NHS
South West
Yorkshire Partnership
NHS Foundation Trust

SWYPFT strategy

Refreshed April 2018

06 April 2018

V0.12

With **all of us** in mind.

NHS
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Yorkshire Partnership
NHS Foundation Trust

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With **all of us** in mind.

South West Yorkshire Partnership NHS Foundation Trust

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Foreword

Welcome to the refresh of our strategy. It describes what we want to achieve and how we will develop our services in our local communities to get there. In this challenging period faced by the NHS nationally, a refreshed strategy and plans help frame our actions. These will continue to be guided by the values we work hard to embody in our work every day. Together we will make sure that a population of 1.2 million is provided with the help to live well in their communities and reach their potential.

Our strategy has been developed with the help of local people and our staff, speaking with people individually and in workshops, asking their views digitally using surveys and social media, and through our formal governance structures such as the Members' Council and Trust Board. Through these approaches we have been able to hear the views of people who use our services, people who work in the Trust, and others who take an interest in our work.

People told us that they see our Trust as ambitious, dynamic and well-led. People identify with our mission and values, and agree that we act in accordance with them. Given the reductions in income and continuous need to make efficiency savings the Trust will need to carefully prioritise our work to make sure we meet our strategic objectives to improve people's health and wellbeing; improve the quality and experience of all that we do and improve our use of resources. This will be a challenge, but we recognise the importance of doing so.

This strategy refresh document provides a summary of our recent work to help establish the future direction for the Trust. It includes stretching strategic ambitions around excellence, partnerships and innovation. The strategy will be discussed with regular updates provided to Trust Board and we will monitor our achievement using our monthly integrated performance report.

Our strategy showcases our commitment to making a positive difference to improve the health and wellbeing of the people we care for. We look forward to working with you to achieve these benefits.

Rob Webster
Chief executive

Angela Monaghan
Chair

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1. Our vision, mission and values

South West Yorkshire Partnership NHS Foundation Trust is a values-led organisation. Our vision, mission and values are well established and are recognised and endorsed by the people we work with and the people who work in the Trust.

Throughout this refresh of our organisational strategy our vision, mission and values remain consistent. However, in the face of considerable change to the ways in which the health and care sector works together, we will need to work even harder to keep people at the centre of their care and services we deliver. We will also need to continue to strive to involve people and enable them to have greater control over their own care, working in partnership with the community and voluntary sector and playing our part in building resilient communities will be essential.

Our vision

To provide outstanding physical, mental and social care in a modern health and care system

Our mission

We help people reach their potential and live well in their community

Our values

We put the person first and in the centre

We know that families and carers matter

We are respectful, honest, open and transparent

We improve and aim to be outstanding

We are relevant today and ready for tomorrow

2. Our population

We primarily serve the 1.22m people who live across South and West Yorkshire in the local authorities of Barnsley (239,300 people), Calderdale (209,800), Kirklees (440,000) and Wakefield (332,000). Most of the care we provide is delivered in local communities. This means we work in all the villages, towns and cities from Todmorden and Hebden Bridge in the west, to Castleford and Pontefract in the east and to Hoyland and the Dearne Valley to the south of Barnsley – and all points in between.

For some of our services we work across a wider area, often in partnership with others. For example we provide help for people to stop smoking across South Yorkshire and in parts of West Yorkshire too. We provide low and medium secure forensic mental health care that serves people across the whole of Yorkshire and the Humber, and provide specialist mental health support into Wetherby Young Offenders' Institution.

Our population lives in a mix of rural and urban areas. Population density varies considerably between 573 people per km^2 in Calderdale and 1063 people per km^2 in Kirklees.

Population projections

The population of our area is changing in much the same way as the rest of the UK population. The 2015-based population projections estimate that by 2035 there will be 1.34 million living in the area, an increase of 11 per cent on 2015. However, the older population is projected to increase at a much higher rate. The 65+ population is projected to rise by 41% from 2015 to 2035, and the 85+ population by 75% (from 4,700 in 2015 to 8,100 in 2035).

Ethnicity

In March 2011, White British people made up 87% of our region's local authority population, more than the England average of 81 per cent. The other main minority groups include Black or Black British people comprised 1%, less than the England average of 3%, while Asian or Asian British people comprised 8%, the same as the England average (2011 census). The local authorities with the largest proportions of Asian people were Kirklees (16%) and Calderdale (8%). This profile is likely to change significantly over the next 20 years with BME groups accounting for almost 80% of the UK's population growth (Policy Exchange, 2014). Whilst the UK population is generally ageing, among BME communities specifically, this pattern is reversed.

The major ethnic minority communities are generally weighted towards the younger generation, with most ethnic minority groups having more than half of their population under the age of 30. In 2016, the estimated median age for the BME population was between 11 and 13 as compared to 40 for the white population.

Deprivation and unemployment

Figure 1 shows that the area has almost four times as many lower layer super-output areas (LSOA) in the most deprived quintile (20%) as in the least deprived, with the town of Barnsley having 37% of its population living in the most deprived 20% of the country compared with 25% in Calderdale. The long-term unemployment rate for residents aged 16 in the area was 6.4% in 2015, higher than the England rate of 4.6%. The highest rates of long-term unemployment in the area are Barnsley (7.5%) and Calderdale (6.8%).

