OUR STRATEGY FOR 2014-2019
A SUMMARY
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WELCOME FROM THE CHAIR

On behalf of the Board of Camden & Islington NHS Foundation Trust (C&I), I am pleased to present this summary of our five year strategy.

The strategy is intended to explain to the general reader who we are, what we do and what our future plans are. We can only deliver this strategy with the support and cooperation of our service users, staff and partners in the NHS, and the communities we serve. We look forward to your feedback and to working with you to achieve our aims.

Leisha Fullick, Trust Chair
INTRODUCTION FROM THE CHIEF EXECUTIVE

The NHS faces a number of pressures now and in the future. The population is ageing; long term conditions are increasing; costs and public expectations continue to rise. Monitor, the sector regulator for health services in England, has estimated in a recent report ‘Closing the NHS funding gap’ that due to rising health care demand, increasing costs and flat real funding, the NHS could face an estimated £30 billion financial shortfall by 2021.

Consequently, all NHS organisations have been asked by their regulators to collaborate in preparing long-term strategies and plans for their services. This is to ensure the delivery of effective and sustainable responses to current and future challenges.

C&I has worked closely with the local Clinical Commissioning Groups in the North Central London sector to ensure that the plans we have developed for the future, align with the priorities and health needs of the population we serve. The Trust has already prepared a detailed short term operational plan, which sets out our quality initiatives and priorities up to 2016. However, as we move ahead with our plans, we face multiple risks which could affect how we operate and impact our long term sustainability.

This document highlights the key challenges and risks faced by the Trust over the next five years. It provides a summary of our plans, which will ensure we continue to provide safe, high quality care in the right setting. This will help us realise our vision that “people who use C&I services will have the best possible prospect of recovery within the resources we have available”.

Wendy Wallace, Chief Executive
1. ABOUT CAMDEN & ISLINGTON NHS FOUNDATION TRUST

1.1 Who we are and what we stand for

Welcome to this brief overview of our five year Strategic Plan (2014 to 2019).

At C&I we offer mental health, social care and substance misuse services for London. We are proud, progressive, and ambitious. We focus on our service users, their families and on our staff, to provide high quality, safe, and innovative care.

We believe in putting evidence into practice to deliver the best outcomes for our service users. Early intervention is a key element of our recovery model. In fact, we are delighted to encourage an environment which engenders innovation, use of technology, and Research and Development (R&D) in service models, with a strong focus on their evaluation and impact.

As a Trust we generate the majority of our income from the provision of services within Camden and Islington and deliver a significant number of care pathways to the people who live there. We currently provide: Acute Care; Rehabilitation and Recovery for people with a psychosis; Services for Ageing Mental Health; Substance Misuse; and, Community Mental Health services, including Improving Access to Psychological Therapies (IAPT) and treatment for complex psychological conditions.

Over the last three years we have made major transformational changes. This has resulted in improved inpatient and community services. It has placed us in a strong position to continue with our drive to improve quality while reducing unnecessary costs. We are acutely aware that in drawing up a five year strategic plan, the very best assumptions made at the time can sometimes turn out to be wrong. So to ensure as much future proofing as possible we have worked closely with our commissioners to agree planning expectations and financial settlements for the coming years.

The recommendations of the Francis Inquiry report into the failings at Mid-Staffordshire NHS Foundation Trust, together with the learning and recommendations of the Keogh review and Berwick report are now embedded within our plans and strategies to ensure the care we provide is safe, of the highest quality, and provides the best patient experience. That is why our six values will play an important role as we move forward. They were developed by more than 500 staff and service users, and will help us make the right strategic decisions and take the most relevant opportunities as they arise.
Put into a few simple sentences our values state: “We are Welcoming, Respectful and Kind. We are Professional in our approach and Positive in our outlook. Working as a team, we are your partner in care and improvement.”

**Figure 1: C&I’s shared values**

Our vision is underpinned by four strategic aims and categorised under the headings: Excellence, Innovation and Growth.

