individual at a local level which meet the aspirations of our partners, our own strategic direction and effectively supports the needs of our patients. We will prioritise the taking of proactive action to identify stakeholders who can bring added value and synergy to our integration agenda. The Trust will need to increase income to remain sustainable. We will continue therefore to pursue carefully chosen partnership and commercial opportunities that contribute to the delivery of the integrated care vision and the Trust’s financial stability.

Our five strategic priorities will be delivered through 19 Corporate Aims during 2012/13. The corporate aims were identified as a result of considering the local and national strategic context and feedback from staff, partners, patients, governors and members that we received as a result of hosting a number of engagement events between November 2011 and March 2012 involving approximately 1000 people. Each corporate aim is achieved as a result of identified and agreed business unit actions. Achievement of each key aim is monitored; measured by achievement of these specific actions and reported to the Board of Directors on a quarterly basis.

Our Corporate Aims for 2012/13 are:

Strategic Priority 1: Delivering high quality and safe services

Ref.	Key Aims
1.1	Achievement of quality, regulatory and contractual requirements that ensure the Trust remains compliant and meets patient and commissioner expectation.
1.2	Implementation of consistent real-time Trust-wide systems for engaging with patients and staff.
1.3	Care pathways; protocols, outcome measures and minimum service standards developed in partnership with stakeholders.
1.4	Priority quality and safety improvement activities identified by partners, staff and patients implemented.

Strategic Priority 2: Transforming services

Ref.	Key Aims
2.1	Year three milestones of Bedfordshire/ Luton Mental Health Transformation Programme delivered.
2.2	QIPP (Quality, Innovation, Productivity and Prevention) and other service developments agreed with commissioners delivered.
2.3	Social care developments set out in vision that develop the workforce, progress personalisation and enhance integration implemented.
2.4	Milestones agreed and delivered that facilitate partnerships with patients, volunteers and voluntary sector to deliver existing, alternative or complementary services.

Strategic Priority 3: Creating an efficient and effective organisation

Ref.	Key Aims
3.1	Financial plan (including agreed Cost Improvement Programmes) delivered.
3.2	Continued development of internal and external organisational governance structures, systems and processes.
3.3	Short, medium and long term prioritised plan developed and 12/13 milestones achieved to utilise technology that enhances service quality and improves efficiency.
3.4	Action taken to reduce variation and increase standardisation (where appropriate) within clinical and support services.

Strategic Priority 4: Workforce culture and capacity

Ref.	Key Aims
4.1	Clinical, organisational and board development and engagement activities undertaken that encourages shared vision, values and quality culture for enlarged organisation.
4.2	Workforce management and development initiatives undertaken that increase quality and productivity, achieve targets and ensure fitness to practice.
4.3	Action taken to further develop clinical leadership in all services and disciplines.
4.4	Customer service improvement activities undertaken in all services to improve patient experience and increase net recommender score compared to baseline.

Strategic Priority 5: Clear plans for a sustainable future

Ref.	Key Aims
5.1	Initiatives that support integrated care vision, particularly those relating to improved care pathways, implemented.
5.2	Opportunities and ideas for further developing, retaining, expanding or contracting Trust services pursued.
5.3	Action taken to build new / enhance existing relationships and partnerships with LA/ PCT and CCG partners.

SEPT's Strategic Position

SEPT delivers services in three separate health economies (Bedfordshire, Luton and south Essex), working with three local primary care trust clusters (NHS Bedfordshire and Luton; NHS South Essex and NHS West Essex), a regional specialist commissioning group (for the provision of specialist forensic mental health services and in-patient child and adolescent mental health services) and six local authorities (Bedford Borough Council, Essex County Council, Central Bedfordshire Council, Luton Borough Council, Southend Borough Council and Thurrock Borough Council). Whilst each local health economy has different challenges there are common themes and priorities; risks as well as opportunities; that the Trust will be required to respond to in its forward plan.

NHS landscape

Financial challenges

All local health economies are facing significant financial pressures over the three year planning period.

In Bedfordshire and Luton the system shortfall is approx £58 million in 2012/13. In south Essex it is in the region of approximately £35 million and in the North Essex Cluster (which includes West Essex) it is approximately £101million.

Service Delivery priorities

All local health economies have confirmed that the focus of their service delivery plans going forward are consistent with the national priorities for health which are:

- preventing people from dying prematurely;
- enhancing quality of life for people with long term conditions;
- helping people to recover from episodes of ill health following injury;
- ensuring people have a positive experience of care;
- treating and caring for people in a safe environment and protecting them from avoidable harm.

Transformation and integration are identified as the primary enabling strategies to deliver these priorities across all of the health and social care economies in which the Trust operates.

The Trust is committed to supporting commissioners in achieving these priorities. Our strategic vision and operational clinical and quality development plans identify a number of initiatives that we will be taking forward that will contribute to local workstreams associated with delivery of the national priorities.

Productivity Priorities

In order to respond to the significant financial challenges identified above, each local health system is required to develop and implement significant Quality, Innovation, Productivity and Prevention (QIPP) plans. There are common themes across all QIPP plans in respect of planned, unplanned care management and improved systems of care to manage patients with long term conditions and complex care conditions. SEPT will be developing and implementing new ways of working in community health services in line with these commissioning priorities, such as, integrated community service provision, single point of access/ referral and enhanced intermediate care services all of which are aimed at preventing hospital admission and facilitating early discharge from hospital. In mental health services we will (for example) be working with commissioners to increase support for patients with dementia and exploring alternatives to in-patient continuing care provision.

Commissioning Intentions

Broadly the commissioning intentions of all of our health commissioners are focused on increasing spend in community and primary care as more patient care is delivered outside the acute setting; whilst tertiary and out of area activity is repatriated to provide more services locally.

Choice in mental service provision, development of the provider market through contestability and 'Any Qualified Provider' (AQP) and extension of the tariff/ payments by results regime in contracting for mental health services and community health services are also common themes in published commissioning intentions.

Possible risks associated with competition and commissioning intentions

The competition and commissioning landscape during the planning period is expected to remain complex and subject to constant change as the Health and Social Care Act comes into force. The Trust has assessed the overall risk associated with competition and commissioning intentions as low in the short term, but acknowledges that during the latter part of the planning period this could increase. Potential risk will be assessed on an on-going basis.