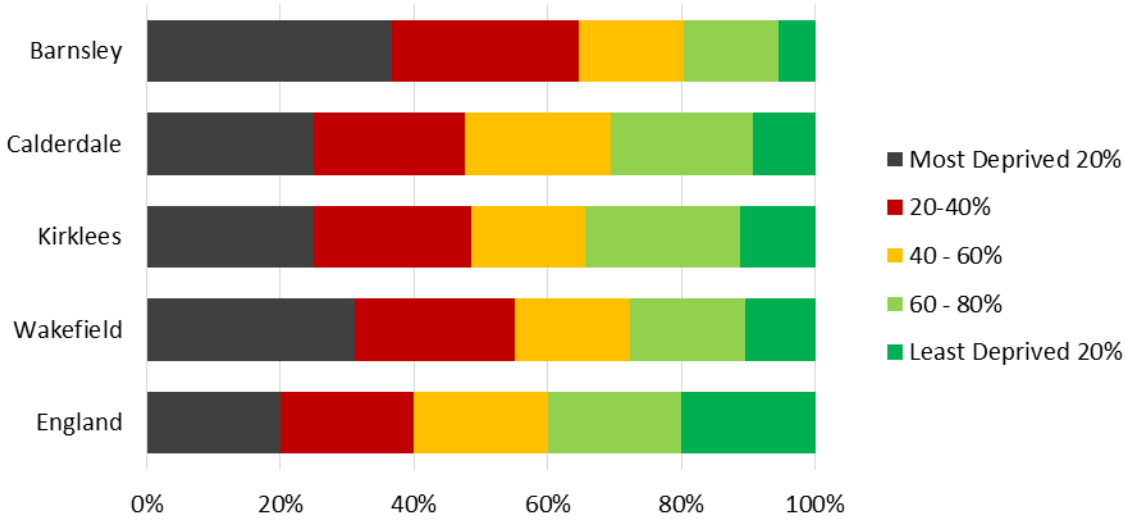

Figure 1: Distribution of lower super-output area rankings for Index of Deprivation (IMD, 2015) South West Yorkshire Partnership NHS Foundation Trust Local Authorities

Health

While the local population is living longer, they are not necessarily healthier, with people generally living longer with complex comorbidities. Life expectancy and disability-free life expectancy (DFLE) are extremely important summary measures of mortality and morbidity. They are indicators of the general health of the local population and will be influenced by socio-economic, environmental and lifestyle factors.

Female life expectancy in the area was 82.1 years for 2012 to 2014, compared with 83.1 years for England. For males, life expectancy was 78.5 years in the area compared with 79.5 years for England. Life expectancy in Yorkshire and Humber is the third lowest of the English regions. Life expectancy is 8.3 years lower for men and 7.8 years lower for women in the most deprived areas of the region than in the least deprived areas.

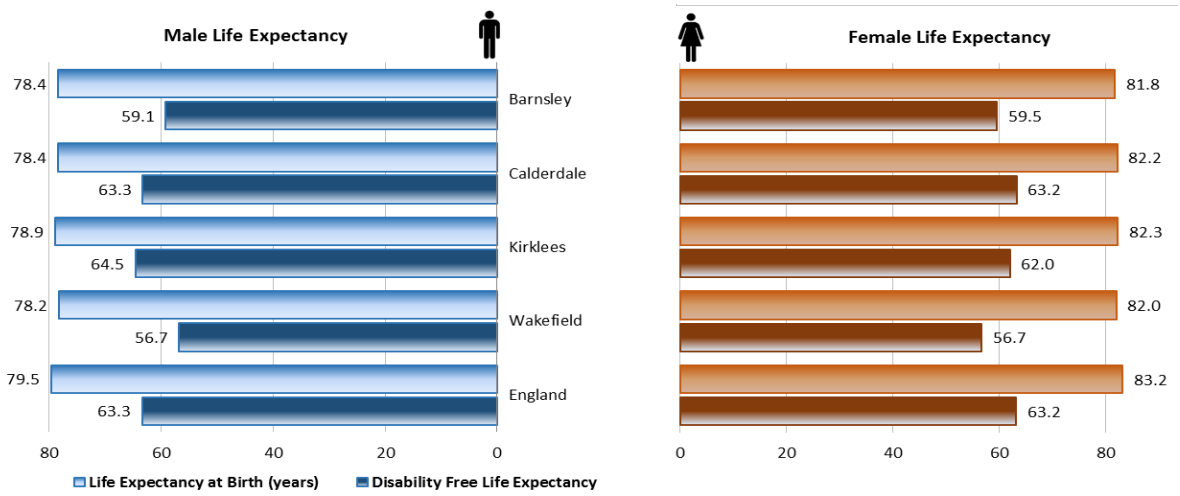

Figure 2: Life expectancy

Health of our population

The health of people in our local communities is generally worse than the England average, and worse than the Yorkshire and Humber average.

Child health

In 2015, 18.5% (2319) of children in Year 6 were classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 42* (range 30.3 to 54.2), worse than the average for England. This represents 321 stays per year. Levels of GCSE attainment is lower than the England average, particularly in Barnsley. Smoking status at the time of delivery and breastfeeding initiation are also worse than the England average, particularly in Barnsley and Wakefield.

Adult health

In 2015, 68.5% of adults were classified as overweight or obese compared with 65% England average. The figure for Barnsley and Wakefield is over 70%. The rate of alcohol related and self-harm related hospital stays is worse than the average for England. The rate of smoking related deaths is worse than the average for England. This represents over 6100 deaths per year. Estimated levels of adult smoking (19.6%) and physical activity (55.8%) are worse than the England average. The rates of teenage pregnancy (26.4 per 100,000 females aged 15-17) are worse than the England average (22.8) and particularly in Barnsley where the rate is 36.3.

The percentage of people with a long-term condition or disability is 20.4%, which is higher than the England average (17.6%), with the figure for Barnsley and Wakefield being significantly worse at 22 and 24% respectively. This is also reflected in the health-related quality of life figures for adults over 65, with an average EQ-5D score of 0.7 compared with 0.73 for England and Barnsley scoring 0.67.