**Figure 2: C&I’s vision**
The aim of our five year plan

The aim of our five year plan is to ensure we have a robust strategy in place to grow our organisation. C&I is a relatively small Foundation Trust with around 1700 full-time equivalent staff, providing mental health, social care and substance misuse services in one or more of the following locations: Camden; Islington; Barnet; Westminster; Kingston; and, a pan London service for veterans. And while we are in a good, and for some an enviable financial position, we do not have the luxury of standing still, and nor would we want to. We have set a path for a strong future, and have planned sufficiently to create and take advantage of opportunities as they arise.

Our five year plan sets out some of our strategic thinking up to 2019. Due to the commercial sensitivity of our plans we have, as you can understand, not gone into the detail, but we have tried to give you as much insight as possible into our future direction, focus and strategy.

As an organisation we are sustainable. However, in three years’ time, if we didn’t expand our business and continue changing and improving what we do, then it will be a different story. That is the reason why we have investigated the healthcare market and developed a raft of plans ensuring that in the future we will continue to be a successful and service user focused organisation. We have segmented what we are going to do into three areas:

- Transformational cost improvements;
- Business growth; and
- Significant transactions.
**Transformational cost improvements:** We have carried out a detailed analysis of transformational change opportunities. A number of schemes have been identified but in summary, two critical areas of focus for us will be estates and facilities and increased workforce productivity.

**Business growth:** We generate the majority of our income from the services provided in Camden and Islington. Our aim is to win further contracts in our main boroughs as well as outside our current geographical boundaries. We believe our reputation, quality of staff, and the high quality services we already provide will help us win further business.

**Significant transactions:** The Trust has been and will explore opportunities open to it, whether this be a strategic partnership, acquisition, or a merger. Being a strong performing, financially robust and values driven Foundation Trust means we are in a good position to decide which opportunity is best for the organisation, and its service users and staff.
2. OUR FINANCES

2.1 An overview of our financial position and future assumptions

The Trust moves into this five year planning period with a strong financial position. However, in common with all NHS providers, C&I will need to make efficiencies through cost improvements of around 4.5% - 5% each year.

Our long term financial model recognises that base case income levels (see glossary) are likely to fall over the duration of the planning period, and that while growth opportunities will be pursued, a prudent financial plan will need to be predicated on cost control and reduction.

We plan to maintain a prudent profitability level of £2M over the duration of the planning period, which would be consistent with maintaining the highest possible Monitor Continuity of Service rating of 4 (and an individual rating of 4 in each of the ratios) in each year. However, it is recognised that there are significant challenges associated with years four and five of the planning period therefore our financial plan needs to be supported by the delivery of non-recurrent Cost Improvement Plans (CIPs see glossary) and/or mitigations as recurrent CIP delivery is likely to be lower than required.

Our plans set out in this document will help offset any financial difficulty and help keep our Monitor liquidity score at the highest level of 4 and therefore in a sustainable position. However, by year five we recognise that we would have a non-recurring CIP (mitigation requirement) of £7m to find to maintain current levels of surplus and of £5m in order to break even.

We believe that it is possible to non-recurrently bridge this shortfall, however we recognise there are significant operational challenges to be met by maintaining profitability via non-recurrent methods, not least in terms of maintaining quality levels with what would inevitably be a flexible and variable quantum of staffing. Therefore, it will be essential that any non-recurring CIP delivery is effectively integrated into performance management processes.

As an organisation we are committed to retaining our focus on providing safe, high quality care. We have set in place plans which uphold our values and deliver clear benefits to service users and the Local Health Economy (LHE). Our Board has carefully considered all the supporting evidence and analysis in relation to sustainability, and considers that the strategic plans set out in this document can secure a solid and sustainable future for the majority of this five year planning period.
3. LOOKING AT THE HEALTHCARE MARKET

3.1 Mental health need

Our current market is centred heavily on the boroughs of Camden and Islington, however we are already expanding and providing services outside of these geographical areas, and will continue to do so.