Risk associated with loss of existing contracts or competition for new contracts will potentially be experienced in specialist areas of service provision, where there is a strong local private sector presence, where pricing is extremely competitive, where there is a growing trend in third sector delivery and where synergies can be gained through a single provider of specific care pathways (for example drug and alcohol services). We anticipate that this will potentially impact on a small number of services without material impact on our financial plan.

Commissioners have confirmed that the services (few relevant to SEPT) that will be subject to the 'Any Qualified Provider' regime are:

- Bedfordshire - podiatry, wheelchair, community diagnostics and audiology;
- South Essex - ultrasound and endoscopy
- North (West) Essex- MSK (in NEE), Glaucoma (in NEE), Children's Continuing Care (CCC) across the cluster

There will be a reduction in existing hospital bed commissioning during the planning period which will reflect the desire to shift care closer to home. The Trust expects this and assumptions regarding future bed based activity are incorporated into our efficiency plans.

Commissioners in south Essex have confirmed an intention to review the provision of community health services in south east and south west Essex. They plan to undertake a three stage review process during 2012 to confirm commissioning plans, service redesign plans and market testing plans for these services.

South Essex health and social care commissioners are finalising the development of a Joint Mental Health Strategy currently, the implementation of which will take place over the next three years. The risk associated with the strategy content cannot be assessed until it is finalised.

Opportunities

Whilst there is a risk of loss of specialist contracts associated with competition and commissioning intentions, the Trust is confident that the opportunities available as a result of national and local policy implementation will be considerable.

Whilst there will be an expected reduction in existing hospital bed provision, the Trust is confident that there will be increasing demand for new community bed based services with a new focus on intermediate care, and rehabilitation. The Trust has the expertise and estate with which it can offer solutions to local health economy issues and as an example has recently opened a sub-acute unit in Houghton Regis to provide step up/ step down care to ease pressure on acute hospital beds in Bedfordshire.

The shift from acute hospital care to community based services will require the Trust to transform existing community health services to be more efficient and responsive, but will also offer potential to develop new and innovative service models and compete for more contracts for community based services going forward. Development of the Dementia Intensive Support Team in south west Essex and plans to extend this to south east Essex is an example of new service commissioning that has led to increased income.

Recent changes to the private patient regime for NHSFTs afford further opportunity for growth in future years. This is particularly relevant to SEPT, as we were unable to generate private patient income because the maximum value was set previously at the level being generated at the time of Authorisation (which was £0).

Health and Social Care Act 2012

After much debate, the Act received Royal Assent in April 2012. Its implementation from June 2012 will have a number of implications for the Trust:

Many of the changes that the Act introduces have already begun to take place locally with the development of shadow Clinical Commissioning Groups (CCGs), which will replace Primary Care Trusts (PCTs) and Strategic Health Authorities as commissioners of local health services from April 2013. The challenge for the Trust and other providers of local health services is to ensure that new relationships are forged appropriately with the GPs who will be leading the CCGs and to ensure that during 2012/13, which is a year of transition, local health services continue regardless.

Our specialist secure mental health services will be commissioned by the NHS Commissioning Board going forward (replacing the Eastern Region Specialist Commissioning Group). Maintaining effective relationships with the commissioners of these services during transition will be critical.

Monitor's role as NHSFT regulator will be changing. It will in future be the economic regulator for all NHS funded services. All providers of NHS healthcare (unless exempted) will need to hold a licence with Monitor. The Trust expects that the obtaining of a licence will not pose any risks. It is likely that NHS healthcare providers will be required to pay a fee for the licence. This has been taken into account in our financial plan in assumptions regarding future local cost pressures.

NHSFTs are given greater scope to generate private patient income, although they will have to ensure that the majority of income is through NHS services. An increase in the proportion of private patient income of more than 5% would need majority approval by its governors and FTs will be required to document how non NHS income has benefitted NHS services in their annual reports. SEPT sees this as a potential opportunity to offset reductions in NHS income and is currently scoping this further.

The Act establishes a new patient and public involvement body, HealthWatch England which will support local HealthWatch bodies. Local HealthWatch will be commissioned by local authorities and held to account by Health Overview and Scrutiny Committees. The Trust is reviewing the structures in place to engage with local HealthWatch bodies when they are established.

The Board of Governors is required to be known as the Council of Governors going forward. The Act confirms that the duties of the Council of Governors are to hold the Non Executive Directors individually and collectively to account for the performance of the Board of Directors and to represent the interests of membership. With additional power, there is greater responsibility. The Trust will work with governors to ensure that they have the skills and knowledge that will be required to carry out duties effectively going forward.

The Board of Directors will be required to make provision for board meetings to be held in public. The Trust currently holds four meetings each year in public and this will be increasing during 2012.

Local Authority Landscape

The challenges facing the NHS also affect local government, which will see a reduction in funding of approximately 28% over the next four years as well as growing demand for social care services. All Local Authorities with which SEPT has section 75 Partnership Agreements are seeking efficiency savings which are reflected in our financial plan.

The Trust is committed to working with local authority partners to minimise the combined impact of NHS and social care reductions on all local people. Assisting local authority partners in achieving stretch targets for self directed care and delivering more integrated health and social care services is a shared priority of SEPT and our six local authority partners. Self directed care and integrated service provision has the potential to improve quality of service provision, reduce costs and increase the net promoter score for SEPT.



SEPT's Clinical and Quality Strategy over the Next Three Years

SEPT's clinical and quality strategy is integral to and not separate from the overarching strategic vision and reflects the challenges and opportunities in respect of the strategic environment we operate. Clinical quality drives our vision to be sustainable in the longer term. Our clinical and quality strategy over the planning period is identified in 16 out of 19 corporate aims that contribute to the delivery of each of the Trust's strategic priorities. A wide range of activities will contribute to continued improvements in clinical quality and service delivery within each of these 16 priority areas for action and a range of enabling strategies (for example Estates, Workforce, IM&T, User Involvement) will support achievement.

Our clinical and quality strategy is summarised in the table below.