The rate of cancer diagnosis at an early stage, and premature death from all causes including under-75 mortality from cancer and cardiovascular disease is worse than the England average.

The percentage of persons with a learning disability (QoF prevalence, and adults with a learning disability receiving long-term support from their local council) are higher than the England average. The number of children with a moderate learning disability known to schools (37.7 per 1000 pupils) is also higher than the England average (28.5), particularly in Barnsley and Calderdale where the figure is around 50.

The life expectancy of people living in the West Yorkshire and Harrogate Health and Care Partnership (formerly Sustainability and Transformation Partnership) area who are in contact with mental health services is considerably shorter than the rest of the Health and Care Partnership (HCP) population. Men have a life expectancy 18.6 years less than their peers and women 16.3 years less.

The wider determinants of health and wellbeing

The health and wellbeing of people is significantly impacted by factors beyond their access to health care and the quality of the healthcare interventions they receive. The factors that play a critical role[1] include:

- Meaningful work
- Our surroundings and environment
- Money and access to resources
- Housing
- Education and skills
- The food we eat
- Transport
- Meaningful relationships with family, friends and communities

The extent to which each of these factors impacts on individuals is debated, nevertheless the consensus is that these factors combined play a bigger role than healthcare provision in determining our health and wellbeing.

The implications of this for the Trust are:

- SWYPFT will consider what role they can play in the prevention of ill health and promotion of staying well, through supporting the development of ‘communities’ that are health producing in addition to treatment of ill health.

[1] The Health Foundation ‘what makes us healthy?’

- Prevention is significantly impacted by a sense of belonging and connectedness within community and peer activity and the Trust will consider how its operating methods can adapt to address both individual support and community enablement.
- Accountable care/Integrated care systems encourage groups of providers to work together to deliver population health outcomes and the Trust will consider new partnerships and approaches to best deliver in this regard.
- The commissioners of public health are increasingly active in shaping the agenda within place based accountable/Integrated care systems and across sustainability and transformation partnerships. Public health's influence is greater than their relatively limited spending power and the Trust will be mindful that this is not to be underestimated.

3. Our services

Our service model is to provide integrated holistic care to people in their community. Many of our services will be part of joined up neighbourhood teams working hand in hand with primary care, social care and the voluntary and community sector. Other services will be provided by specialist teams working across a whole town or district. We also provide some very specialist services which will work across a wider footprint to provide high quality specialist support.

All our services are focused on principles of recovery and co-production, working with the strengths of each person and those of their carers and wider community.

- Recovery is about a person living a meaningful and hopeful life, with or without limitations caused by illness.
- Co-production is the way we work - through equal and reciprocal relationships between people using services and professionals; recognising that both partners have vital contributions to make.
- Working with strengths means creating the conditions to recognise and engage people's capabilities, interests, beliefs and right to make choices and actively enable them to put them to use at an individual and community level.

Our Trust service portfolio

We will continue to develop our current Trust service portfolio which has strong alignment between our emerging strategy and the aspirations of the STPs, including the geography we need to work across for each group of services, and the partnerships we need to maintain in order to deliver services and joined up care in the future.

We currently deliver services across a wide range of needs and specialisms. In the future it is our intention to continue delivering services for people of all ages across the full spectrum of need.

Prevention and wellbeing

The Trust provides a range of health and wellbeing services that provide defined services to people - for example through the Yorkshire Smokefree services and Live Well service in Wakefield that is delivered through a partnership with the community organisation Nova. The Trust also provides services that promote health-producing communities and prevention through supported self-care, recovery focused approaches, peer support and community involvement, volunteering to supported employment. The Trust's recovery colleges, linked charities Creative Minds, Spirit in Mind, Mental Health Museum and significant volunteering services, as well as Altogether Better (a national organisation that is hosted by the Trust) occupy this space within communities.

Integrated community services

We provide a range of community services to enable people to live well in their community. This ranges from community neighbourhood teams that provide enhanced primary care, to community mental health teams that support people with chronic mental health issues. We also provide intensive home based treatment for those that might be experiencing a crisis or in need of more intensive support to prevent hospital admission. Community services are at the forefront of developing new ways of working that enable joined up care that is holistic, meeting the needs of the person within their lived context. This is increasingly challenging given the decommissioning of services, including benefits advice services and higher thresholds for housing support to mention a few amongst those services that continue to impact people's mental health and wellbeing. We work in partnership with the police through our liaison services and street triage services to provide early help, support and intervention to those that might be in crisis.

Inpatient care

Acute inpatient units work in partnership with service users, carers, relatives, partners and community teams proving inpatient care during periods of high acuity, and where the person cannot be safely and effectively supported and treated in the community. People may be admitted informally or detained following assessment under the Mental Health Act. Multi-disciplinary teams provide comprehensive assessment and support to those admitted in our inpatient units.

Specialist services

We provide a range of regional and service based specialist services that provide comprehensive care to people with specialist needs within inpatient and community settings. Our forensic services already have a regional profile and we aspire to be the specialist provider for forensic and learning disability services across West Yorkshire. CAMHS support children and young people often working in partnership with families, schools and local communities to enable targeted support. We provide support for conditions such as ADHD/ASD and other neurodevelopmental needs through our specialist services. Our learning disability services have gone through a recent transformation to provide comprehensive holistic care at home as well as specialist inpatient care for those that might need a safe space or assessment to identify their needs.

4. Our context

We are already a successful well-established Foundation Trust which means we are refreshing our strategy from a position of having achieved relative financial stability, and delivered many high-quality services. However the context in which we operate is changing rapidly so we must adapt with it to continue to meet the needs of our population in the future.