Both Camden and Islington have relatively young and diverse populations. The boroughs have wide variations in health experience and outcomes between richest and poorest communities. Camden and Islington have very high rates of mental ill health, for example Islington has the highest and Camden the third highest prevalence of recorded serious mental illness on primary care registers (schizophrenia, bipolar disorder and other psychoses) in London and England. In addition, there are significant numbers of people suffering from depression (over 22,000 people in Islington, the highest rate in London).

![Psychosis primary care coverage: % on primary care SMI register](image)

Source: HSCIC, 2011-2012

*Figure 4: Islington has the highest percentage of the population on the primary care Serious Mentally Ill (SMI) register across London, with Camden closely behind with the third highest prevalence.*

Also, the working age (25-65) population and the older age (75+) populations in Camden and Islington are set to grow by more than 8% by 2020. This means statistically there will be an increase in the numbers of

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1 Islington JSNA 13/14; Camden JSNA 12/13
people experiencing their first episode of psychosis, and there will also be a rise in long term conditions such as dementia.

**Populations are ethnically diverse**

Both Camden and Islington have larger minority ethnic groupings as a percentage of the population compared with either London or England. There are particularly high proportions of Bangladeshis and African Caribbean people in Camden, though overall the population is either mixed or white British across both boroughs.

![Map](image)

**Figure 5: The majority of areas within Camden and Islington are mixed or British with a few areas with a majority Bangladeshi population.**

Taking the information about need and diversity into account, we are confident, based on past experience and on our strategic plans, that we can provide our service users and our commissioners with the right services, at the right price, with the right level of innovation, quality, and care.

### 3.2 Competitive markets

We are also conscious of the changing healthcare landscape, and in many areas competition between healthcare providers is strong. Our care pathways provide excellent outcomes for service users, with strong models that can be transferred to other areas. That is why we intend to grow our business across the capital and beyond.

The map below indicates how, within just an hour of the Trust Head Quarters and our current services, the majority of London Boroughs and some home counties are within easy reach.
Figure 6: 60 minute isochrones from St Pancras Hospital using London transport demonstrate that it is possible to reach most London boroughs within one hour.

3.3 Local health commissioning priorities

Commissioners in the North Central London (NCL) sector (which covers the boroughs of Camden, Islington, Haringey, Barnet and Enfield) have formed a Strategic Planning Unit between the five NCL Clinical Commissioning Groups (CCGs), plus primary care, specialised and public health commissioning (members of NHS England).

The sector has identified mental health services as a high need area and, therefore, one of the local priorities. Indeed, there is substantial agreement between the five NCL CCGs on the high level local commissioning priorities:

- Integrating care;
- Commissioning for outcomes;
- Increased focus on prevention;
- Reducing health inequalities;
- Having more care closer to home; and
- Improving patient experience.
Within NCL there is a desire to move to a value based approach to commissioning (see glossary) and a focus on developing ‘Integrated Practice Units’ (see glossary) as a way of improving patient outcomes and experience.

The acquisition of Barnet and Chase Farm hospitals by Royal Free London is also seen as an opportunity to deliver new care pathways. The expectation is that the development of models, which offer prevention and early intervention, and supported self-management, will be delivered through local integration. NCL also identifies a number of challenges which include very high levels of serious mental health illness, and increasing demands on services from an ageing population.

### 3.4 Local Authority commissioning context

In terms of social care there has been a significant reduction in the numbers of people receiving care and the amount of public resources invested since 2005. 320,000 fewer people received local authority brokered social care in 2012/13 than in 2005/6. This represents a 26% reduction in the number of recipients of care.

In terms of Camden and Islington, the financial futures for both Local Authorities are challenging.

New duties brought by the Care Act 2014, described as the biggest reform in social care for 40 years, are also bringing funding pressures, which Camden and Islington councils are addressing.

During all this reform and change we have been working closely with our colleagues at both local authorities to ensure synergy with our plans and local authority strategies. This includes being part of key fora in terms of integrated care developments, and engagement with outcome based budgeting plans.

In summary, Local Authorities have almost unprecedented financial challenges, with significant new statutory developments. C&I’s traditions of close collaboration with our Local Authorities will ensure the best care is provided to our service users as we all work in partnership over the next five years.