Strategic Priority	Examples of key clinical and quality changes required
<p>Delivering high quality and safe services</p>	<p>Embedding harmonised quality and performance monitoring mechanisms across acquired community health services.</p> <p>Introducing harm free care monitoring in all appropriate services to reduce harm from pressure ulcers; Venous Thrombolysis Embolism (VTE), catheter acquired infection and falls.</p> <p>Introduction of systems Trustwide to collect and monitor net recommender score (friends and family test) on a monthly basis. Fully embedding recovery as the driving purpose of mental health care and treatment.</p> <p>Identification of outcome measures and mechanisms for monitoring in services where there are none.</p> <p>Defining minimum safe staffing levels in inpatient services and ensuring that these are consistently in place.</p> <p>Care pathway review and redesign in partnership with stakeholders to improve access, productivity, effectiveness and patient experience.</p> <p>A focus on the quality of care planning and increased emphasis on ensuring that care is personalised and that patients are actively involved in developing their care plans.</p> <p>Continued emphasis on safeguarding vulnerable adults and children.</p> <p>Ensuring that services are culturally sensitive and meet the increasingly diverse nature of local communities in which we provide services.</p>
<p>Transforming services</p>	<p>Ensuring that year three plans for transformation of mental health services in Bedfordshire and Luton are delivered. This is the final year of the buildings based improvement plan and year two of the community service transformation process.</p> <p>Transformation of rehabilitation and continuing care mental health services in Essex.</p> <p>Radical redesign of community health services that are focussed on acute hospital admission avoidance and facilitating discharge from acute hospital care.</p>

	<p>Continued development of the social care workforce and delivery of social care vision. This will further encourage taking forward the personalisation agenda.</p> <p>Consideration of potential for parts of care pathways that could be delivered better in partnership with third sector.</p>
<p>Creating an efficient and effective organisation</p>	<p>Roll out of standardised, comprehensive, risk based clinical quality review process across Trust.</p> <p>Consolidation and embedding of governance systems, processes and structures and non-clinical support services following acquisition of community health services</p> <p>Implementation of electronic patient records within Trust services.</p> <p>Exploring potential for tele-health initiatives.</p> <p>Elimination of legacy IT systems; full use of CarePlus and Systmone and improved data quality used for decision making.</p> <p>Increased focus on benchmarking productivity and quality to reduce variation and increase standardisation within all services.</p> <p>Continued rationalisation of Trust estate.</p>
<p>Workforce culture and capacity</p>	<p>Action taken to embed SEPT's quality culture, vision and values across the enlarged organisation.</p> <p>Continued modernisation of the workforce. Developing pathways that create capacity and free up advanced practitioners to focus on highest areas of clinical need and risk and making best use of non-medical prescribers.</p> <p>Increased links with shadow Local Education & Training Boards and higher education institutes to develop a more flexible workforce able to respond to current challenges.</p> <p>Further development of clinical leadership in all services and disciplines through targeted training and development and improved structures and support systems.</p> <p>Roll out of customer service improvement activities into community health services to improve patient experience.</p> <p>Target agreed for improvement in patient experience as a result of improved customer service compared to baseline.</p>
<p>Clear plans for a sustainable future</p>	<p>Development of integrated care teams and pathways for conditions, age groups and localities as appropriate to the needs of particular locality.</p>

Clinical and Quality Priorities and Milestones over the Next Three Years

The Trust has identified a range of clinical and quality actions and changes that will be implemented over the planning period in order to achieve our strategic vision. Specific clinical and quality priorities that contribute to our strategic vision are determined each year in light of issues of potential concern or areas for improvement identified internally or by our stakeholders. During our 2012/13 planning process, we asked our staff, partners, service users and patients and members to identify the priorities for quality improvement for the coming year which the Trust has subsequently agreed as our top five quality improvement priorities in our Quality Account. The priorities identified are specific and measurable and progress with them will be monitored by the Board of Directors on a quarterly basis and reported in our Quality Account for 2012/13.

Our Quality Priorities are:

- eliminating avoidable pressure ulcers that are acquired in our care;
- improving support provided to carers of patients and children in community health services;
- improving patient experience;
- improving quality and personalisation of care plans;
- improving handover of care; transfer of patients in and between services and discharge of patients to primary care.

For 2012/13 the Trust will be taking forward 43 stretching quality improvement projects as part of the Commissioning for Quality and Innovation (CQUIN) quality incentive scheme agreed with our commissioners. More detailed information about all of the projects is available on the Trust's website. Some examples of the quality improvement projects that we will be taking forward this year include:



Improve awareness and signposting to relevant services for diagnosis and support of patients with dementia - Bedfordshire, West Essex and South east Essex Community Health Services

Measurement of harm free care and action to reduce harm as necessary - South Essex Mental Health Services

Improved transition for young people with additional needs to adult services Bedfordshire and Luton Mental Health and Bedfordshire Community Health Services

Improvements to the quality of community mental health service interventions with patients Bedfordshire and Luton Mental Health Services

Implementing a single point of access to emotional wellbeing services to improve access to services Essex CAMH Services

Development and evaluation of enhanced out of hours and weekend support service for people with mental ill health Bedfordshire and Luton Mental Health Services

Explore potential for caring for patients with mild to moderate mental health problems in alternative settings South Essex Mental Health Services

Improve health of local population by using every contact to maintain or improve physical and mental health and wellbeing West Essex Community Health Services

Improvements to care pathways that lead to reduction in length of stay Forensic Mental Health Services

Despite the challenges posed to the Trust during the planning period SEPT remains committed to continuing to develop local clinical services that respond to the needs of the diverse local communities in which we are delivering services; address issues raised by service users and patients and their representatives and deliver improvements in line with local and national policy developments. During the planning period, the Trust will be taking forward a range of service developments as a result of internal redesign or in partnership with health and social care commissioners. Examples include:

Redesign model of inpatient service delivery South Essex Mental Health Services

Community Mental Health Service Transformation Bedfordshire and Luton Mental Health Services

Increase Improved Access to Psychological Therapies (IAPT) provision South Essex Mental Health Services

Single Point Of Referral / Access South east Essex and West Essex Community Health Services

Continue to improve the physical healthcare environment Bedfordshire and Luton Mental Health Services

New Sub- acute Pathway Bedfordshire Community Health Services

Early Supported Discharge Team (Stroke patients) West Essex Community Health Services

Intermediate care provision for people with dementia South Essex Mental Health services

Integrated Care Teams Bedfordshire, south east Essex and West Essex Community Health Services

Introduction and Background to SEPT's Financial Strategy

This section sets out SEPT's financial strategy for the period 2012-2015 which fits with and supports the strategic direction of the Trust. It has been developed alongside, and been significantly informed by, SEPT's Corporate and Operational Plans for the same period.

