

Essex County Council

and

North Essex Partnership NHS Foundation Trust

Annual Partnership Report 2011

'Outstanding care, transforming lives



Our Vision and Values

‘Outstanding care, transforming lives’

Our **vision** is to provide care that is outstanding in its quality, transforming the lives of individuals and families every day. Our communities will have total confidence in our services, our staff feel a strong sense of belonging and satisfaction, and our partners be proud to work purposefully with us.

Our **commitments**:

To individuals and families

- We will work together, building on strengths, to improve mental health and wellbeing,

To our staff

- We will value everyone individually, promote wellbeing, support involvement and encourage personal development and leadership
- We will support teams in their delivery of best value, innovation and excellence

To our commissioners and key partners

- We will listen, work with you, create ideas, demonstrate our effectiveness and flexibility, and earn recognition as provider of choice

Our **values** underpin everything we do:

- promoting dignity, respect and compassion
- demonstrating openness, honesty and integrity
- building on individual strengths
- tackling stigma, promoting inclusion and valuing diversity
- listening, learning, and continuously improving to deliver quality and value

Report to: Community and Older People's Policy and
Scrutiny Committee, Essex County Council

From: Andrew Geldard, Chief Executive,
North Essex Partnership NHS Foundation Trust

Subject: **Annual Report on the Section 75 Partnership
Arrangement between Essex County Council (ECC) and the
North Essex Partnership NHS Foundation Trust (NEPFT)**

Date: 10 November 2011

1. Introduction

This is the tenth annual report on the Partnership Arrangements in North Essex. Since the start of the original agreement from 1 April 2001 the trust has undertaken the functions of an integrated health and social care provider covering mental health services for children & adolescents and adults of working age, as well as drug and alcohol services for adults. Outside of the Partnership Agreement, the Trust works very closely with ECC in the delivery of Older Adult Mental Health services through singly managed integrated community teams. Updated Partnership Agreements were agreed separately in 2009 covering the period until 31 March 2012 with Adults, Health and Community Wellbeing, and Schools, Children and Families services respectively.

The Agreement requires that the Trust report formally to ECC on the exercise of the delegated functions. Regular performance reports are provided to Essex County Council.

2. Anticipated benefits of partnership

The desired outcomes for integrated health and social care services have been reported previously and in summary include:

- Easier/ simpler access for service users, carers and referrers
- Service models which focus on the whole person in the context in which they live and offer greater choice
- Better continuity of care through improved recruitment and retention of multi-disciplinary staff and coordination of staff development
- Social care engaging in the culture of evidence-based learning so as to inform both practice and service development
- Strong commitment to citizenship, good mental health, recovery and positive engagement with the wider community agenda.

The following sections on achievements, developments and plans exemplify how these outcomes are being achieved for the communities served by the Trust.

3. Financial report 2010/11

In the period from 1 April 2010 to 31 March 2011, the trust's third full year as an NHS Foundation Trust, with a total income of £107.3m, our financial position continued to strengthen, producing an operating surplus, after technical adjustments, of £1.42m. The surplus was reinvested in our capital programme to enhance patient experience, quality and safety. After account was taken of "technical asset impairments" of £5.177m, the recorded revenue position was a deficit for the year of £3.741m. Based on our revenue performance and liquidity we retained a good Monitor financial risk rating (FRR) level 4 (where 5 = lowest risk, 1 = highest risk). The trust achieved all the financial targets set by the board and the performance requirements set by Monitor and the Care Quality Commission.

Further investment was secured in year for child and adolescent services across north Essex, and other service developments included a partnering arrangement with Rethink and Colchester MIND to deliver psychological therapy services in north-east Essex, a new Integrated Drug Treatment Service in HMP Chelmsford, a memory assessment and support service in Mid Essex, and a Deprivation of Liberty (DoLs) service.

The capital programme was managed within plan including the purchase of the Derwent Centre in Harlow for £3.6m. During the year £7.67m was spent on capital developments, mainly for the Derwent Centre, planning costs for the new Child and Adolescent Unit and the development of a Mother and baby unit and in house pharmacy. Funding was also spent on the refurbishment of clinical areas, IT and networks as well as ongoing security and planning costs associated with the planned disposal of the Severalls Hospital site in Colchester.

The value of the adults Service & Financial Agreement with Essex County Council, supporting the Partnership Arrangement, was £4.919m. During the year a full rebasing exercise was carried out to identify how the £485,000 savings required in 2011/12 for this agreement could be achieved.