### 3.5 Acute Trusts

C&I has developed projects in relation to extended liaison psychiatry services with the three acute hospitals based in Camden and Islington. The degree of synergy and variance with our strategy varies across the three hospitals and other acute trusts. There are however, very clear opportunities for collaboration, as well as competition, with some trusts rapidly increasing their focus on local integrated community provision at both strategic and commercial levels.

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2 PSSRU December 2013 [www.pssru.ac.uk/archive/pdf/dp2867.pdf](http://www.pssru.ac.uk/archive/pdf/dp2867.pdf)
3.6 The Better Care Fund

The premise of the Better Care Fund (see glossary) is that by improving integration between health and social care there will be a reduction in expenditure in acute care.

Our proposals for investment in primary care and enhanced liaison psychiatry, with the predicted system savings, have been supported by commissioners with C&I recently winning a bid for a one year pilot project working with GP’s in South Barnet.

The development of local pioneer status, with integrated care at its centre, should provide opportunities for C&I in relation to the Better Care Fund.

Working intelligently and smartly with our commissioners and with other providers in the healthcare economy will underpin our future success, particularly as our analysis indicates that there is unmet need for mental health services across the population in the areas we are interested in.

Figure 7: Within those markets identified as competitive, there is a high percentage of the population not receiving evidenced based treatment.

Based on our capabilities and our future plans, C&I wishes to provide treatment for this unmet need (see Figure 7 above) in new areas and in partnership with other organisations to create integrated, high quality, and patient centred, safe care.
4. RISKS AND STRATEGIC OPTIONS

4.1 A summary of the key challenges facing the Trust

As we move ahead with our plans we face multiple risks which could affect how we operate and our long term sustainability. This is the reason why we have investigated the health care market thoroughly and our strengths and developed a wide ranging set of robust plans to mitigate any risks we come across.

As stated, in common with all NHS providers, C&I will need to make efficiencies through cost improvements in the region of 4.5% to 5% per year from now until 2018/19. The combined impact of these targets is approximately £30m. As already discussed on page 8, income can be grown and savings and efficiencies made under the following strategic approach:

1. Transformational change opportunities;
2. Business growth; and

With regards to transformational change, the Trust has a track record of delivering major transformational changes whilst continuing its drive to improve quality. Over the past three years this has included transformational changes to our inpatient and community services. Based on a detailed technical analysis carried out as part of a recent external review, we examined the following areas where we could potentially drive out further costs:

- Inpatient services
- Community services
- ICT enabled opportunities
- Estates and facilities

**Inpatient services – bed numbers**

Analysis shows that there is no compelling evidence that the Trust has too many, or, too few beds. Indeed, the benchmarking data using the MINI 2000 scores which looks at the weighted population of beds per 100k aged 16-64 shows that C&I is the sixth lowest in England with 128 beds. This data also does not take into account additional activity associated with overseas visitors. We have therefore concluded that there is no evidence to support a further reduction our bed numbers.

**Community services**

C&I has examined community team benchmarking data by the NHS Benchmarking Network and has concluded that the focus of future productivity approaches within community based services should be to build on the work currently being carried out. In a nutshell, we will help to
release each member of clinical staff to see service users for an extra hour per day.

**ICT enabled opportunities**

Our new Electronic Patient Record (EPR) system will soon replace RiO (our current EPR) and will provide opportunities to support and achieve increased productivity gains and reduced licence costs.

**Estates and facilities**

C&I has 33 sites and 52 buildings. Eighteen buildings are on the St Pancras Hospital site and two each at Highgate Mental Health Centre and Daleham Gardens. Having so many buildings incurs a heavy cost not only for lighting and heating but also for servicing and cleaning. Many of the buildings are under-utilised and we are considering ways of maximising how the buildings are used, for example renting out floor space to improve income.