The strategy has been developed in challenging times for the UK economy, and the NHS in particular against a background of the need to demonstrate to all stakeholder groups that SEPT has clear and robust arrangements for financial planning and control and that these arrangements are embedded within the Trust's governance and management arrangements.

The financial strategy forms an integrated approach to the management of the Trust's finances and ensures business and financial issues are considered alongside clinical issues when significant changes are planned in activities. Financial viability and the long term sustainability are key to SEPT achieving its wider aims and objectives.

The strategy that is set out in this document is designed to address five key issues:

- the long-term viability of SEPT and matching resources with service requirements;
- maintaining productive capacity to meet current and medium term service changes and developments;
- financing development, innovation and transformation through efficient asset utilisation and investment;
- the evaluation of strategic alternatives and managing risks;
- integrating financial and other corporate strategies.

At the same time the strategy needs to embrace a number of operational issues to ensure:

- financial strategy is developed and integrated within SEPT's planning arrangements;
- the corporate plan is translated into an operating plan and annual budget;
- that SEPT's resources are managed, controlled and protected,
- assets identified are safeguarded and fully utilised,
- that all liabilities are identified and managed.

The key elements of the financial strategy may be summarised as follows:

The requirement to generate an operating surplus each year (excluding asset sales) to maintain a Monitor Financial Risk Rating of 3 at the minimum. This will assist with ensuring the long-term future of the Trust and provide funds for future investment

Within the annual budget agreed by Board of Directors a centrally held and managed contingency is provided for. This contingency will provide a buffer against unexpected events and provide funds to support new initiatives

A clear scheme of delegation within the Trust so that responsibility for financial management and control is clear and unambiguous

Clear arrangements for the contribution from business continuity and sustainability activities and initiatives

Planned expenditure in the period 2012/15 on capital investments including maintenance, through a mixture of capital and revenue expenditure, to maintain its assets including buildings

The development of a clear pricing strategy for supporting the introduction of tariffs for MH services and the continued development of Service Line Costs for all services

No external borrowing is currently expected or required.

Financial Assumptions

To be able to produce a meaningful financial plan, a number of assumptions have to be made and regularly kept under review. Economic factors such as inflation and the NHS Operating Framework have a huge impact on the Trust's financial position. The main assumptions included within the finance strategy are as follows:

The Operating Framework for 2012/13 sets out an underlying minimum efficiency requirement of 4%, including a real reduction in income ranging between 1.5% - 1.8%. The NHS is also required to internally address all inflationary pressures and other cost pressures, anticipated to be in the region of 2.5%;

Inflation: The Government now measures inflation according to the Consumer Price Index (CPI), showing inflation above 5% (Oct/Nov '11) which has been modeled in to our financial plans;

Pay Inflation: Although the 2-year pay freeze is in its 2nd year, those earning below £ 21,000 will receive a £250 increase from April 2012. There are also some minor changes to Employer National Insurance Contributions which net off in total. For years two and three of the plan, given the current state of the UK economy no further pay increases are modeled.

Our Financial Plans

Income

A summary of forecast income by type for the 2012/13 financial year covering Essex Mental Health and Learning Disability Services, Bedfordshire and Luton Mental Health and Learning Disability services, Bedfordshire Community Health Services, south Essex Community Health Service and west Essex Community Health Services is shown in the table below:

TABLE 1: Contract Type

	2012/13	2013/14	2014/15
	£m	£m	£m
Mandatory Services			
Main Block Contracts	263.0	252.0	248.0
Other Block Contracts	10.0	10.0	10
Cost and Volume Contracts	18.3	18.0	17.6
Clinical Partnerships	6.2	6.2	6.2
Other	8.7	8.7	8.4
Total Income	306.2	294.9	290.2

Expenditure

Table 2 details the gross expenditure plan for the Trust. The Trust's budget setting process has identified a number of local cost pressures which are unable to be accommodated within existing resources which are included in the financial plan. Built in to this schedule are prior year pressures and unachieved CIP's for all divisions.

In overall terms therefore, **the Trust has a total gross initial expenditure plan for 2012/13 of £ 322.1 million.**

TABLE 2: Expenditure Type

	2012/13	2013/14	2014/15
	£m	£m	£m
Forecast Opening Budgets for 2012/13	306.8	296.2	290.9
CQUIN	6.7	-	-
National Cost Pressures (as per assumptions)	3.9	3.6	3.4
Local Cost Pressures	1.5	1.5	1.4
Unachieved 2011/12 CIPs (B/fwd)	3.2		
Unachieved 2012/13 CIPs (B/fwd)		0.0	
Unachieved 2014/15 CIPs (B/fwd)			0.0
Total Expenditure	322.1	301.3	295.7

Shortfall

The Trust's forecast expenditure of £322.1 million exceeds the forecast income of £306.2 million by £15.9 million in 2012/13. This increases to £ 19.1 million when the planned surplus of £ 3.3 million is included.

TABLE 3 - Financial Plan Shortfall

	2012/13	2013/14	2014/15
	£m	£m	£m
Total Income	306.2	294.9	290.2
Total Expenditure (Pre CIP)	322.1	301.3	295.7
Initial Shortfall	(15.9)	(6.4)	(5.5)
Surplus Required	3.3	4.0	4.0
Financial Plan Shortfall	(19.1)	(10.4)	(9.5)

Cost Improvement Programme

The table above demonstrates that from a combination of reduced funding together with other financial pressures results in a budget that is not sustainable. Therefore a range of efficiency measures have been considered to close the funding gap (Cost Improvement Programme). The total planning shortfall facing the Trust in 2012/13 of £ 19.1 million represents 6.8% of the value of the Trust's total income. As in previous years, the preparation of the Trust's cost improvement programme follows a number of guiding principles:

- proposals should maintain existing service levels wherever possible;
- proposals must be achievable and deliverable during 2012/13;
- proposals should be sensitive to staff interests and minimise impact as far as practicable;
- proposals should consider all management and administrative functions before impacting on clinical services while acknowledging that an acceptable level of management for the organisation must be maintained at all times;
- the Trust will not provide services that are deemed to be clinically unsafe.

