

AGENDA ITEM 4

CWOP/47/10

Policy & Scrutiny Committee Community Wellbeing and Older People

Date 9 December 2010

North Essex Partnership NHS Foundation Trust – Annual Report

Essex County Council

and

North Essex Partnership NHS Foundation Trust

Annual Partnership Report 2010

'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 **purpose** is:

For individuals and families

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

For our staff

- to value everyone individually, promote wellbeing, support involvement and encourage personal development and leadership

For our teams

- to support their role in the delivery of best value, innovation and excellence in local and trustwide services

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 Wellbeing 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: 9 December 2010

1. Introduction

This is the ninth 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. An in-year report was presented to this Committee on 10 June.

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.

The Trust plays an active role in statutory partnerships and bodies including Safeguarding Boards and is one of the statutory partners contributing to the Local Area Agreement with particular regard to targets around child & adolescent mental health, carers and employment.

The trust was very sorry to say farewell to Richard Coleman, Chief Executive since inception of the trust in 2001, who retired in April 2009 after 39 successful years in public service. Andrew Geldard was appointed successor on 30 July 2009.

3. Financial report 2009/10

In the period from 1 April 2009 to 31 March 2010, the trust's second full year as an NHS Foundation Trust, with a total income of £97.077m, our financial position continued to strengthen, producing a net operating surplus before impairments of £1.54m, which was £90,000 better than planned. The surplus was reinvested in our capital programme to enhance patient experience, quality and safety. After account was taken of "technical asset impairments" of £3.842m, the recorded revenue position was a deficit for the year of £2.302m. Based on our revenue performance and liquidity we retained a Monitor financial risk rating (FRR) level 4. The trust achieved all the financial targets set by the board and the performance requirements set by Monitor and the Care Quality Commission.

New investment of £1.1m was secured 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 opening in November 2009 of our showcase Crystal Centre, the older adult mental health facility in Chelmsford. During the year £10.679m was spent on capital developments, mainly for the Crystal Centre, purchase of land at the Lakes inpatient unit in Colchester, 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. Planning for the purchase of the freehold of the Derwent Centre, Harlow commenced in 2009/10 and was successfully concluded in April 2010.

The value of the adults Service & Financial Agreement with Essex County Council, supporting the Partnership Arrangement, was £5.236m. Harlow Workskills Development Centre (previously known as Netteswell Day Centre), which we managed on behalf of Essex County Council, transferred to a third sector provider as part of its social enterprise delivery on 1 September 2009, following the earlier ECC employment services review.

4. Summary of Trust achievement 2009/10

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 for both staff and service users, whilst better engaging our staff and clinicians in leading change, and expanding on the excellent services that we currently provide. These achievements were externally validated through positive feedback from the 2009/10 national Annual Patient Survey and the award of double excellent - Quality of services, and Use of Resources – being one of only 37 NHS organisations nationally to achieve this in the 2009 Care Quality Commission Annual Healthcheck. This was followed by substantial improvements in staff satisfaction demonstrated by good staff scores in the annual Staff Survey. Our financial achievements are summarised in the preceding financial report.

5. Performance on social care indicators during 2009/10

The social care performance framework has been reviewed/updated annually and 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, North Essex, attended by Chief Executive of the trust and Executive Director, Adults, Health and Community Wellbeing. The following tables summarise eight PAF and performance indicators for 2009/10.

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	4.8	4.8	4.9	4.9
The trust maintained its high relative performance on this indicator against a target of 5.0				

NI 130 Direct payments and personal budgets for clients aged 18+ during the year				
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Number of Direct Payments/ Individual Budgets	149*	104	114	116
Reporting on this indicator is via ECC finance. ECC reported to the trust at the end of 2008/09 that at 102 it had significantly exceeded the target of 89. Reported progress* continued well in Quarter 1 2009/10. However an ECC finance data review/ cleansing exercise identified significant errors in the reports to the trust resulting in the substantial decrease in reported performance. The Mental Health Self Directed Support and Personal Budgets Pilot commenced in February 2010 and outcomes will be reflected in improved performance from a new baseline in 2010/11.				

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	70.5%	70.6 %	65.5%	67%

Reporting of reviews as a percentage of people receiving services does show quarterly variation, but in 2009/10 variation was between 65% and 70%, against the target of 80%. A robust performance improvement plan (for recording and practice) has been put in place in 2010/11 which is on course to exceed the increased target of 85% in 2010/11.