Policy

The legislative framework for the NHS has not changed since the 2012 Health and Social Care Act which established Clinical Commissioning Groups and reinforced the use of competition as a driver of improvement.

However in the intervening years there has been a major shift in the emphasis of policy towards increased collaboration and a continued drive to empower and support people to take charge of their own health and wellbeing. This direction fits well with the ethos of the Trust to enable and work in partnership, and with the service portfolio of the Trust which is community based and focused on recovery and prevention. We are well positioned to make a strong contribution to the future of health and care.

The Five Year Forward View signalled an intent to focus on prevention, engage communities, and where necessary to change organisational and contractual approaches to achieve the 'triple aim' of better health outcomes, better quality of care, and better use of resources. Since April 2016 the triple aim has informed our emerging Trust strategy.

Our strategic objectives

- Improve people's health and wellbeing
- Improve the quality and experience of all that we do
- Improve our use of resources

Regional and local change

The current strategic context envisages a bold step change in collaboration between NHS, social care, private and voluntary organisations, moving towards one "whole system" approach embodied in Sustainability and Transformation Partnerships (STPs) or Integrated Care Systems. The aspiration is to move beyond fragmented service delivery and single-focus organisational governance by creating stronger partnerships and alliances. These partnerships will deliver joined up approaches that focus on prevention and deliver services based on population outcomes, a capitated shared budget and mature risk sharing between all partners to achieve most efficient use of the public pound.

We already work together with partners across health and care to make the triple aim a reality. One of the significant ways we do this is through active participation in the shaping the South Yorkshire and Bassetlaw Integrated Care System (formerly known as Accountable Care System) and West Yorkshire and Harrogate Health and Care Partnership (formerly known as STP), and through the development of ambitious shared plans for each of the places we work; Barnsley, Calderdale, Kirklees, and Wakefield.

Our strategy is informed by and informs the STPs/ICS. There are opportunities for us to contribute in all our service areas as both regional partnerships work through a mix of place based delivery plans, and region-wide thematic plans where scale and consistency is important. For example, working together to optimise the stroke pathway for South Yorkshire, or collaborating on low and medium secure forensic services to help more people receive care closer to where they live.

In addition to greater collaboration between providers of care, commissioners are also collaborating to share expertise, operate efficiently and to improve quality. This means that we will work with providers to offer a joined-up service response where required – for example the provision of community based eating disorder services in West Yorkshire that reduce the need for people to travel far away from their homes to receive inpatient care.

In all of the places we work there are plans to develop new models of care delivery and new ways of contracting and commissioning care. New integrated commissioning and delivery of formal systems need to be created that can deliver the overall strategic vision of the Accountable Care/Integrated Care Systems (formerly STP's) in practice. Within each regional partnership or system, we will increasingly see the formation of Accountable Care Organisations or Systems as the vehicle for integrated service delivery. The purpose of this is to support the achievement of the triple aim – better care, better quality, and better use of resources. This may also require new partnerships and new organisational forms if existing structures become a limitation on progress.

It is not intended to dwell on detailed considerations of the specific models of integrated care such as 'multi-speciality community provider' or whole system approaches to integrated commissioning and provision through 'accountable/Integrated care

organisations'. However it is noted that a significant element of the context in which we are refreshing our strategy is an increased freedom to collaborate to redefine local health and care systems. This will require us to build upon our partnership working strengths, apply our values to constantly improve and aim to be outstanding; so we can be relevant today, and ready for tomorrow.

This transformational approach to services will also need to be made sustainable by maximising efficiency and reducing duplication between individual organisations, working together to secure a viable workforce as the UK prepares to leave the European Union and delivering more for less together financially. The Trust with its partners across both regional partnerships/ systems therefore must have one eye on creating the future, whilst pulling organisations together to deliver and safeguard NHS Constitution core standards and financial balance in the here and now. Strategy and sustainable, affordable delivery must be linked by a strong bridge.

A summary of some of the opportunities available to us through these contextual changes are set out below. Specific place-based plans are set out at Section 7 – Implementation.

STPs • Liaison in general hospitals and with police • Suicide prevention • Reduce out of area placements • Low and Medium Secure Forensic • CAMHS – alternatives to admission	**5 Year Forward View** • IAPT • EIP • Perinatal • Future in Mind (CAMHS) • Primary Care
Business Development • Health in Justice e.g. Liaison and Diversion • ADHD and ASD – consolidate income • Transforming Care • Individual Placement and Support	**Partnership and Joint Ventures** • Back office collaboration • Consolidate community service provision • Health and wellbeing • Care integrators • Care Homes/Home Care

Figure 3: summary of some of the opportunities available to us through these contextual changes

Contracts and income

Most of the Trust's income comes from the contracts we hold with local CCGs, local Councils and NHS England's specialised commissioning function.

Each year many of our contracts are subject to competitive tendering. This gives us opportunities to gain services where this helps us to better achieve our mission, but it also means that some services may be transferred to other providers, or decommissioned

altogether. The consequences of tendering are felt by the people who use services and who work in them. This can be positive, where quality improvements are enabled. Tendering also has financial implications for the Trust and our ability to operate effectively. Given the reductions in income and continuous need to make efficiency savings the Trust will need to carefully prioritise how it deploys its resources to ensure it meets its objectives.

The general trend over recent years has been for the value of contracts to decline each time they are tendered, which reflects the wider context of NHS investment reducing, flat cash or below inflation levels, depending on the service. This has been particularly the case in respect of public health services which are commissioned by local authorities.