A summary of the Trust's CIP plans by category of CIP is provided in table 4 below. The summary below identifies that around 54% of CIPs are planned to come from 'back-office' services, 29% from within Operational services and 17% from Service Transformation initiatives.

TABLE 4 - Planning Shortfall	Essex MH	B & L MH	BCHS	SEE CHS	WECHS	Total
2012/13 By Division	£m	£m	£m	£m	£m	£m
Financial Plan Shortfall	(6.2)	(3.6)	(3.5)	(3.2)	(2.6)	(19.1)
Estate Rationalisation	0.7	0.4	0.1	0	0.1	1.3
Service Transformation	0.1	0.1	0.8	0.8	0.2	2.0
Procurement and Non-Pay savings	0.1	0.1	0.2	0.2	0.1	0.7
Back Office and Management Savings	3.8	1.4	1.7	1.3	1.4	9.6
Operational Management and Skill Mix Reviews	1.5	1.6	0.7	0.9	0.8	5.5
TOTAL CIP SCHEMES	6.2	3.6	3.5	3.2	2.6	19.1

A similar spread of cost improvement initiatives by theme is apparent over the three-year planning period:

Table 5 - 2012/13 – 2014/15 CIP Programme	2012/13	2013/14	2014/15	Total
	£m	£m	£m	£m
Estate Rationalisation	1.3	0.9	0.1	2.3
Service Transformation	2.0	3.5	2.1	7.6
Procurement and Non-Pay savings	0.7	0.2	0.2	1.1
Back Office and Management Savings	9.6	1.5	2.2	13.3
Operational Management and Skill Mix Reviews	5.5	4.3	4.9	14.7
TOTAL CIP SCHEMES	19.1	10.4	9.5	39.0

Cost Improvement Programme Development Process

Involvement of clinicians

Our cost improvement programme development process started in December 2011. Seven staff planning events took place involving approx. 530 clinical frontline staff and senior clinical leaders. These events provided an opportunity for staff to understand the strategic context and financial challenges facing the Trust and for a dialogue to take place with them and in groups, in respect of the changes that were required and possible. The

outputs from the planning events and additional ideas for efficiency were refined during Senior Management Team meetings (which are attended by senior clinical leaders and directors), through extra-ordinary meetings of the Transformation and CIP board sub-committee and through contract negotiation meetings which were attended by the Medical Director and/ or Clinical Directors during January to March 2012. Our cost improvement schemes were shared and discussed with local Clinical Commissioning Groups, particularly identified GP leads for mental health and community health services, to ensure that the schemes are supported through to implementation.

Assessing the impact on quality of cost improvement schemes

A structured quality impact assessment process was undertaken as part of finalising the Annual Plan 12/13. The impact on quality of each proposed cost improvement scheme was assessed across five domains by multi-disciplinary teams: compliance, access, experience, effectiveness and safety. A score out of 5 was allocated as a result of the impact assessment of each scheme in each of the five quality domains (negligible impact = 1; significant impact = 5).

The overall impact on quality of each scheme was determined by deriving an overall score across the five domains of quality (maximum score of 25). The safety domain was weighted more heavily (x 6) than the other four domains (each being weighted by 0.5); reflecting the Board's commitment to maintain safe service delivery.

The results of the quality impact assessment process were presented to the Medical Director and Executive Nurse (Operational) who undertook an independent scrutiny exercise; seeking additional information and assurance as necessary from Executive Directors, in order to be assured that the quality impact assessments had been carried out appropriately.

- No significant (>20) or high (>16) quality impact scores were identified for any scheme.

The Medical Director and Executive Nurse (Operational) confirmed to the Board of Directors that the quality impact assessment process had been extremely valuable and worthwhile and the Board of Directors were assured that it had provided a robust assessment of potential impact on the quality of services going forward.

Top five Cost Improvement Schemes 2012/13

Backlog maintenance reductions - Implementation of Trust's Estates Strategy has resulted in significant improvement to the quality of MH facilities in South Essex in recent years, and a number of large capital schemes are underway in Beds and Luton. The Trust is therefore planning to reduce expenditure on backlog maintenance in the coming year

Community Services Integration - Restructuring of senior management and support services associated with three acquired community services

Service Transformation (Beds CHS) - This workstream is focusing on the review of the inpatient facilities at Biggleswade Hospital and Archer Unit and the development of a community based

Rehabilitation Service for the Elderly. The aim is to modernise the delivery of rehabilitation services and to deliver efficiency savings through service transformation

Reconfiguration Adult Inpatient services - Reviewing LOS (length of stay) and functionality of adult wards with aim to reduce the LOS and therefore the bed numbers. This will link in with developments in the community such as MAP (Munich Adherence Project) which should reduce reliance on inpatient beds

Reconfiguration Older People Inpatient MH services - Reviewing the Continuing Care function of Clifton Lodge and reassigning some of these beds to OP assessment beds. The reduced number of assessment beds will be possible due to the impact of the community rehab team and improving early liaison with the acute trust to avoid admissions.

Capital Expenditure

Existing Developments

Purchase of additional land at Runwell Hospital (Essex) - The land and refurbishment costs are required to enable increase in capacity at the Trust's current Head Office, required as a result of centralisation (and associated recurrent efficiency savings) of corporate services in acquisitions. This contributes to Strategic Priority 3: Creating an efficient and effective organisation

PFI charges and lifecycle expenditure for EMI homes and forensic unit (Essex) - Investment in the quality of patient environments is integral to the Trust's Strategic Priority 1: Delivering high quality and safe services.

Transformation Plan (Bedfordshire and Luton)
The transformation plan is designed to improve quality of patient care and to realise significant cost improvement initiatives on a recurrent basis. Capital investment is required to achieve this. Over the first two years of the planning period, approximately £7.5 million has been assigned to this plan which was agreed with commissioners as part of SEPT's acquisition strategy for the former BLPT. The plan includes major works to Luton and Dunstable Hospital and a new build development on the Bedford Health Village site to replace existing facilities. The transformation of services in Bedfordshire and Luton is integral to delivery of Strategic Priority 2: Transformation of services.