4. Summary of Trust achievement 2010/11

Over the last year we have successfully focused on continuing to improve the experience of people who use our services including their families and carers, including improving our physical environments, whilst better engaging our staff and clinicians in leading change, and expanding on the excellent services that we provided. This included:

- Buying the freehold of the Derwent Centre in Harlow and progressing planning with stakeholders on future refurbishment and upgrading
- Approving business cases for a new low secure facility, and a new/ bigger child and adolescent unit which is now being built
- Opening our new 5 bed specialist mother and baby unit in Chelmsford
- Successfully trialling a new approach to work with young people and their families to treat anorexia
- Progressing with Essex County Council the innovative Thinking Fit initiative to help delay onset of impacts of dementia through participation in a mix of physical, social and computer based brain training activities – delivered at home or in community settings

- Securing through competitive tender the contract to host Suffolk Community Healthcare in 2011/12, broadening our base with general community healthcare services
- Improving in every area of the annual Patient Survey – particularly people’s experience of care planning and care coordination, and for explaining and checking on medications
- Undertaking an independently administered survey of over 500 carers informing the development of an updated Carer Strategy for 2011-14
- Piloting the use of personal social care budgets
- Opening a new trust pharmacy in Chelmsford to replace previous services procured from different general acute hospital providers
- Developing liaison arrangements with residential and nursing homes
- Running major conferences on Patient safety, Criminal Justice as well as our internal clinical conferences programme
- Positive financial achievements that are summarised in the preceding financial report.

5. Performance on social care indicators during 2010/11

The social care performance framework aims to define outcomes more clearly linked to ECC strategic objectives and related PAF indicators. It forms the basis of performance monitoring by commissioners with reports to the Mental Health Partnership Board for North Essex, attended by the Chief Executive of the trust and Executive Director, Adults, Health and Community Wellbeing. The tables summarise the eight PAF and performance indicators agreed for 2010/11.

C31 Adults with mental health problems helped to live at home per 1,000 population				
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Per 1,000 population	4.9	4.8	4.8	4.8
The Trust has maintained its good performance from the previous year.				

NI 130 Direct payments (DPs) and personal budgets for clients aged 18+ during the year				
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Number of DPs / Personal Budgets	111	121	126	129
The MH Self Directed Support and personal Budgets pilot commenced in February 2010, concluding as a pilot in March 2011 – see section 6.6 for progress				

D40 Adults and older clients receiving a review as a % of those receiving a service				
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Percentage of clients reviewed	87%	98.3 %	90.6%	87.8%
The robust performance improvement plan (for recording and practice) put in place in 2010/11 has resulted in much improved performance which now exceeds the increased target of 85%				

D42 Carers assessments as a % of all assessments.				
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Percentage of carers assessments	11.3%	12.6%	13.6%	13.0%
The Trust has maintained its improved performance consistently across all four quarters. The focus on improving the outcome is clearly demonstrated in the performance on NI 135 below.				

NI135 Carers receiving a carers service or advice as a % of clients receiving community based services				
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Percentage receiving a service	33.2%	35.6%	33.1%	32.0%
The Trust has sustained and further improved the huge improvements made in 2009/10 and exceeded the target of 30%. The Trust undertook a second large independent survey of carers – see section 6.5				

NI 132 Time between 1st contact and completion of assessment is less than or equal to 4 weeks – Clients aged 18+				
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Percentage leading to service	98.7%	97.4%	96.8%	96.7%
The target of 90% has continued to be exceeded, indeed with improvement in every quarter over performance in the previous year.				

NI 133 Acceptable waiting time for care package aged 18+				
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Percentage leading to service	100%	97.4%	96.8%	99.6%
The target of 93% was exceeded with excellent performance throughout the year.				

LAA L13.1 clients helped into employment, volunteering, education or training				
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Number of people helped	127	264	408	518
Performance on LAA L13.1 has continued to be excellent maintaining a high year-end outturn as achieved in the previous year.				

6. Priorities and achievements particularly relevant to the Partnership Agreement

6.1. Service User and Carer Feedback

The independent survey of patients in mental health services, carried out by the Care Quality Commission, shows that we maintained in 2010 /11 most of the improvements made the previous year, maintaining our overall Quality score, albeit we are committed to further improvements to patient experience and increasing the proportion of patient experience domains where are in the top 20% of trusts. 'Day to day' living scores were disappointing and this includes access to benefits and housing advice. Housing is covered further in 6.8. This is being examined further to determine appropriate actions for improvement, along with work on response to calls to our crisis services.

The trust has introduced many mechanisms for gathering continuous feedback on experience of services in order to ensure appropriate action and improvement wherever possible.

A small number of Patient Reported Outcome Measures (PROMs) and innovatively Carer Reported Outcome Measures (CROMs) were developed locally and were tested in 2010/11. Consideration is being given to learning from these pilots and next steps in their development and use.

The Trust has undertaken a further independent carer survey of over 500 carers. The key findings were reported to a meeting of the trust board in public in March 2011 and are summarised in 6.5.

6.2. Safeguards

The Trust continues to play an active role in the Essex Safeguarding Adult Board (ESAB) (and its sub-committees) and the Essex Safeguarding Children Board.