The annual income of the Trust has decreased in recent years which increased the savings requirement. This in turn impacts on the job of colleagues and the ability to sustain corporate overheads at current rates. The trend towards re-procurement is anticipated to continue, alongside a growing trend towards services (and income) being incorporated into alliances and new models of care. This will mean that we will need to be open to restructuring the way in which we deliver services, by reducing our overheads and delivering services in innovative ways with partners.

The contracting and income context will remain challenging. This has several implications for our strategy.

- We must work effectively with both competition and collaboration
- We must remain focused and enhance our culture of quality improvement, with a sharp focus on maintaining safety, clinical effectiveness, service user, carer experience and outcomes.
- We must develop a systematic approach to improvement that builds capability and capacity to support positive change and innovation across the organisation and within and across communities with our partners.
- We must strengthen our communications and marketing approach to share success stories, receive feedback and engage and involve members, service users, carers, volunteers and partners in all we do.
- We must proactively pursue growth in the service areas that best enable us to deliver our mission.

Regulation

The regulation of health and care continues to be reformed. There is now closer collaboration between the regulation of systems, governance and finance; and regulation of quality. There is also a shift towards system-wide regulation, which reflects the collaborative ethos of STPs and Integrated care systems.

The regulatory environment has also become tighter, with closer scrutiny and fewer

freedoms to act. In that context it is critical that we maintain our high standards in delivery every day, and take fast, effective action to learn from and address issues where they arise.

It will be challenging to do this while working within an increasingly tight budget; and to focus on system wide working while we also focus on service delivery, but we recognise the importance of doing so. A failure to do this will undermine our ambitions to be a leader in place based care.

Our regulators the Care Quality Commission and NHS Improvement have highlighted some important areas where we need to change:

- The Care Quality Commission (CCA) inspected our services in 2017 and rated our Trust *Good*. 90% of the ratings within our service lines were found to be 'Good' or 'Outstanding'. As a learning organisation, we're committed to improvement and welcome the insights from the CQC which will help us as we strive to be outstanding. The CQC found that "staff across the organisation were kind, caring and compassionate. Staff were respectful and warm with patients."
- NHS Improvement introduced a new approach to evaluating the financial and governance performance of NHS Trusts during 2016. The single oversight framework has recognised the deteriorating trend in our finances and in particular has highlighted control of spending on agency staff and on out of area placements as significant causes to be addressed.

It is a strategic priority for us to address these issues highlighted by regulators, not because of the potential regulatory consequences, but because they indicate opportunities to better meet the needs of our service users as effectively and efficiently as possible.

5. Refreshing our strategy

In the context set out above we have engaged with our stakeholders to help refresh the Trust's strategy to ensure we remain relevant today and ready for tomorrow.

We have done this by speaking with people individually and in workshops, asking their views digitally using surveys and social media, and through our formal governance structures such as the Members' Council and Trust Board. Through these approaches we have been able to hear the views of people who use our services, people who work in the Trust, and others who take an interest in our work.

We also asked an independent research company to specifically talk with key stakeholders in the organisations we need to work with to test their perceptions of us and our ambitions for the future.

This has provided a rich picture that has informed our future strategic direction. In summary the key messages that people have shared with us are:

Working with our communities

The people we talked to endorsed the idea that we should continue to focus on working with communities to support people to stay well and to intervene at the earliest opportunity if people become unwell or require support from services.

People highlighted many areas of existing good practice in working with communities including the diverse range of community and peer support initiatives developed and supported by Creative Minds, which is a linked charity of the Trust. Creative Minds works with a large number of community partners to provide community activities using arts, sports, music etc. The recovery focused approaches adopted by our Recovery Colleges were identified as good practice, and it was clear from feedback that we could do more to develop these further.

This would mean enhancing and spreading our offers through the Recovery Colleges, Creative Minds, and working with partners like Altogether Better. Working with individuals' and communities' strengths to enable supported self-care, recovery and choice is effective and fits our mission and values.

Many opportunities were highlighted to us for closer working with schools and community groups. The importance of supporting volunteers and engaging people with lived experience was a clear message.

It was also noted that there are many types of community - based on shared interests and backgrounds as well as on geography or diagnosis. Some communities asked us to do work with them to ensure help is accessible in ways that are sensitive to the needs of all cultures. We will do this by working and learning together with existing community groups.

Joined up services

People told us that they agree with our ambition to treat the physical and mental health needs of individuals holistically and in a joined-up way. They also recognised that it is important to take a wide view of the social factors that impact on health.

Many people highlighted the importance of working well with the voluntary and community sector as part of a joined-up approach. It was suggested that there are many good examples of such partnerships across that Trust, as well as opportunities to do more.

It was also noted that there are positive examples of 'multi-disciplinary team' working, and of integrated locality or neighbourhood teams that enhance primary care. People suggested that we can learn from these examples as we continue to develop joined up, holistic care.

Several people told us about their experiences of moving between different services. It is clear that this does not always work as smoothly as it should, and it is a cause of worry for people and their families. We agreed we would work together to make the experience as smooth and easy as possible. This includes transitions between young people's services and those designed for adults; making it easier to move between hospital and community based services; and between secondary care and primary care.

Relationships and positioning

People told us that they see SWYPFT as ambitious, dynamic and well-led. People identify with our mission and values, and agree that we generally act in accordance with them. However they also note that as a large organisation we can sometimes appear to value consistency over localism, and they would like to see us be more flexible. The survey also highlighted opportunities to empower our service delivery teams to innovate.

Our survey confirmed that we are primarily known as a mental health provider by many stakeholders. This means we need to do more to engage with people and help them understand the full range of our activities. This is particularly important in view of our ambition for the future, which is focused on holistic, place-based care.