Equipment Replacement and Maintenance

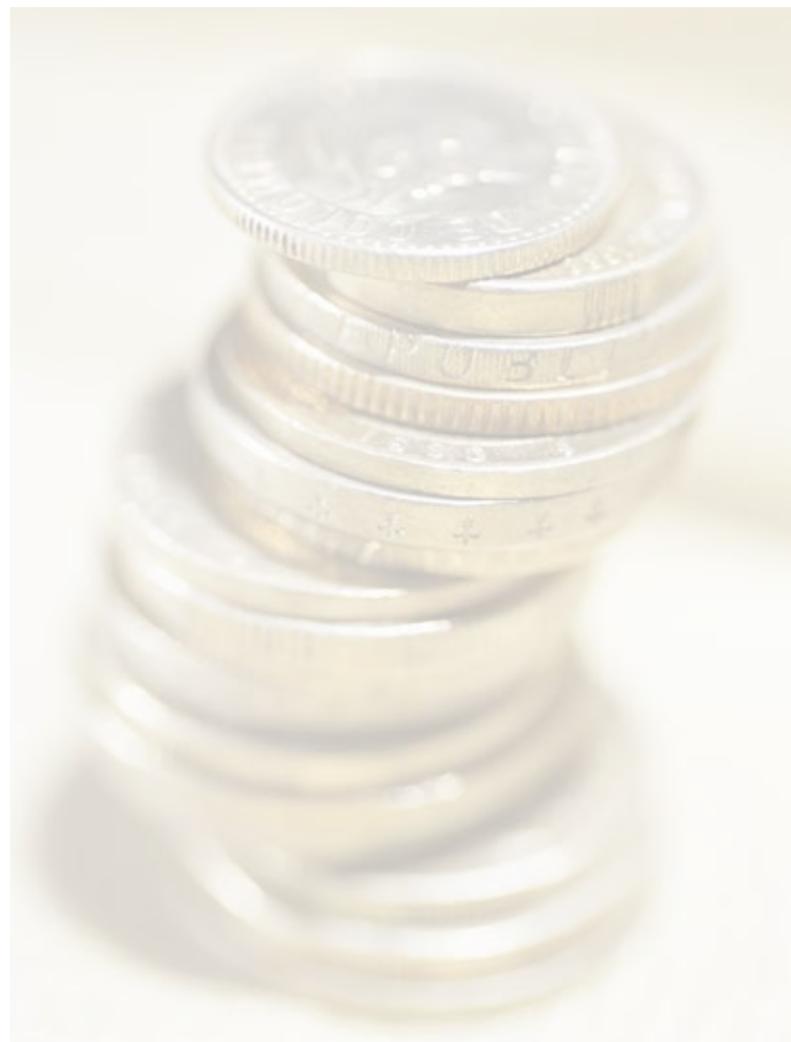
IT replacement - The Trust has invested significantly in IT and will continue to do so going forward to improve clinical care, patient experience, productivity and efficiency associated with electronic health care records, activity collection and back office support systems. This is integral to delivery of all of the organisations strategic priorities.

Medical and Other Equipment Ensuring that medical and other equipment is purchased and replaced is integral to the delivery of Strategic Priority 1: Delivering High Quality and safe services.

Carbon Reduction Schemes The Trust is committed to an agreed carbon management and sustainable health strategy that will also deliver recurrent revenue savings. This investment contributes to delivery of Strategic Priorities 3 and 4: Creating an efficient and effective organisation and clear plans for the future.

Other estates strategy

Strategic Allocation/ Contingency The capital plan includes funding that is provisionally allocated to specific schemes.



Leadership

SEPT has a tradition of leadership based on a strong ethos and values that encourage creativity and innovation. Our healthy, 'can-do' culture has been an important factor in our successes and our leadership and organisational strategy will ensure that these behaviours are embedded across the organisation. The scope of the challenges that we are facing will require us to further strengthen leadership, particularly clinical leadership, at all levels of the organisation. It is crucial to our ongoing success that all staff understands SEPT's vision and share responsibility for its delivery.

During 12/13, as the organisation consolidates its position post acquisition and growth, there is a particular need to reconsider the strategic leadership of the Trust. The composition of the Board of Directors was agreed as part of the acquisition strategies for community health services in 2010/11. Ensuring that the strategic leadership of the Trust remains fit for purpose as the organisation changes is a priority going forward. Recruitment to Non Executive Director vacancies has been unsuccessful and has been subject to ongoing review. As part of the review of composition we will reconsider the skills and competencies identified for potential Non Executive Directors to meet the needs of the organisation post acquisition. We will look to maximise the fallout from the structural changes in the health service to recruit Non Executive Directors at the earliest opportunity. The Trust has one Executive Director vacancy. The Executive

Director of Clinical Governance & Quality role has been fulfilled by an Interim Executive Director for two years. This has enabled stable and consistent clinical quality leadership during a period of significant organisational change. As the organisation consolidates its position, this provides an opportunity to review job/ role design and to recruit a substantive postholder with the right skills and competencies for a very different organisation. Our Medical Director is planning to retire at the end of 12/13. During 11/12 she has implemented a robust Clinical Director structure and appointed high quality deputies as part of her previously agreed succession plan. The Trust will aim to recruit a replacement Medical Director by the end of the year.

Our leadership and organisational development strategy will ensure that frontline leaders and teams genuinely own change initiatives; and are equipped to implement them in a way that is sustainable and sustained. Our staff need to be clear about what is expected of them and the standards that they will need to achieve; and our leaders and managers will need to manage performance to these standards. The Board of Directors remains committed to developing strategic partnerships that assist it in delivering the Trust's organisational and leadership strategy. The Leadership Development initiative with Yale University is on going and our partnership with local universities is driving up standards of capability, competence and leadership of our workforce

Workforce

The Trust has compiled clear service plans that give details on service changes for 2012/13. Following acquisition of community services, Trust priorities remain focused on some of the service redesign areas in outpatient and integrated community care. Other changes that were under consultation last year are now being finalised and will be implemented over the course of 2012/13. At each stage of any proposed change the Trust has a clear aim of delivering high quality and safe services. To this end changes are impact assessed and involve all key stakeholders, this would include local care partners, Acute Sector Partners, Local Authorities, and other interested parties.