The recent ESAB audit tool (July 2011) demonstrated that the Trust is exceeding the requirements of the Essex Safeguarding Adults Board in every single domain whilst the ESCB s11 audit tool completed in January 2011 was independently evaluated and the Trust was found to be exceeding requirements in all domains. North Essex Partnership is the first NHS Trust in Essex to achieve that status.

The Trust also continues to work nationally in this domain with the Head of Safeguarding presenting papers at a number of conferences this year including the Gloucestershire Adult Safeguards Conference and in November, the joint Essex Safeguarding Children and Safeguarding Adults Conference.

The Trust Head of Safeguarding was seconded 0.5wte to the ECC Adult Safeguards unit during 2010 – 2011. This continues to be a productive relationship for both organisations ensuring a joint approach is taken to many shared initiatives, including ensuring lessons from Child Serious Case Reviews are shared with Adult Services and the recent initiative of complexity forums.

The volume of reported individual Safeguarding Adults investigations led by our clinicians and practitioners has grown by over 100% with 291 investigations being led by clinicians or practitioners in the Trust (an increase from 144 during 2009 - 2010). (This growth looks set to continue in 2011-2012). 62% of all safeguarding investigations investigated by Trust staff involved older adults, with over 50% (155) of investigations relating to the North East of the County

The Trust referred 140 new families to Children's Social Care during 2010 – 2011. These figures reflect new referrals to Children's Social Care and do not reflect the high volume of cases jointly worked by Trust mental health services and Children's Social Care.

In respect of Deprivation of Liberty Safeguards (DoLS) applications in 2010 - 2011, 209 applications for authorisations were received in Essex as a whole, with the majority being for people in hospital beds (109), a quarter of these applications being made by this Trust. Revised DoLS guidance (developed by the Trust Head of Safeguarding) was piloted in OAMH in-patient units in North-East and Mid Essex during the final quarter of 2010 – 2011, subsequently approved and rolled out trustwide. This guidance was also approved in April 2011 for use across East of England.

In respect of formal advocacy referrals in 2010 - 2011:

- Around 200 referrals were made to Independent Mental Health Advocates (IMHA) providers
- The trust conducted 409 Mental Capacity Act (MCA2) Assessments (for significant decisions) of which just 24 required an Independent Mental Capacity Advocate (IMCA) (5.8%). Whilst this may appear low, there was evidence that clinicians and practitioners were working hard to ensure the engagement of families and friends in significant decision making.

6.3. Workforce issues in respect of ECC accountabilities

The Trust has continued to hold local and trustwide development forums for seconded staff which are well supported and feature practice discussions and guest speakers. Communication with seconded staff and information from ECC has been further supported this year by placing and updating key ECC HR policies and guidance on the Trust intranet and through a quarterly trust *social care and social inclusion bulletin*.

Regular HR Liaison meetings have continued between Trust and ECC to enable closer joint monitoring of all HR cases including situations where sickness patterns might be causing concern.

Effective training for seconded staff is overseen by a new joint ECC/ NEPFT Workforce Partnership Group ensuring that all requirements to maintain professional GSCC registration are met. Newly qualified social workers (NQSW) enrol on the NQSW programme, then undertake the 'assessing risk' consolidation module. Subsequently social workers undertake the Approved Mental Health Professional (AMHP) training; ensuring seconded social workers have a comprehensive knowledge of mental health law and policy and assist ECC to meet their statutory duties under relevant mental health legislation. Once qualified as AMHPs, a comprehensive professional development programme is delivered, ensuring the AMHP workforce can remain compliant with AMHP 2008 Regulations. Seconded social workers also access accredited practice educator training

Seconded staff receive management supervision that usually takes place at monthly intervals. The trust is reviewing existing professional supervision taking account of the national Social Work Task Force recommendations for improvement. The review will take feedback from those receiving supervision on both the frequency and content of the supervision received.

6.4. Approved Mental Health Professionals (AMHPs)

The Trust supported ECC by taking the lead role for Essex achieving the development of a new AMHP Agreement and successfully managing the consultation process regarding AMHP payment changes.

Day time rosters are hosted by the Trust and overseen by AMHP coordinators in the following areas:

Rota	Number of AMHPs
Chelmsford, Braintree, Maldon	22
Colchester/Tendring	19
Epping/Loughton	8
Harlow/Uttlesford	10

A North Essex *AMHP Forum* enables all AMHPs in North Essex and ECC Emergency Duty Service (EDS) to meet and address relevant issues and an AMHP Bulletin is being launched in 2011. The trust commissioned a review of the operation of AMHP services in north Essex having obtained and considered AMHP views on key issues such as supervision and support, day time rota co-ordination, lone working, access to information held on IT systems, training and other policy/practice issues. Progress on implementation of a wider action plan regarding Essex AMHP issues is monitored by the ECC/NEPFT Workforce Partnership Group.