![Figure 8: An aerial photo of the St Pancras Hospital site which affords opportunity to develop the trust’s estate.](image)

Along with the approaches highlighted above we face risk from external quarters. For example patient choice (see glossary introduced 1st April 2014) represents a risk as well as a great opportunity, as does opening up the market to Any Qualified Provider (see glossary). We will also need to think smart and act smart when it comes to competing with third party providers, who will be entering the market with new service models and lower cost bases compared to our own and other NHS organisations.

One way we will be doing this is to build a strong reputation outside of our local area, ensuring we are not perceived as just another NHS provider, when in fact we have a distinct and often unique offering for commissioners.
Growth and competition

As we build our reputation we are acutely aware that we need to build our relationships too, particularly with commissioners in neighbouring boroughs and across the rest of London. This is particularly important because some competing NHS organisations provide service contracts in Camden and Islington for services we don’t provide, such as forensic and younger people care. This means competitors have relationships with our commissioners whereas we don’t have similar relationships with theirs. This could put us at a disadvantage.

However, as we expand our services and our geographic reach we will be able to mitigate those problems due to our growing track record. Our clients, our service users, our commissioners, and our partners tell us the quality of the services we provide is excellent. In addition, we adopt best practice and incorporate new evidence based approaches to improve outcomes and add value. This gives us an excellent foundation on which to build and to reassure commissioners, not just of our capabilities, but also of our intent to keep service users at the very heart of everything we do.

We have a good record in working with partners offering a total patient care pathway, and delivering solutions where others have failed. Where issues have arisen we have been proactive in resolving them. We ensure we meet and exceed the required quality measures for our service users and our commissioners. This has led to increased satisfaction and favourable referencing when applying for new service contracts.

As with all NHS Trusts we need to carry on improving our income streams and below is our income, based on identified market segments.

Figure 9: C&I income for 2013/14 split by market segment and main care pathways. In addition, the Trust receives an additional income of £23m for education, research and development.
Our five year plan is aimed at maintaining and improving C&I’s sustainability. It is essential our plans are robust, particularly in the light of some of the risks faced. For example:

- Funding for Camden and Islington CCGs is likely to reduce as funding is redirected to other CCG areas where there is a deficit in funding;
- We are facing increasing competition to deliver integrated services into primary care to support GPs and primary care workers as they address the needs of mental health service users in a primary care setting;
- Competition from charities, and other third sector providers who deliver cost effective service delivery, without high staff costs due to Agenda for Change rates;
- Service user choice of provider was extended for mental health services to include the same rights of choice as those with physical ill health in April 2014. Choice for mental health service users is strongly supported by the trust. It is not anticipated that new opportunities for the exercise of choice will result in significant changes in patient flows, but some areas may see a greater impact where service users are more willing to travel to seek alternative services. This may have a positive impact for the Trust where we are able to promote the strength of our services effectively;
- We are surrounded by large mental health trusts – Central North West London NHS Foundation Trust (West), Barnet Enfield Haringey NHS Trust (North), East London NHS Foundation Trust (East). Some of these organisations provide services within Camden and Islington, predominately for services we don’t provide;
- We face competition from acute hospitals who may choose to insource their psychiatry and psychology services rather than purchase from us.
C&I needs to continue winning new business to reduce its £30m funding shortfall anticipated over the next five years. As we have a large estate, we have room to accommodate new services at minimal cost.

It is also worth repeating that opportunities for a significant transaction, which may take the form of a merger, acquisition or another form of strategic partnership, may be considered where it is clear that there will be strong benefits for service users. The C&I Board is committed to retaining its focus on providing safe, high quality care, and seeking strategic solutions which uphold the Trust values and provides clear benefits to service users and the Local Health Economy.
5. **SERVICE DEVELOPMENTS**

5.1 **A summary of our key initiatives**

C&I has recently been expanding its services and increased our tendering activity.

We ensure that any competitive tender we provide is done for a fair price and delivers the quality of care that is required by people with mental health, social care and substance misuse problems. We do not sacrifice cost for the sake of quality, and we do not tender for projects, which are unsustainable due to cost constraints, as this, we believe, can affect quality of care.

That is why, when we tender, we:

- Focus on our core competencies;
- Try to understand commissioner requirements, and their ambitions for their local populations;
- Develop compelling solutions, partnerships and propositions; and
- Promote the Trust’s strengths and services proactively.