The key risks to implementation

There are risks associated with any change implemented; these range in complexity and depth. There are also associated risks that arise from not implementing changes, which in turn could lead to loss of contracts that would have a knock on effect of having services decommissioned. Financial risks would include any reductions in overheads being greater than the value in reduction in service to ensure that there is still a contribution to surplus. In mitigating against these risks the Trust has incorporated a pathway that will see it win additional contracts that will enable it to maximise service synergies. It is recognised that in delivering new models of Clinical services there is an emphasis on providers to work together to provide skills and capabilities. The Trust has identified the challenges that it faces and has developed plans that will ensure that it meets the demands of the workforce. The Education and Training Strategy includes plans for raising development needs with our providers and working collaboratively to ensure that education is provided in a timely manner and will deliver the competencies required.

The resourcing requirements (financial, staff and site)

Each year within the Trusts workforce plan there is a detailed analysis and understanding of the demography of the workforce and the potential from within the workforce and from the labour market. This is a conjoined piece of work that involves all of the Service Managers and highlights the work that is both going on currently and potentially any service changes. A prime example of this is the work currently being undertaken in looking at the role of the Associate Practitioner and gaining a greater understanding of how this role can be developed to bring new ways of working within the Trust. Additionally there are several estates projects under way that will improve both the service users experience when attending appointments as well as improving the working environment of the workforce.

The measures by which delivery of the planned changes in workforce size, mix or configuration will be tracked

Progress will be tracked through the Trust reporting structure and the Executive Operational Committee will have delegated authority from the trust Board to monitor progress at key stages. This will be a transparent process that will consider all staff and trade union concerns. Any comments will be logged and responded following the final deliberations. A summary of responses to the consultation and the consequent proposed management response will be provided to the EOC before they are ratified and shared with staff and their representatives. Any proposed changes in skill mix will be mapped against the new structure, along with the drafting of KPI's and SLAs that will closely monitor the changes post implementation.

How the Board of Directors is assured that workforce changes will not impact quality

We will continue to support our staff, and service users through change. We recognise that the changes to services, to ways of working, to funding arrangements and levels and to the structure of our organisation will have major implications on our staff and our service users. Our workforce remains our greatest asset and our programmes of organisational and personal development; workforce well-being and engagement will remain as a key priority. Staff satisfaction and morale, measured by the annual national staff survey is one way that we measure this. Along with external audits such as CQC, we are also committed to continuing to undertake the engagement activities in place with our service users and local communities that ensure we listen to our stakeholders through our Board of Governors, our FT member meetings, planning events, focus groups and individual consultation opportunities.

Where proposed workforce changes may risk impacting service provision or clinical quality, this should be recognised explicitly in the Forward Plan together with the specific actions proposed to mitigate it.

The key to achieving major service transformation is the engagement and incentivisation of frontline leaders and teams who genuinely own change initiatives and ensure that improvement is sustainable and sustained. We will need to ensure that targeted investment in workforce development encourages greater clinical leadership and prepares staff to respond to the challenges faced and that there is an on-going programme of engagement activities that ensure staff understand SEPTs vision and share responsibility for its delivery. (SEPT Strategy)

Workforce priorities should be consistent with activity assumptions and CIPs.

Over the course of the new financial year the Trust has planned for changes in headcount within its workforce. The changes to numbers are planned and are in line with service changes. This is documented within the workforce triangulation tool that was submitted to the SHA in Jan 2012. Within the plans are the ways in which any shortfall in workforce is met and this includes use of flexible means i.e. Bank.

Key recruitment, training, retention and development initiatives

The Trust Education and Training strategy reflects the skill development that will be required. This data is gathered within both the workforce plan and the workforce development & training strategy. The Trust undertakes a whole workforce training needs analysis each year and this information is collated together with outputs from the workforce, service and financial planning exercises, to inform the Education and Training Strategy. The data is also discussed at service planning days; these days are attended by a wide range of stakeholders, including service users, to ensure that the forward plans are informed by the needs and experiences of our patients. The Workforce Plan and Education and Training Strategy outline the steps that the trust is taking in identifying and addressing workforce issues.

Redundancy and natural wastage programmes

In terms of mitigating the impact of any such structural changes the trust will follow a detailed set of actions as set out in its organisational change policy. These actions, which reflect ACAS good practice guidance, will include use of natural wastage/ non-filling or temporary filling of vacancies and the use of voluntary redundancies. The trust has in recent consultations made very clear statements that voluntary redundancy will be considered as a means of avoiding compulsory ones so long as this is contained in the overall financial envelope available for compensation payments as outlined in the Organisational Development policy from 2011.

Pay, rewards and other key remuneration initiatives or work streams

There are national negotiations taking place that could impact on pay and rewards, it is recognised that pay bands are an emotive subject that can have a wide impact on workforce. The Trust has endeavoured to address any issues that arise through its policies and welcomes open communication on the subject.

Other workforce issues which may impact the Forward Plan

New legislation relating to health will come into effect over the next year and the impact of this is difficult to predict. The proposals outlined in Liberating the NHS: Developing the Healthcare Workforce will also be implemented over the next year as Local Education and Training Boards start up in shadow form. These have the potential to impact on the education and training environment and to deliver greater ability for providers to shape education provision to meet the needs of the workforce.

SEPT's Membership

The Trust has two categories of membership:

Public Members

Membership is available to anyone aged 12 years and over and living in Bedfordshire, Essex and Luton.

Public membership is divided into eight geographical areas using electoral boundaries:

1. Bedford
2. Central Bedfordshire
3. Luton
4. Rest of Essex (electoral area covered by Essex County Council excluding the following four areas)
5. South Essex (Basildon, Brentwood, Castle Point and Rochford)
6. Southend
7. Thurrock
8. West Essex (Epping Forrest, Harlow and Uttlesford)

We actively encourage our service users, carers and families, as well as the broader communities we cover to join as members, ensuring that membership reflects the ages and diversity of our local population.

Staff Members

All staff on permanent or fixed term contracts that run for 12 months or longer automatically become members (unless they opt out). Staff who are seconded from our partnership organisations and working in our Trust on permanent or fixed term contracts that run for 12 months or longer are also automatically eligible to become members.