D42 Carers assessments as a % of all assessments.

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Percentage of carers assessments	6.3%	10.2%	11%	13.6%

The trust performed well with substantially improved performance on completed assessments compared to the previous year outturn. The focus on improving the outcome is clearly demonstrated in the huge progress on NI135 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	4.1%	11.7%	17.4%	25.7%

The trust made huge improvement from the previous year outturn and exceeded targets. The trust also successfully undertook an independent survey of over 500 carers – see section 6.5 for more detail.

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	92.9%	92.8%	94.2%	93.6%

The target of 90% was exceeded with performance continuing at an even higher level in 2010/11

NI 133 Acceptable waiting time for care package aged 18+				
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Percentage	100%	100%	100%	100%
The target of 93% was exceeded with performance at 100% 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	177	177	305	522
Performance on LAA L13.1 has been excellent with a year end outturn more than double than that of the previous implementation 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, carried out by the Care Quality Commission, shows a big improvement over the last community survey two years ago. On medication (taking patient views into account, explaining medication purposes and checking up whenever the patient is seen by any staff member) the Trust now has the best results of any mental health trust in the country. The trust has improved in every area and was rated better than other trusts on giving enough time to discuss conditions, patients being able to understand what is in their care plan and having the number of someone to call in a crisis. 'Day to day' living scores were disappointing (despite some improvement) and this includes benefits and housing advice. This is being examined further to determine appropriate actions for improvement.

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 will be piloted / tested in 2010/11.

The Trust has led the way across trusts providing mental health services by also undertaking an independently run survey of over 500 carers. The key findings were reported to a meeting of the trust board in public in August 2010 and are summarised in 6.5.

6.2. Safeguards

NEPFT continues to play an active role in the Essex Safeguarding Adults Board (ESAB) (and its sub-committees). The recent ESAB audit tool demonstrated that NEPFT is exceeding the requirements of the Essex Safeguarding Adults Board in almost every single domain, and meeting the requirements in every domain. NEPFT also continues to work nationally in this domain, contributing actively to the consultation on No Secrets 2 and 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 NEPFT Head of Safeguarding is seconded 0.5 wte to the ECC Adult Safeguards unit and this continues to be a productive relationship for both organisations ensuring a joint approach is taken to many shared initiatives – these include ensuring lessons from Serious case Reviews in Children 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 144 investigations commencing (having a SETSAF1 form recorded) in 2009/10. This growth looks set to continue in 2010/11.

In respect of Deprivation of Liberty Safeguards (DoLs) applications in 2009/10, 260 applications for authorisations were received in Essex as a whole, the majority in care homes (213 to Essex County Council) or in hospital beds within north-east Essex (47 in total, 26 to one PCT, NHS NE Essex, alone). At least 19 of the applications made in respect of people in hospital beds (47 in total) were made by our clinicians/ practitioners. From 2010/11 we are collecting data on DoLs applications in care homes where our staff are care coordinating the service user.

In respect of formal advocacy referrals in 2009/10:

- Around 200 referrals were made to Independent Mental Health Advocates (IMHA) providers
- The trust conducted 255 Mental Capacity Act (MCA2) Assessments (for significant decisions) of which 48 required an Independent Mental Capacity Advocate (IMCA).

6.3. Workforce issues in respect of ECC accountabilities

The Trust has continued to hold both *social work development groups* and larger trust-wide *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 key ECC HR policies and guidance on the Trust intranet and through the introduction of quarterly *social care and social inclusion bulletins*.

The trust established a regular HR Liaison meeting with ECC and Trust HR and the trust Associate Director, Social Care, to enable closer joint monitoring of all HR cases including situations where sickness patterns might be causing concern.

Effective training for seconded staff continues to be overseen by a joint ECC/ NEPFT workforce development group ensuring CPD requirements to maintain professional GSCC registration are able to be met.

Supervision audits have confirmed that all seconded staff receive management supervision that usually takes place at monthly intervals. The trust is looking at Social Work Task Force recommendations in respect of improving professional supervision and this will be taken forward through the trust Social Work Development Forum.