In particular it is important that we focus on our relationships with GPs, in terms of day to day delivery through key link contacts, and also in the development of strategic alliances.

System leaders told us that they see SWYPFT as central to the formation of local place-based accountable/Integrated care organisations or systems. They endorse the idea of SWYPFT acting as a partner and or integrator of care, this will mean different things in each of our places, at the minimum it will enable us to provide more joined up care through adopting outreach named links to GP practices for key specialities, care coordination roles across organisations to the Trust leading community based MDTs serving clusters of GPs. Our partners would like to see us achieve this through working in partnership.

6. Our ambition

Our vision, mission and values (Section 1) will remain consistent throughout the delivery of this strategy. Equally we will remain committed to the achievement of the consistent strategic objectives (Section 4) which are in effect to deliver the 'triple aim' of:

- Improving people's health and wellbeing
- Improving the quality and experience
- Improving our use of resources

Strategic choices

The process of refreshing our strategy requires us to make choices. Through the conversations and analysis described above we have clarified the following choices:

- We will take a **place-based approach** to the delivery of care. Except where a service based approach over a wider area is more appropriate e.g. forensic mental health.
- We will continue to be a **combined provider of care** with expertise in prevention, physical healthcare, learning disabilities and mental health.
- We will act as a **system partner and integrator**, proactively supporting local partnerships of commissioners and providers to join up care and to form accountable care systems. We will do this alongside our service delivery activities.
- We will become an **exemplar of co-production**, valuing both the service user and clinical perspectives, involving people in all we do.

Our strategic choices provide us with a framework that will enable us to develop focused delivery plans. In order to make a marked difference in delivery of our mission and strategy, we have set the following ambitions:

Our strategic ambitions

1. Regional centre of excellence for specialist and forensic mental health; and for learning disability services
2. A strong partner in mental health service provision across West Yorkshire and South Yorkshire ACS/STP
3. A host or partner in four local accountable/Integrated care partnerships – Barnsley, Calderdale, Kirklees, Wakefield
4. An innovative organisation with coproduction at its heart, building on Creative Minds, Recovery Colleges, Mental Health Museum and Altogether Better

7. Implementation

This strategy refresh document provides a summary of the recent work to help establish the future direction for the Trust. Subsequently six priorities for action were developed aligned to the triple aim. There are also a number of enabling strategies that will support the Trust strategy and to achieve its objectives (See appendix 1 - Enabling strategies priorities table).

Our strategic objectives and priorities

In order to implement this strategy and to measure its achievement it is important that we prioritise actions that help us deliver our objectives.

Our strategic objectives and priorities are:

Improving health	Improving care	Improving resources
1. **People at the centre**	3. **Quality counts, safety first**	5. **Operational excellence**
2. **Joined-up care**	4. **Compassionate leadership**	6. **Digital by default**

Figure 4: Our strategic priorities

In order to deliver each of our priorities we have identified a number of actions to take. These include the implementation of some well-established ongoing pieces of work such as older people's mental health transformation, and also include the delivery of some new business critical changes such as the replacement of the Trust's clinical record system for mental health services.

These programmes and priority actions will be reviewed annually as part of the business planning process and revised as needed. They will also be further developed to reflect priorities and opportunities that emerge through each of the places in which we work, including the two regional health and care partnerships in which we are a part.

The table below indicates our initial set of priority actions needed in order to achieve our strategic objectives. (See also appendix 2 strategy map)

Improving health	Improving care	Improving resources
1 People at the centre ▪ Enhancing liaison services ▪ Improving people's experience ▪ Recovery based approaches ▪ Physical / mental health	**3 Quality counts, safety first** ▪ Patient safety ▪ Older people's transformation ▪ Improving autism and ADHD ▪ Perinatal mental health ▪ West Yorkshire work - CAMHS, forensics, suicide prevention ▪ Quality priorities	**5 Operational excellence** ▪ Flow and out of area beds ▪ Workforce - sickness, rostering, skill-mix and agency ▪ Effective use of supplies and resources ▪ CQUIN ▪ Financial sustainability and CIP
2 Joined-up care ▪ Supporting place-based plans ▪ Accountable care in Barnsley and Wakefield ▪ New models of care and vanguards	**4 Compassionate leadership** ▪ Leadership development ▪ Change and quality improvement ▪ Membership	**6 Digital by default** ▪ Clinical record system ▪ Digital health ▪ Data driven improvements and innovation

Figure 5: Priority actions for 2017/2018

8. Place based plans

The purpose of this section is to summarise the intentions of the Trust in relation to the development of place based networks of care in each of the main four local authority areas in which services are provided and the two STPs. It shows the alignment between the place based strategies that are owned by the health and wellbeing boards in each place, and the six priorities articulated in the SWYPFT plan.

The four main local authority areas in which SWYPFT operates are:

- Barnsley
- Calderdale
- Kirklees
- Wakefield

In each of these locations the Trust's strategy is to play an active role in shaping the development of integrated place-based networks of care delivery, through partnership working with communities and other local organisations.