This focus will help us work on new and innovative service models, as well as leading to new partnerships with other providers. We recognise that our strength remains in the clinical services that we offer, our ability to manage risk in challenging environments, and with high needs service users.

C&I has a series of key strategic initiatives which ensure we are lean, innovative, future proof, patient centred, sustainable, and can provide high quality care. The initiatives are also designed to support the Local Health Economy’s commissioning priorities, C&I’s analysis, and future aspirations.

These initiatives are listed under the following headings:

- Locality based enhanced primary care provision;
- Improving Access to Psychological Therapies;
- Expanding Acute Liaison Services;
- Increase Substance Misuse Services;
- Grow Dementia Services;
- Releasing more time to care;
- Community Estate Rationalisation;
- Improve Strategic Alliances;
- St Pancras Site Redevelopment;
- IT procurement; and
- Workforce training.
Locality based enhanced primary care provision
Retain and grow services with primary care focusing on reducing the treatment gap and improving care for those with mental health problems within a primary care setting. This will improve access to treatments and capacity of primary care and build on a successful model we are already running.

Improving Access to Psychological Therapies
IAPT is a specific service model set out in NICE guidelines for the treatment of anxiety and depression within a primary care setting. Service users may be referred by GPs or self-refer. C&I will continue to target IAPT contracts and aim to grow our successful approach across the capital and further afield.

Expanding Acute Liaison Services
We will work closely with our local acute Trusts to expand our provision and ensure more people with physical and mental health needs receive treatment in an integrated way.

Increase Substance Misuse Services
Substance misuse services are changing rapidly. With partners we are aiming to grow our services across London.

Grow Dementia Services
Patient choice will be important in dementia diagnosis, and we aim to expand our services over a wider area. We will work more closely with primary care, acute hospitals and community service providers to support those with dementia.

Releasing more time to care
Our aim is to review the way we deliver care, improve quality and give staff more time with service users.

Community Estate Rationalisation
As we move forward, our estate has to match and support the services we provide. We will be looking carefully at the buildings we currently have to ensure that they are used to the maximum capacity. This may mean that we go into partnership in some areas to ensure, in simple terms, that the building floor space is used properly, and it may mean that we amalgamate some services into one larger building to give us economies of scale.

Improve Strategic Alliances
Ensuring we are fit for the future will mean working even more closely with colleagues from across the healthcare sector. This is something we are actively pursuing to ensure we continue to provide innovative, quality-driven care for the future.
St Pancras Site Redevelopment

This is an exciting opportunity to develop our 5.3 acre site in the centre of London. Any development has to fit with our clinical priorities and there are a host of options open to us including a total rebuild, inviting further NHS organisations onto the site, and developing centres of excellence.

IT procurement

Our Electronic Patient Record (EPR) is up for renewal, and this is a prime opportunity to replace our current RiO system. This requires a major financial investment and when a new system is brought on-line it will make our record systems more efficient.

Workforce training

At C&I we care about our workforce. Therefore we provide training for all staff and will continue to do so. We want all our teams to be competent and confident to be able to deliver the high quality care that our service users expect - not only now, but in the future. As we work increasingly in integrated care settings new skills will be required. As we focus on improving quality and outcomes in care pathways, staff will need additional training.

These strategic initiatives will help us ensure we are more efficient, that we grow our business and that we are primed to create and take the opportunities as they arise. It also means we will be working even more closely with partners, strengthening the relationships we already have, as well as making new relationships across the healthcare sector.

5.2 Examples of our excellence, innovation and growth ambitions

C&I has an extremely strong R&D as well as education and training base. Over the next half decade we will continue to have a definite focus on R&D. Indeed, we have multiple medical professors (almost a quarter of our medical consultant workforce), with 25% of our medical consultants being university academics. We have a strong track record in psychology research, led by three Professors of Psychology. We also have strong research credentials in the nursing and more recently, social care fields. In fact our R&D programme run in conjunction with a number of university and other research organisations and the income to the Trust was £3.5m during 2013/14. And, for educating and training nurses, psychologists and psychiatrists, we received £19.5m in the same time period.