With regard to AMHP training, seven candidates (6 Trust, 1 ECC - EDS) from north Essex undertook the AMHP programme at Anglia Ruskin University from January to May 2011. Of these three were nurses, and four social workers. All seven candidates successfully completed the programme. The Trust is pleased in partnership with Anglia Ruskin University to have been awarded the contract to provide AMHP training from 2012 for Essex County Council. This builds on many years of experience in leading on the planning and development of and input to such programmes and the AMHP course. The next programme will be delivered at local venues commencing January/February 2012.

6.5. Carers

The separate performance report in Section 5 demonstrates the continuing high performance in respect of completing carer assessments and providing/arranging information, advice or direct support services.

The Trust undertook a further independent survey of over 500 carers, its findings underpinning an updated Trust Carers' Strategy approved in public by the Trust Board in March 2011. Over two thirds of respondents said they were offered the opportunity to discuss their caring role and needs, most within the last 12 months. Many carers felt involved in the decision making process in relation to the person they supported, although there remains room for further improvement. Resultant actions include improving ease of communication with /access to care coordinators and other staff, as well as improving support to those who need it in relation to benefits, employment and accommodation.

On a practical basis over the period 2010/11, we have:

- Updated, reprinted and circulated our Carers' Information Leaflet
- Mapped all local carer support services (generic and MH specific)
- Collated information on employment, volunteering and education which is available direct to carers or to staff from our Carer Support Team
- Renewed training to all teams highlighting the key outcomes from the survey
- Commenced production of a training DVD for staff and carers which will be used with staff and carers as part of training on carer issues.

The 2011/ 2012 carer survey will consider and separately report on the needs of carers of adults and older adults (65 plus) along with any local geographical variations in relation to overall carer satisfaction, and will be undertaken between October 2011 – February 2012.

6.6. Self Directed Support (SDS) / Personal Budgets

The SDS mental health pilot project commenced in February 2010 with a training programme for staff conducted jointly with ECC. The project was overseen by an SDS steering group and project team. The pilot involved around 30 service users with an evaluation carried out by the project team and a separate service user evaluation completed by MIME/Anglia Ruskin University.

The project was extended across the Trust at the end of the pilot period with training sessions continuing for all staff. So far 85 practitioners in 12 different venues across the trust have been trained in addition to the original pilot project members.

A pilot in Mid Essex is continuing in conjunction with NHS Mid Essex and focuses on personal health budgets. NHS Mid Essex has secured £18,000 with which to meet personal health care needs which are not currently provided as a direct service. The pilot will run until October 2012 and include 35 service users from the Chelmsford CMHT, who may receive up to £500 per person to meet an identified unmet health need in a personalised way.

Representatives from the Trust and NHS Mid Essex are part of a regional steering group to help develop specific tools to assist with the implementation of personal health budgets.

6.7. Employment

Following assessment, care planning and referral to employment specialists in CMHTs, the Employment, Education, Volunteering and Supported Work Placement outcomes for the year 2010/11 are given in Table 6.7. below.

Table 6.7. - 2010 / 11 supported employment services outcomes

Area	Employment	Education	Volunteering	Supported work placements	Total
North East	40	24	38	43	145
Mid	43	20	30	53	146
West	76	24	71	56	227
Total	159	68	139	152	518

The year end figures demonstrate substantial improvement on the 249 people supported the previous year, with targets met in each area.

At the end of 2010/11 the provision of supported employment services embedded in CMHTs across North Essex was re-tendered by ECC. The Trust in partnership with Employ-Ability (3rd sector organisation, west Essex) is pleased to have won the bid, the contract becoming effective on 01 Aug 2011. The partnership means Employ-Ability continue to provide their services in west Essex and staff in mid and north east Essex have TUPE transferred to the Trust from SEPT. Targets within the new contract are challenging – however, initial outcomes, development of new strategies, closer integration, higher level of fidelity to the

evidenced based model, closer support and supervision of staff will put us in a good position to meet the targets. We are confident that within our newly formed partnership, we will be able to share and transfer good practice across all areas of north Essex.

The Trust continues to work with its partners through the Centre for Mental Health as a *Centre of Excellence* in the provision of supported employment services.

NEPFT is a 'Mindful Employer' in a partnership agreement to promote mentally healthy workplaces to local employers and acknowledges that contact with employers is essential in order to challenge the stigma associated with mental ill health and to create employment opportunities for service users. A number of different mechanisms are used to engage employers including direct one to one contact, via the Chamber of Commerce, attending breakfast / evening meetings of specific business forums.