We believe the key contributions we can make in each place based network arise from the following strengths:

- Our holistic approach to care, integrating physical, mental and social aspects
- Our commitment to valuing the experience of all equally, and applying this to co-produce improvement
- Our focus on prevention and recovery, not just treatment and maintenance
- Our understanding of networks and partnerships, and ability to sustain trusting relationships in a distributed leadership model

Barnsley

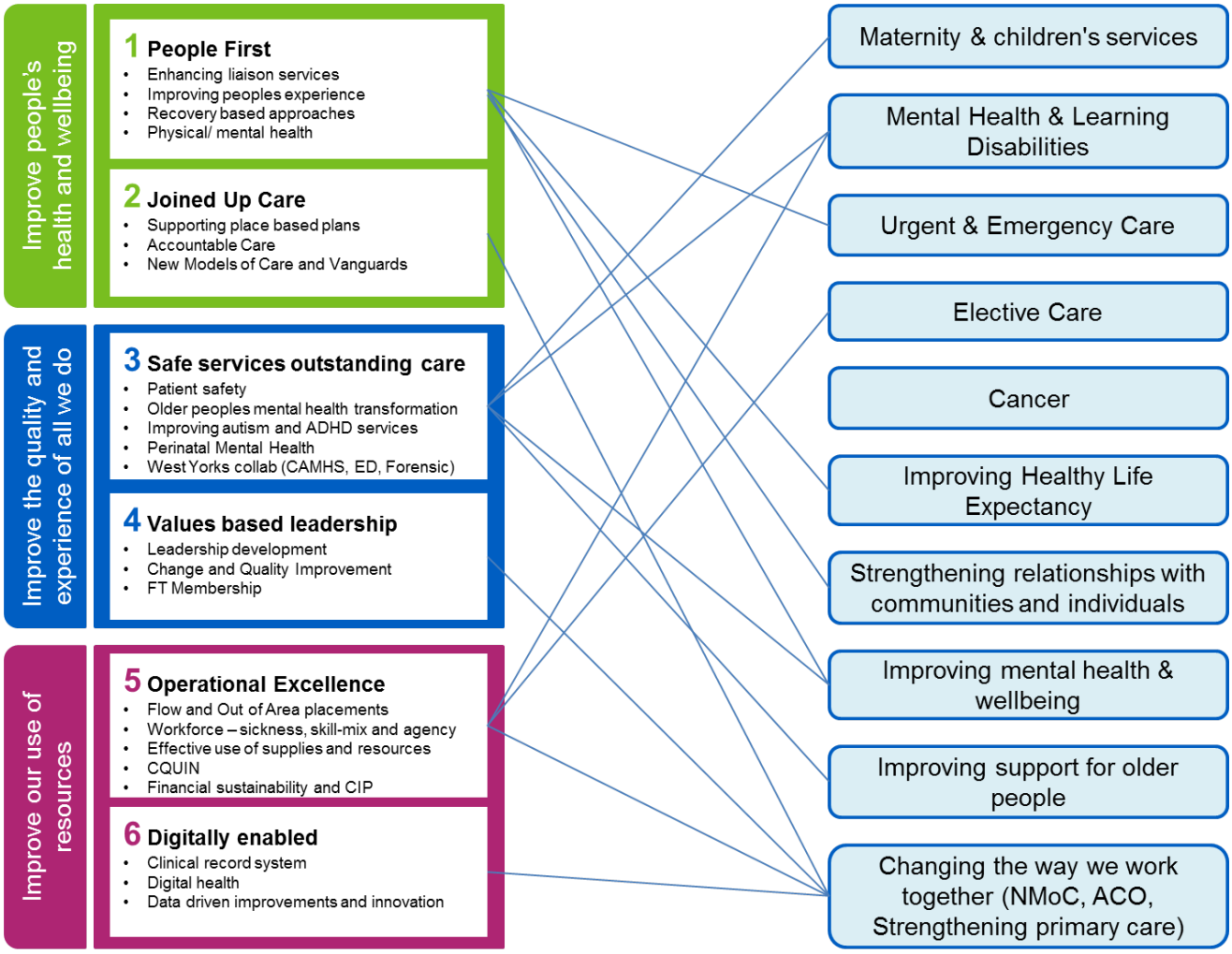

Figure 6: Alignment between SWYPFT Priorities and shared priorities in the Barnsley place based plan

The diagram above shows the alignment between the SWYPFT priorities (left hand column) and the shared priorities in the Barnsley place based plan (right hand column).

Barnsley is part of the South Yorkshire and Bassetlaw Accountable/Integrated Care System. Barnsley is progressing at pace towards the development of an Integrated Care Organisation that will plan and deliver 'tier 1 services' for Barnsley, while working with partners across South Yorkshire to deliver more specialist care.

Transitional shadow Integrated care arrangements are currently in place and there is an alliance contract between the CCG and the local providers including SWYPFT.

The services that SWYPFT provides for people in Barnsley are significant in scope and scale, and effective partnership in Barnsley is a critical element of the Trust's strategy.

In particular SWYPFT's contribution to the delivery of the Barnsley plan will include:

- Maternity and children's: SWYPFT will continue to develop specialist community perinatal mental health services supporting women and their families, and helping children get the best start in life. To do this we will work with maternity pathways, primary care, 0-19 services and with local communities.
- Mental health and learning disabilities: SWYPFT will work with people and services to transform care – in particular services for older people including dementia, and services that support people with ADHD and Autism.
- Urgent and emergency care: SWYPFT will work with partners to develop liaison services that reduce reliance on emergency access, support effective flow, and improve health outcomes for people.
- Healthy life expectancy: SWYPFT will work with communities to create opportunities for wellbeing and recovery. We will focus on holistic approaches to physical health and mental health – reducing the gap in healthy life expectancy experienced by people with long term mental health needs.
- Strengthening relationships with communities and individuals: We will continue to support Recovery Colleges, Creative Minds and Altogether Better to forge trusting partnerships with people focused on the wider determinants of health and wellbeing.
- New models of care and Integrated Care: SWYPFT will continue to work with partners to develop joined up pathways of care supported by alliance contracting and MDT working. We will continue to support the development of the Integrated care partnership for Barnsley as part of the wider South Yorkshire and Bassetlaw ICS