C&I is also part of the UCLPartners academic health science network and the St Pancras site is located close to both the Crick Institute and University College London. We are looking into ways of developing the site to ensure we become a leading beacon of excellence in the healthcare landscape.

The Trust also has strong connections with academic colleagues from neighbouring universities and we will build on our already established
national reputation for Research and Development. We are therefore looking to bring together our Education, R&D and specialist services into a centre of excellence for mental health. This has benefit to the Trust because we will:

- Raise the profile of the Trust with potential customers and service users as a provider of high quality and specialised mental health services;
- Attract the brightest and best staff to C&I, including consultants wishing to lead specialist services and undertake research and development funding;
- Attract additional research and development funding; and
- Be in a prime location, conveniently positioned at the centre of areas of high need to the North, East, South and West as well as good bus/tube/rail links providing opportunities to increase revenue by attracting service users.

As a consequence of our renowned R&D excellence we are particularly suited to rapidly adopting emerging best practice, and developing and implementing new models of care and therapeutic approaches, which will contribute to the national research and evidence base.

Our commitment to improving integrated care pathways and to supporting the Parity of Esteem agenda is part of our philosophy. Our business development approach has two main areas of focus: Your Local Partner and Caring for the Capital (see glossary) – where we work with commissioners and service users to provide the right service, with the right level of care at the right time. This ties closely with our six values and associated behaviours which our staff turn into reality for colleagues as well as for service users.

C&I aims to be Your Local Partner. We have established a close working relationship with partners in the Local Health Economy, not only with GPs, CCGs and Local Authorities but also with other providers, interested parties, and service users. This helps us deliver excellent services, even if we don’t provide the entire care pathway ourselves. Such partnerships are helpful because it ensures we build relationships with non-local commissioners. This is useful later on when we want to tender for different services in their area.

Our Trust has a reputation for early intervention in psychosis, and there is a high demand for such services. This is particularly important for us as we have the highest prevalence of psychoses in London and the second highest incidence of new cases per year.

We strongly believe that the principles of early intervention can be provided to many groups of people struggling with common mental disorders and having difficulty coping. Our approach is one of integrated health and social care, psychological interventions, coping strategies, and education and wellbeing services.
This thinking and our approach to service delivery when combined, we believe, give us a strong and unique footprint. Our footprint defines who we are, and what we stand for, and also illustrates what makes us attractive to commissioners and to partners.

Over the next five years we will look for both organic and inorganic growth opportunities on a proactive basis, whilst accepting that difficult market conditions may limit flexibility and opportunity.

We will extend and increase the range of mental health and associated services we provide and we will look for opportunities to extend beyond our current geographical borders.

With the introduction of patient choice we are particularly focused on working more closely with commissioners, GPs and other health providers to ensure we meet unmet need in the community and extend choice for service users.

We will deliver primary care mental health services, delivering to each GP locality group an integrated primary care mental health offer for psychological, medical and social intervention and support. This has the overall aim of providing better care for those with mental health conditions in primary care and minimising the use of healthcare services. We have already won contracts in this area and will be promoting the model in other London boroughs.

Indeed, C&I has a great track record of working with GPs, including offering advice. This has reduced their need to refer service users to secondary care services by 30%. We offer assessment, and brief intervention which means 70% of people referred do not need more than two appointments. We are proud of this achievement and it is something we wish to improve further.

Figure 11: C&I is developing a comprehensive primary care mental health service to support GPs and other primary care workers to provide services to those with a mental health problem more effectively.
6. ENGAGING WITH OUR STAKEHOLDERS

6.1 How we communicate and engage with our stakeholders

Local stakeholders and partners
C&I’s Chair and Chief Executive have regular meetings with key stakeholders in our LHE which they use to communicate and exchange information about our strategic plans and direction. Our other directors also meet regularly with a range of stakeholders including commissioners, general practitioners, Local Authorities, universities, Local Education and Training Boards, UCLPartners, and other voluntary and third sector organisations to keep them updated about C&I’s plans and performance.