6.8. Housing

The Trust fully engaged with an ECC review focused on the effective use of ECC external social care purchasing funds and streamlining processes to agree resources to support need. A short life desktop review team has reported on the extent to which externally funded care packages are currently meeting the needs and goals of individuals and what outcomes are being achieved. The review has focused on residential care placements in North East Essex due to the high number in that area and also on a sample of domiciliary care packages and direct payments across North Essex. In 2011/12 joint work continues to undertake in-depth reviews on direct payments and high cost care packages highlighted during the initial phase.

The Trust is also involved in each of the Mental Health Housing and Accommodation Strategy's Implementation/Delivery Forums and was pleased to see that some of these had produced initiatives such as work focusing on homelessness in the Epping Forest area. The Trust will work with the new ECC Mental Health (Housing Lead) Commissioner, and our governor Social Inclusion Workstream is taking an interest in accommodation issues and work with housing partners and has already met with the ECC Commissioning team on two occasions.

6.9. Health and Safety 2010/11

The Trust Health and Safety Policy was reviewed with input from Essex County Council (ECC). Liaison arrangements remain as previously agreed for health and safety arrangements for staff working within the Trust who are ECC employees. The Policy continues to reflect the responsibilities of both managers and employees and outlines the arrangements for:

- Incident reporting;
- Monitoring, audit and review,
- Arrangements for carrying out risk assessments; and
- Formal reporting to the relevant ECC scrutiny committee as part of the annual report on partnership arrangements.

Key achievements include;

1. Revision of Health and Safety policy
2. Review of prevention and management of violent and aggression at work policy and guidelines
3. Transfer to Datix incident reporting database
4. Review of Security risk assessments for the units to improve the quality of these assessments

Fire and Security risk assessments – there are 92% compliance with these assessments and outstanding assessments are being chased and monitored for quality purposes.

There were no Health and Safety Executive investigations in the year.

The trust conducts health and safety audits of every team/unit base on a rolling basis – there were 49 audits conducted this year, including the ECC premises used in Great Dunmow. The Trust's health and safety group has representation from seconded staff to ensure their issues and concerns can be raised effectively. All audit findings and recommendations continue to be reported and fed back to the respective team leaders for action. The health and safety group also monitors fire and security risk assessment.

The Trust attends the quarterly ECC Health and Safety group and copies of incident forms relating to seconded social care staff are sent to Essex County Council. During 2010/11 just 2 incidents (last year 11) reported in the Trust related to social care staff and these two incidents relate to the same member of staff. There is a low level of reporting generally from community based staff. These incidents involved harassment by a service user and altercation with a relative in the community and were not RIDDOR reportable to Health and Safety Executive.

The Trust are working towards the achievement of Level II of the NHS Litigation Authority risk management standards and these include core Health and Safety areas such as stress, manual handling and violence and aggression. This assessment provides assurance in relation to monitoring compliance of clinical and organisational risk management and has specific standards covering staff safety such as violence and aggression training.

Key priorities for 2011-2012 include:

- Roll out of web based incident reporting, improved feedback and further training
- Review of searching policy and continued programme of training
- Updating of Root Cause analysis training and increased training capacity
- Annual patient safety audits of all inpatient units
- Improved systems for training administration and recording
- Continued programme of Policy reviews

The full Health and safety Annual Report 2010-2011 is available to the Health and Safety Unit of Essex County Council.

7. Outlook and key priorities for 2011/12:

Our vision : **‘Outstanding Care, Transforming Lives’**

Our five key objectives are:

- **To provide high quality care that is effective, safe and as positive an experience as possible**
- **To be a model employer**
- **To achieve good governance, inclusive involvement and excellent partnerships**
- **To provide value for money**
- **To expand the business**

Our Trust Annual Plan 2011/12 outlines the trust's five strategic objectives and some of the key strategic developments in progress are outlined below. The trust is focusing on improving quality – (effectiveness, safety and experience), improving productivity, empowering and involving staff, embracing community governance, and growing the organisation.

7.1. Providing high quality care that is effective, safe and as positive an experience as possible

- Building on dementia care services as a centre of excellence – with the Crystal Centre now operational, developing new resource based on the previous Lucas Ward in Colchester, Practice Development Unit status being sought for OA services in West Essex, and evaluate QIPP developments in North East Essex around improved memory assessment and support, and hospital liaison.
- Building on the Self Directed Support and personal budgets pilot, and working with ECC on future service model for social care informing Section 75 review by April 2012, based on an outcomes based accountability framework.
- Continuing an improvement programme to ensure our environments are safe and therapeutic with high standards of privacy and dignity, cleanliness and infection control
 - Build a new and expanded Child and Adolescent Inpatient Unit in Colchester as regional centre of excellence
 - Build a new low secure facility in Chelmsford and continue programme of improvements in a number of units and access points around the trust
 - Commence a phased major refurbishment programme at the Derwent Centre in Harlow
- Improve physical healthcare checks and facilities
- Implement our new service user and carer involvement policy and our new three year carers' strategy, empowering patient / carer centred improvements in the quality of services and support, building on feedback from patient and carer surveys.
- Improving medicines management through our new in-house pharmacy service, ensuring more access to pharmacy support including ensuring people are well informed and involved in agreeing their treatment and managing their medication, and reducing wastage.