6.4. Approved Mental Health Professionals (AMHPs – previously role of Approved Social Workers, ASWS)

The Trust supported ECC by taking the lead role for Essex in relation to 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	16
Colchester/Tendring	14
Epping/Loughton	8
Harlow/Uttlesford	9

A North Essex *AMHP Forum* enables all AMHPs in North Essex and ECC EDS to meet and address relevant issues and a quarterly AMHP Bulletin will be launched by the trust in 2010/11. The trust has commissioned a review of the AMHP service in north Essex which will report in 2010/11 having obtained and considered AMHP views on key issues such as AMHP supervision and support, day time rota co-ordination, lone working, access to information held on IT systems, AMHP training and other policy/practice issues.

With regard to AMHP training, eight candidates (6 Trust, 2 other ECC) from north Essex undertook the AMHP programme at Anglia Ruskin University from January to May 2010. Out of the eight North candidates: two were nurses, one an occupational therapist and five were social workers. Seven successfully completed the programme and are awaiting approval. One has an extension to the 17th December 2010.

6.5. Carers

The separate performance report in Section 5 identifies the good and improved performance in respect of completing carer assessments and providing or arranging information, advice or direct support services.

The Trust has led the way across trusts providing mental health services by also this year undertaking an independently run survey of over 500 carers. Response rate was 29%.

Two thirds of respondents said they were offered the opportunity to discuss their caring role and needs and 88% of these said they had this opportunity in the last 12 months

Many carers made reference to attending Care Programme Approach (CPA) Reviews which enabled them to share any anxieties or concerns with the professionals and to be included in the process of care planning and the sharing of information. 82% of carers who had attended a CPA Review, stated they had been able to have their say at CPA Meetings. Around one third of carers did not feel involved in the decision making process.

Analysis of other responses to free text questions identify several consistent themes around what carers want:

- More information about the illness, the symptoms and the effects of medication.
- Advice and guidance on how to provide support to the service user with more confidence, knowledge and understanding.
- More contact with professionals for advice and support, with easier access to the Care Co-ordinator when needed.
- Help and support in a crisis, albeit many carers were very satisfied with the service they received.

The trust is reviewing its Carers Strategy and action plans in the light of this feedback and will undertake a further survey in 2010/11.

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 and is overseen by an SDS steering group and project team.

The Trust's Direct Payments/SDS Staff Training programme has continued since March 2009 with 29 sessions across the Trust.

The pilot in Mid Essex is also working in conjunction with NHS Mid Essex and incorporates a small pilot for personal health budgets. NHS Mid Essex have secured £10,000 with which to meet personal health care needs that are particularly "outside of the box" for example complementary health care. A representative from the trust and NHS Mid Essex are part of a national learning set to help develop specific tools to assist with the health budget component.

Evaluation is being carried out with input from ECC and Pam Hutton, Partnership Coordinator, MIME/Anglia Ruskin University. Extensive feedback has been sought relating to the evaluation tools from the SDS project team.

6.7. Employment

Following assessment, care planning and referral to vocational workers in CMHTs, the Employment, Education and Voluntary work outcomes for the year 2009/10 are detailed, against LAA total targets. The targets for the west and north east of the county are higher than mid as there are additional 'supported volunteering' opportunities in those areas – west (20) and north east (40).

Area	09/10 LAA Target	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total
N East	76	21	20	14	21	76
Mid	40	22	28	11	9	70
West	55	26	44	16	17	103
Total	171	69	92	41	47	249

The year end figures highlight both commissioning strategy and LAA targets have been met / exceeded.

The Trust continues to make progress on a range of employment initiatives coordinated through its Vocational Service Manager. The provision of supported employment services continues to see some progress in spite of difficult economic circumstances and greater competition for jobs.

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. A fidelity review of service provision in Clacton will be carried out by Professor Bob Grove in September 2010. This review will establish the level of fidelity to the evidence based Individual Placement Support (IPS) model of service delivery.

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 is engaged with the ECC review aimed at ensuring the most effective use of the ECC external social care purchasing funds and streamlining processes to agree resources to support need. A short life review team will provide commissioners and the Trust with information about whether externally funded care packages are currently meeting the needs of individuals and what outcomes are being achieved. The team will focus 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.

The Trust is also actively involved in each of the Mental Health Housing and Accommodation Strategy's Implementation/Delivery Forums and is pleased to see that some of these are already beginning to produce initiatives such as work focusing on homelessness in the Epping Forest area. We aim to continue and strengthen our involvement in this work.