Service user engagement
Getting feedback from service users and their families about their experience of care is very important for the Trust. We have a Service User Alliance (SUA) model, which ensures representation from each of the divisional services in the Trust and provides a representative service user engagement framework. We are also introducing a new approach to obtaining service user experience feedback which will provide real-time tracking of service user experience and response to the feedback we receive.

Connecting with staff
Our Trust Chief Executive carries out regular visits with services to meet with the teams. The Director of Nursing and People and the Chief Operating Officer also carry out weekly visits to services and hold monthly ‘open surgeries’ across our sites. All staff are welcome to drop into these informal sessions and ask any questions or raise concerns. Feedback from these surgeries is circulated amongst all staff.

Involving our members and governors
With regards our Council of Governors, the Trust Chair meets regularly with each constituency group of governors, and individually if required, to keep them appraised of C&I’s plans and developments. The Council of Governors also has two joint meetings with the Board each year, which includes a discussion on strategic planning. We also consult with our membership about key aspects of our future plans.

Improving our communication methods and products
In addition, we have a detailed Communications Plan. It provides support for our key objectives, vision and values and gives a range of activities designed to engage and communicate with our stakeholders in the best way possible. For the first time C&I is trying a far wider range of media
platforms and communications methods to engage with stakeholders. For example, a Trust wide newspaper is being developed which is aimed at giving our service users a real insight into life in the organisation as well as helping staff feel more engaged with what is going on at C&I.

We are also developing a number of “Brochures” designed to target other stakeholders more effectively. C&I is keen to produce a brochure which provides a business rationale why other organisations should partner or do business with us. In addition another brochure will be aimed at GPs, commissioners and service users, setting out why C&I is the place to come for treatment and recovery.

This coordinated approach dovetails with the Communications Department redeveloping the Trust website and intranet. C&I’s website is its shop window to the world and requires modernisation to ensure it is fit for purpose.

With the recent employment of C&I’s Head of Communications, we are revamping all our engagement and communications activity. Along with the plans highlighted above, this also includes developing a series of videos designed to engage stakeholders with our values and good practice, setting up community engagement days, and providing clinical talks for the community by some of C&I’s world leading clinicians.
GLOSSARY OF TERMS

Any Qualified Provider: The process by which commissioners choose multiple providers to deliver the same service (e.g. psychological therapies) within an area. Patients are able to choose any of the commissioner approved providers to deliver their treatment.

Base case income levels: This is C&I’s income based on current levels of activity and Department of Health and Monitor assumptions about the level of prices NHS providers will be able to charge between 2014/15 to 2018/19.

Better Care Fund: The Better Care Fund (formerly the Integration Transformation Fund) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The Better Care Fund (BCF) is a single pooled budget to support health and social care services to work more closely together in local areas.

Caring for the Capital: C&I’s segmentation of the market that includes services which meets the mild to moderate needs of service users, and includes those services which are typically competitive tenders outside the geography of Camden and Islington (e.g. IAPT, Substance Misuse).

Cost improvement plan: Sometimes called a CIP, is a programme designed to save money and help to transform clinical and non-clinical services, improve patient care, satisfaction, and safety.

Integrated Practice Units: Integrated Practice Units (IPUs) are organisational units in which all required specialties and skilled staff necessary to address a medical condition, work together to deliver improved patient outcomes.

Patient choice: The overall concept within the NHS that patients should be able to choose their treatment provider at the first outpatient appointment. Patient choice was introduced into mental health on the 1st April 2014.

Value Based Approach: These are the outcomes per pound spent, with a focus on population and individual outcomes. The outcomes are used to improve quality, safety and effectiveness of services, as well as driving transformation and integration of services. The result is to achieve financial balance though efficiency, effectiveness and different incentives or contracts.

Your Local Partner: C&I’s segmentation of the market that includes moderate to high needs service users and includes services delivered by our main care pathways (Acute, Rehabilitation and Recovery, Services for Ageing Mental Health).