7.2. *Being a model employer*

- Implementing our health and wellbeing strategy, improving staff experience and maintaining low sickness absence
- Building on our earlier successes by :
 - Concentrating on quality of appraisal as a positive and valued experience
 - Continuing to improve staff engagement and involvement in the development and planning of the trust, contributing to high job satisfaction
 - Maintaining the high profile on leadership, management development and succession planning programmes
 - Celebrating and promoting staff achievements
- Increasing the use of e-learning and maximising training take-up

7.3. *Achieving good governance, inclusive involvement and excellent partnerships*

- Maintaining our accountability to the communities we serve through our membership, a full council of governors, with a wide range of engagement activities that inform planning, tackle stigma and raise the profile of our services
- Excellent delivery partnerships eg 'Thinking Fit' with AH&CW to slow onset of dementia, and close cross-agency working eg with Police and Probation to ensure effective practice and information sharing.
- Undertaking a review of our day to day delivery of the AMHP service with wide engagement of AMHPs across the trust
- Proactive preparation of seconded social work staff for GSCC re-registrations for majority of seconded staff from February 2011 onwards.
- Maximising communication and engagement with GPs and primary care
- Promoting positive mental health and particularly working with schools and young people

7.4. *Providing Value for Money*

- Maintaining improved carbon management performance through improvements in buildings, equipment, transport and procurement
- Using technology to reduce costs / improve productivity and maintain safety including replacing our existing electronic patient record and activity reporting system, maximising mobile technology solutions to improve staff experience and effectiveness
- Maximising effectiveness and efficiency of care, treatment and support pathways eg CMHTs, adult acute care, and including a review with ECC of social care external purchasing and associated processes
- Working with ECC on an intensive approach to reviewing existing high cost care packages and placements, based on principles of personal support and goal planning
- Completing our implementation of electronic rostering
- Continuing our trust estate rationalisation strategy
- Working with whole health and social care system QIPP processes and their development and implementation

7.5. *Expanding our business*

- Bidding to win the tenders for community health services in Suffolk from April 2012 having won the hosting arrangement for 2011/12, broadening our local health and wellbeing service base
- Developing high quality local adult community eating disorder services
- Expanding low secure inpatient provision
- Working with partners to prevent harm from alcohol eg. new posts in A&E
- Expanding CAMHs Tier 4 provision as a centre of excellence in East of England
- Expanding services within the Criminal Justice system

8. Conclusions

The tenth year of the Partnership has maintained the firm foundations put in place in previous years despite the financial challenges being faced. We have already demonstrated some of the social ownership opportunities our Foundation status affords whilst using the financial flexibilities available to us to enable our biggest investment so far in the quality of our buildings and services. Our priorities reflect what local people want and are delivering real benefits to the communities we serve.

We have a determined focus on delivering both high quality and cost-effective service user and carer focused services. The Trust successfully achieved in-year all its key targets and has achieved expansion in existing and new areas of service. We look forward to further opportunities in 2011/12 and beyond whilst recognising and planning with our partners for a challenging financial climate in public sector services in the years ahead. We continue to work with Essex County Council to maximise the benefits of partnership, make best use of available resources and review and develop the future operating model for mental health and substance misuse services.

Report to Community and Older People's Policy and Scrutiny Committee,

Essex County Council, 10 November 2011

Annual Report on Partnership Arrangements 2010 - 2011

Performance 2010/11		
NI 130	DPs / Personal budgets	
D40	Reviews	
D42/NI135	Carers assessments and support	
NI 132	Assessment completion times	
NI 133	Care package waiting times	
LAA L13.1	Employment, volunteering, education or training	
C31	Helped to live at home	

Our Vision and Values

Our vision is to provide care that is outstanding in its quality, transforming the lives of individuals and families every day.

Our communities will have total confidence in our services, our staff feel a strong sense of belonging and satisfaction, and our partners be proud to work purposefully with us.