Staff membership is currently divided into five groups:

1. Medical
2. Nursing
3. Other Clinical Specialities
4. Social Workers
5. Non-Clinical Support Staff

In September 2012 on the expiry of the transitional

arrangements following the acquisition of community health services, the total number of groups will be six: the Nursing group will be split into two to represent nurses working in mental health services and nurses/registered midwives working in community health services.

The total membership target for 2013 is 23,000 members made up of 17,250 public members and 6,000 staff members. This increase reflects the additional constituencies following the acquisition of community health services in Bedfordshire, South East Essex and West Essex but also takes account of the changes in the staff category following implementation of efficiency savings activity. The estimated figure for public members leaving in 2012/13 has been calculated using the same ratio for 2011/12, i.e. 4% of total public membership.

Membership Plan

The total membership target for 2012/2013 is 23,000 members. Our strategy is to build a broad representative membership that is evenly spread geographically across the local area served by the Trust and reflects the ages and diversity of our local population.

The Trust recognises that it needs to encourage people in local communities to want to become a member of our Trust. We are keen to use the opportunity of

having greater community involvement in our activities to promote good health, improve the understanding of mental illness and learning disabilities to help overcome barriers like stigma and greater social inclusion. The Trust is also keen to improve the election turnout and will take steps to ensure that candidates and members actively participate in the election of public and staff governors.

Plans for the next 12 months include:



Holding constituency group meetings which involve governors and directors. This will ensure under-representation is discussed and appropriate events are planned to address gaps

Continuing to organise the two clusters of constituency public and members meetings in all localities

Working with the Trust's Patient Experience team to ensure all opportunities of promoting membership recruitment and engagement are optimised

Developing appropriate literature to support governors with recruitment and engagement activities

Working with existing forums and links with the community, services users, carers, partner organisations, voluntary sector and staff networks, in attracting and building a membership representing the people of Bedfordshire, Essex and Luton

Working with minority groups and those experiencing social inclusion

Working with local religious and faith groups within the local communities

Continuing to include governors, members, the public and key stakeholders in the annual planning for the Trust

Encouraging staff, as champions of community and mental health and learning disability services to promote Trust membership with service users, friends and family

Building on the work with young people in schools and colleges to promote mental health and well-being, encouraging membership and increasing representation from this group

Developing partnerships with likeminded organisations and key stakeholders in the community and pursuing co-operative projects which resolve important local issues

Engaging with local organisations to enable the Trust to communicate with hard-to-reach group
Publicising the governor election process in advance to members and arranging workshops for potential governors

Ongoing communications and PR activities including production of the members' magazine, building on the members' area of the Trust's website, sending appropriate mailshots

Reviewing, identifying and developing opportunities for public and staff governors to extend their reach with the particular groups they represent, recognising that they are tailored to meet different needs of their membership constituency

and values

People who use the service	VALUES	Colleagues (including partners)
In tune with me		In tune with me
We believe you can live a fulfilling life	OPTIMISTIC	Everything we do - every intervention - is focused on helping you feel better
We respect you as an individual, and expect you to respect us too	RESPECTFUL	We value each other's contributions
We listen to your point of view, and think about things in the context of your life	EMPATHISING	We consider each other's perspective
We will give you choices	INVOLVING	We work together as teams, within our organisation and with partners
We help you to take control of your life	EMPOWERING	We all have permission to innovate
We'll help you to play an active part too	ACCOUNTABLE	We want to be judged by our results

Our vision of 'providing services that are in tune with you' and our organisational values were developed and designed to describe the Trust's intention of and commitment to responding to the strategic, as well as operational and day to day challenges that we face. Being 'in tune with' patient expectation, national and local policy developments and requirements; the complex and competitive environment in which we operate and commissioning intentions, means that we will achieve our strategic and operational priorities.

our vision

‘providing services that are in tune with you’

About SEPT

With an annual turnover of approximately £350m South Essex Partnership University NHS Foundation Trust (SEPT) is one of the most successful Foundation Trusts in the country providing integrated care including mental health, learning disability, social care and community health services. We provide these services across Bedfordshire, Essex and Luton and employ approximately 7,000 people and serve a population of 2.5 million.

We are a responsive, innovative and dynamic Foundation Trust delivering leading edge health services in a constantly changing environment. We work with a wide range of partner organisations to deliver care and support to people in their own homes and from a number of hospital and community based premises. We have many modern community based resource centres and community facilities to provide local services to local people where possible.

Unlike acute hospital services, mental health, learning disability and community health services are mainly provided in community settings with defined geographical localities. As a result we operate from over 200 locations across Bedfordshire, Essex and Luton. SEPT provides a comprehensive range of services including:

- mental health services for adults and older people;
- Essex wide forensic services;
- low and medium secure services;
- specialist children's services;
- inpatient adolescent mental health services;
- learning disability services;
- drug and alcohol services;
- other specialist services.



As of August 2011 SEPT provides community health services for those with physical health care needs including:

- urgent care;
- long term conditions;
- rehabilitation;
- health improvement;
- quality of life care;
- services for children, young people and families.

The alignment and integration of community health services forms an important part of the government's plans to deliver 'world class' services for patients, carers and the community. It is an exciting opportunity for SEPT to become even more effective in the services it provides and more efficient in the way they are delivered and become a stronger more innovative organisation in the newly competitive NHS market.

In 2010 another landmark was reached by bringing together under a single Board of Directors and Board of Governors the mental health and learning disability services for the people of Bedfordshire, Essex and Luton. This means that our service users and carers continue to receive excellent services but with a reduction in management costs.

In 2011 we were successful in our bid to acquire Community Health Services in Bedfordshire, South East Essex and West Essex. These services transferred to SEPT and are being integrated with our already existing mental health services in Bedfordshire and South East Essex. In West Essex we will work closely with commissioners and providers of health services to ensure a comprehensive integrated service for the population. Whenever and wherever possible we will provide local services for local people.

As of October 2012 SEPT, in partnership with Serco, took over responsibility for delivering NHS services in Suffolk under the banner of Suffolk Community Healthcare. SEPT staff are responsible for delivering Speech and Language Therapy, Podiatry and Children's Services. This agreement is one of the first in the country between a service led organisation such as Serco and a leading NHS provider.



South Essex Partnership University



NHS Foundation Trust