6.9. Health and Safety 2009/10

A review and update of the Trust Health and Safety Policy is currently being finalised in 2010 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 this year include:

- Trust security policy reviewed with a review and update of the risk assessment format
- Lone working policy reviewed and implemented
- Policy on managing aggression and violence reviewed and updated alongside the procedure for reporting physical assaults
- Implementation of statutory training attendance monitoring on a monthly basis by the Executive Management Team

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 69 audits conducted this year, including the ECC premises used in Dunmow, Braintree and Maldon. 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 are 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 Committee and copies of incident forms relating to seconded social care staff are sent to Essex County Council.

During 2009/10 just 11 incidents (last year 7) reported in the Trust related to social care staff (this is 0.2 % of the total number of reported incidents): this included two personal accidents and eight incidences of violence and aggression, (none of which were RIDDOR reportable to Health and Safety Executive).

The Trust are working towards the achievement of Level III 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.

Our key priorities for 2010-2011 are:

1. Roll out of Datix web based incident reporting
2. Training on:
 - a. Root cause analysis
 - b. Manual handling link trainers revalidation
 - c. Nominated officer security and fire trainers revalidation
3. Patient safety audit of all inpatient units
4. Transfer training admin and recording to OLM system (linked to electronic staff record)

The full Risk Management Annual Report 2009-2010 is available to the Health and Safety Unit of Essex County Council.

7. Outlook and key priorities for 2010/11:

‘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**

The 2010/11 Annual Plan 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 – Crystal Centre, Chelmsford opened late 2009, Practice Development Unit status being sought for OA services in West Essex, and QIPP developments in progress in North East Essex around improved memory assessment and support, and hospital liaison.
- Piloting Self Directed Support and personal budgets, and working with ECC on future service model for social care informing Section 75 review by April 2012.
- Continuing an improvement programme to ensure our environments are safe and therapeutic with high standards of privacy and dignity, cleanliness and infection control
 - New mother and baby unit based in Chelmsford
 - New Child and Adolescent Inpatient Unit in Colchester as regional centre of excellence

- Derwent Centre, Harlow purchased and business plan in preparation for phased redesign and refurbishment to enhance service and care pathways
- Reprovision of low secure services for north Essex from Colchester to a new facility in Chelmsford
- Reviewing Psychiatric Intensive Care services across the trust
- Using PROMs, CROMs, locally defined quality measures, and the implementation of a new service user and carer involvement policy to empower patient / carer centred improvements in the quality of services and support, building on feedback from patient and carer surveys.
- Improving medicines management through development of in-house pharmacy which will ensure more access to pharmacy support including ensuring people are well informed and involved in agreeing their treatment and managing their medication.

7.2. *Being a model employer*

- Building on the huge successes last year 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
 - Harnessing the innovation and creativity of individuals and teams to improve services and contribute to high job satisfaction
 - Maintaining the high profile on leadership, management development and succession planning programmes
- Increasing the use of e-learning and maximising training take-up
- Reducing sickness absence whilst promoting health and well-being

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

- As an NHS FT we are proud of our accountability to the communities we serve through a growing public membership (aiming for over 7000 public members by year-end), and 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 partnerships eg 'Thinking Fit' with AH&CW to slow onset of dementia, and joint appointment of Nurse Consultant, Dementia Care with Essex University.
- 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 staff for GSCC Re-registration of majority of seconded social work staff from February 2011.
- Maximising communication and engagement with GPs and primary care

7.4. Providing Value for Money

- Achieving improved carbon management performance through improvements in buildings, equipment, transport and procurement
- Using technology to reduce costs / improve productivity, eg one-per-desk/ VPN access IT programme with ECC, medical records scanning technologies, internet telephony etc
- 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
- Rationalising trust estate
- Working with whole system QIPP processes and their development

7.5. Expanding our business

- Bidding to acquire community health services, broadening our local health and wellbeing service base
- Developing high quality local community eating disorder services
- Working with partners to prevent harm from alcohol eg. new post in A&E at Colchester Hospital University NHS Foundation Trust
- Increasing capacity in Tier 3 CAMHs, expanding Tier 4 provision as a centre of excellence in East of England, and working with ECC on the future arrangements for Tier 2 CAMHs
- Expanding services within the Criminal Justice system, including Integrated Drug Treatment Services (IDTS) at HMP Chelmsford.

8. Conclusions

The ninth year of the Partnership has maintained the firm foundations put in place in previous years. 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 2010/11 and beyond whilst recognising and preparing with our partners for a challenging financial climate in public sector services in the years ahead. We will work with Essex County Council to maximise the benefits of partnership, make best use of available resources and review and develop the operating model for mental health and substance misuse services.