Our Values:

- promoting dignity, respect and compassion
- demonstrating openness, honesty and integrity
- building on individual strengths
- tackling stigma, promoting inclusion and valuing diversity
- listening, learning and continuously improving to deliver quality and value

Our commitments:

To individuals and families:

- to work together, building on strengths, to improve mental health and wellbeing,

To our staff:

- we will value everyone individually, promote wellbeing, support involvement and encourage personal development and leadership;
- we will support teams in their delivery of best value, innovation and excellence

To our commissioners and key partners:

- we will listen, work with you, create ideas, demonstrate our effectiveness and flexibility, and earn recognition as provider of choice

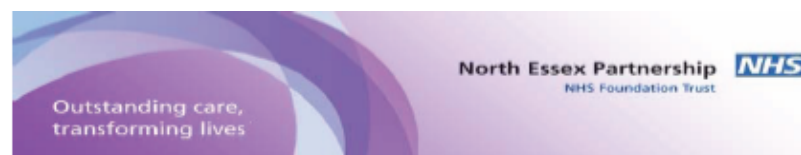
Quality 2010/11		
Monitor Governance Rating		
Compliance with CQC Essential Standards		
Patient survey – improved scores, further improvement to focus on crisis response and benefits, accommodation and employment advice – employment services contract won for 2011 onwards		
Safeguards – ESAB requirements exceeded in every domain		
Health and Safety – very low ECC staff incidents		
AMHP statutory service – led on development of new contract, multidisciplinary recruitment to role, and training contract won for 2012 onwards		

Finance 2010/ 11		
Monitor Financial Risk Rating (FRR) (Planned FRR 2011/12 = 3)		4
Planned total income	£105.4m	
Surplus achieved to invest in quality	£ 1.44m	
Capital Programme – including Derwent Centre purchase, Mother and Baby Unit build, In-house Pharmacy, refurbishment of clinical areas and IT infrastructure	£ 8.00m	
ECC SFA Value	£ 4.919m	
(ECC Savings achieved for 2011/12)	£ 0.49m	

Risks	Actions to rectify/ mitigate risk
Clinical quality, patient safety, risk & performance management	NHS contract and ECC Service & finance Agreement negotiated with commissioners Monthly board monitoring on quality stds; CQC registration compliance monitored monthly by Risk & Governance Executive. Monthly ECC performance monitoring
AMHP daytime service delivery	Trust continues to provide leadership, training, advice and rota management. ECC to ensure increase in AMHPs from outside MH services to maintain rota stability.
Financial stability and liquidity	ECC posts reduced to meet savings requirement. Work with ECC to review care home placements and packages of care, with recovery and best value focus. Work with ECC on future operating model for social care, based on outcomes based commissioning and contractual framework from April 2013

Forward Plan for 2011/12 – see reverse

Forward Plan 2011/12	Forward Plan 2012/13
<p>Strategic Objectives</p> <ul style="list-style-type: none"> 1. To ensure the Trust meets its obligations to the community and the NHS. 2. To ensure the Trust meets its obligations to the NHS and the community. 3. To ensure the Trust meets its obligations to the NHS and the community. 4. To ensure the Trust meets its obligations to the NHS and the community. 5. To ensure the Trust meets its obligations to the NHS and the community. 6. To ensure the Trust meets its obligations to the NHS and the community. 7. To ensure the Trust meets its obligations to the NHS and the community. 8. To ensure the Trust meets its obligations to the NHS and the community. 9. To ensure the Trust meets its obligations to the NHS and the community. 10. To ensure the Trust meets its obligations to the NHS and the community. <p>Key Performance Indicators</p> <ul style="list-style-type: none"> 1. Clinical quality, patient safety, risk & performance management 2. AMHP daytime service delivery 3. Financial stability and liquidity 4. Patient survey scores 5. Employment services contract 6. Safeguards requirements 7. Health and Safety incidents 8. AMHP statutory service 	<p>Strategic Objectives</p> <ul style="list-style-type: none"> 1. To ensure the Trust meets its obligations to the community and the NHS. 2. To ensure the Trust meets its obligations to the NHS and the community. 3. To ensure the Trust meets its obligations to the NHS and the community. 4. To ensure the Trust meets its obligations to the NHS and the community. 5. To ensure the Trust meets its obligations to the NHS and the community. 6. To ensure the Trust meets its obligations to the NHS and the community. 7. To ensure the Trust meets its obligations to the NHS and the community. 8. To ensure the Trust meets its obligations to the NHS and the community. 9. To ensure the Trust meets its obligations to the NHS and the community. 10. To ensure the Trust meets its obligations to the NHS and the community. <p>Key Performance Indicators</p> <ul style="list-style-type: none"> 1. Clinical quality, patient safety, risk & performance management 2. AMHP daytime service delivery 3. Financial stability and liquidity 4. Patient survey scores 5. Employment services contract 6. Safeguards requirements 7. Health and Safety incidents 8. AMHP statutory service



Annual Plan 2011/12

Our Vision and Values

Our vision is to provide care that is outstanding in its quality, transforming the lives of individuals and families every day.

Our communities will have total confidence in our services, our staff feel a strong sense of belonging and satisfaction, and our partners be proud to work purposefully with us.

Our Values:

- promoting dignity, respect and compassion
- demonstrating openness, honesty and integrity
- building on individual strengths
- tackling stigma, promoting inclusion and valuing diversity
- listening, learning and continuously improving to deliver quality and value

Our commitments:

To individuals and families:

- to work together, building on strengths, to improve mental health and wellbeing,

To our staff:

- we will value everyone individually, promote wellbeing, support involvement and encourage personal development and leadership;
- we will support teams in their delivery of best value, innovation and excellence

To our commissioners and key partners:

- we will listen, work with you, create ideas, demonstrate our effectiveness and flexibility, and earn recognition as provider of choice

Strategic Objective 1 'Providing high quality care that is effective, safe and as positive an experience as possible'

Key Priorities & Timescales	Key Milestones 2011/12
1. Improving access to, and accessibility of, services	<ul style="list-style-type: none"> - new eating disorder services - improved medicines advice - project manage expansion of CAMHS inpatient services - expand low secure services - review and re-engineer care pathways including dementia care, adult acute and community care, rehabilitation and recovery services - work with ECC to build on personal budgets pilot in 2010/11
2. Improving patient safety and general wellbeing, ensuring all care and other environments are appropriate, safe and therapeutic	<ul style="list-style-type: none"> - maintain compliance with CQC essential standards of quality and safety - complete pharmacy plans - improved physical healthcare and treatment of people with PD - build new CAMHS inpatient unit - further progress Derwent Centre and other environmental improvement programmes - develop and implement new standards for dementia care - improved discharge planning for patients with LD needs - ensure all staff take up mandatory training including safeguarding
3. Continuing to improve the experience of service users, families and carers, ensuring embedded systems for receiving and acting on feedback	<ul style="list-style-type: none"> - implement new service user and carer involvement policy - maintain feedback processes and extend 'quality dashboard' approach - ensure all inpatients discuss and sign care plans - deliver engagement, training and improved communication activity with GPs and ensuring effective links with other health and social care organisations - ensuring HoNOS is used for every service user on CPA - empower our wards and teams to improve productive time and patient, carer and family experience

Strategic Objective 2 'Being a model employer'

Key Priorities & Timescales	Key Milestones 2011/12
4. Creating positive experiences for staff within an efficient and effective workforce	<ul style="list-style-type: none"> - implement staff health and wellbeing strategy - celebrate and promote staff achievements - continue staff engagement strategy, responding to feedback - CAMHS workforce and skills audit - continuing to build our 'customer care' culture with change management and behavioural competencies/values programmes - expand coaching programme for managers - support teams and individuals to develop skills to meet changing needs of services

Strategic Objective 3 'Achieving good governance, inclusive involvement and excellent partnerships'

Key Priorities & Timescales	Key Milestones 2011/12
5. Engaging widely with local communities and key stakeholders, developing productive partnerships with partner organisations and helping promote positive mental health	<ul style="list-style-type: none"> - public events helping improve MH awareness, tackle stigma, recruit new members and promote positive mental health - effective GP engagement strategy improving care pathways and access to information - implement membership strategy and improve representativeness, achieving 6,800 public members by 31 March 2012. - improve cross-agency working and information sharing, working closely with Police, Prison and other key partners - developing our governors and directors, ensuring governors are prepared for new responsibilities associated with the current Health & Social Care Bill

Strategic Objective 4 'Providing value for money'

Key Priorities & Timescales	Key Milestones 2011/12
6. Ensuring an ongoing programme to ensure services are clinically and cost effective, use of estate is maximised and carbon footprint is reduced	<ul style="list-style-type: none"> - DNA improvement - developing recovery pathways from low secure care, reviewing lengths of stay in secure settings - dispose of surplus assets – six properties - progress preparation and negotiations for Severalis disposal - create in-year increased low secure capacity through refurbishment of Maple ward - install voltage optimisation at other inpatient units, subject to evaluation of Chelmsford pilot, as energy efficiency investment
7. Realising development of, and benefits from, the Trust's information systems	<ul style="list-style-type: none"> - implement IM&T strategy, approving business case for care record solution and improving use of mobile technology - refresh and improve IM&T network infrastructure - finalise clinical records scanning business case and progress subject to available investment - complete full implementation of electronic rostering for inpatient staff, ensuring their most effective and efficient deployment

Strategic Objective 5 'Expanding the business'

Key Priorities & Timescales	Key Milestones 2011/12
8. Exploiting opportunities for growth and broader business development	<ul style="list-style-type: none"> - develop capacity and expertise of commercial and service development directorate - prepare for 'Any Qualified Provider' market - implement new eating disorder service - expand low secure services - fully utilise new Mother and Baby MH Unit - appoint Director of Community Healthcare services, improving organisational knowledge, skills and capacity - host Suffolk Community Healthcare services - prepare for tenders for community healthcare services in Suffolk and Essex - A number of other strategically appropriate bids are in development or in the pipeline, which are not disclosed here due to commercial sensitivity