Calderdale

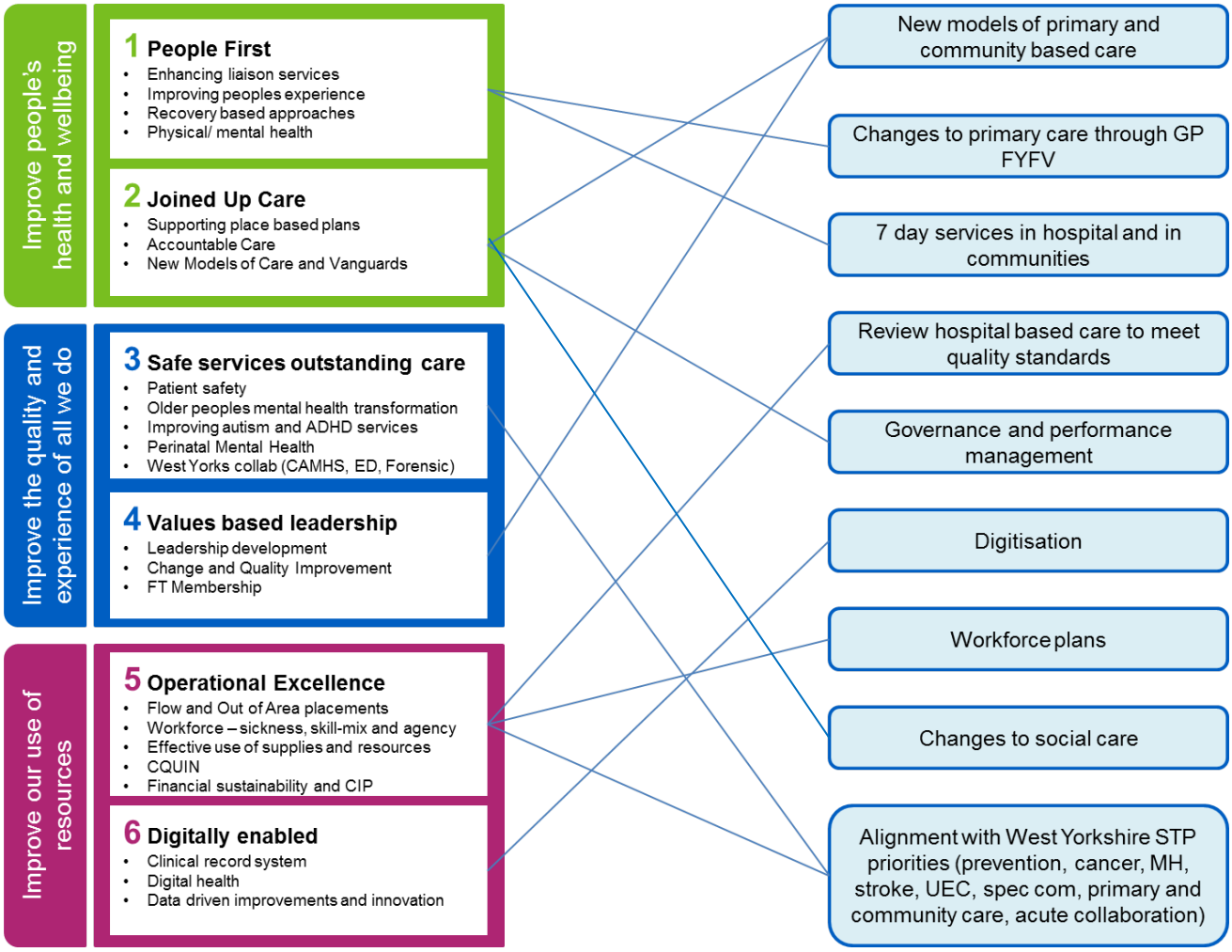

Figure 7: Alignment between SWYPFT priorities and shared priorities in the single plan for Calderdale

The diagram above shows the alignment between the SWYPFT priorities (left hand column) and the shared priorities in the single plan for Calderdale (right hand column).

Calderdale is part of the West Yorkshire and Harrogate Health and Care Partnership (formerly known as STP). SWYPFT works alongside partners in Calderdale as part of a new model of care vanguard programme, which reports to the local health and wellbeing board, and is working towards the establishment of integrated care arrangements.

In particular SWYPFT's contribution to the delivery of the single plan for Calderdale will include:

- New models of primary and community care: SWYPFT will actively support the development of integrated care through the 'Calderdale Cares' integration agenda including integrated locality teams, asset based community partnerships and support for self-care and social prescribing.
- Changes to primary care: SWYPFT will work with communities and practices to support holistic care of people with physical and mental health needs, to work in partnership around dementia and to align resources as part of local MDTs.
- Seven day services: We will work with acute hospital partners to enhance the existing mental health liaison services, ensuring we meet all aspects of the Core 24 standards.
- High quality hospital-based care: We will focus on flow in our urgent care pathways, reducing use of out of area placements and enabling more people to receive care and support at home.
- Governance and performance management: We will practice system leadership, including developing a shared approach to the use of data for learning and improvement across the emergent accountable care partnership
- Digitisation: The development of our integrated clinical record system will support interoperability with primary care and the wider health and care system. We will develop a shared approach to the use of data.
- Workforce: We will work with partners to develop the skills needed in the future workforce to enable people to stay well. We will learn as a system to create rewarding career development for the health and care workforce and support effective MDT working across organisational boundaries.
- West Yorkshire HCP priorities: We will play an active role in partnerships across West Yorkshire and ensure Calderdale benefits from this e.g. we will develop new and extended mental health provision (e.g. eating disorders, forensic, CAMHS), and work with communities to forge new partnerships.

Kirklees

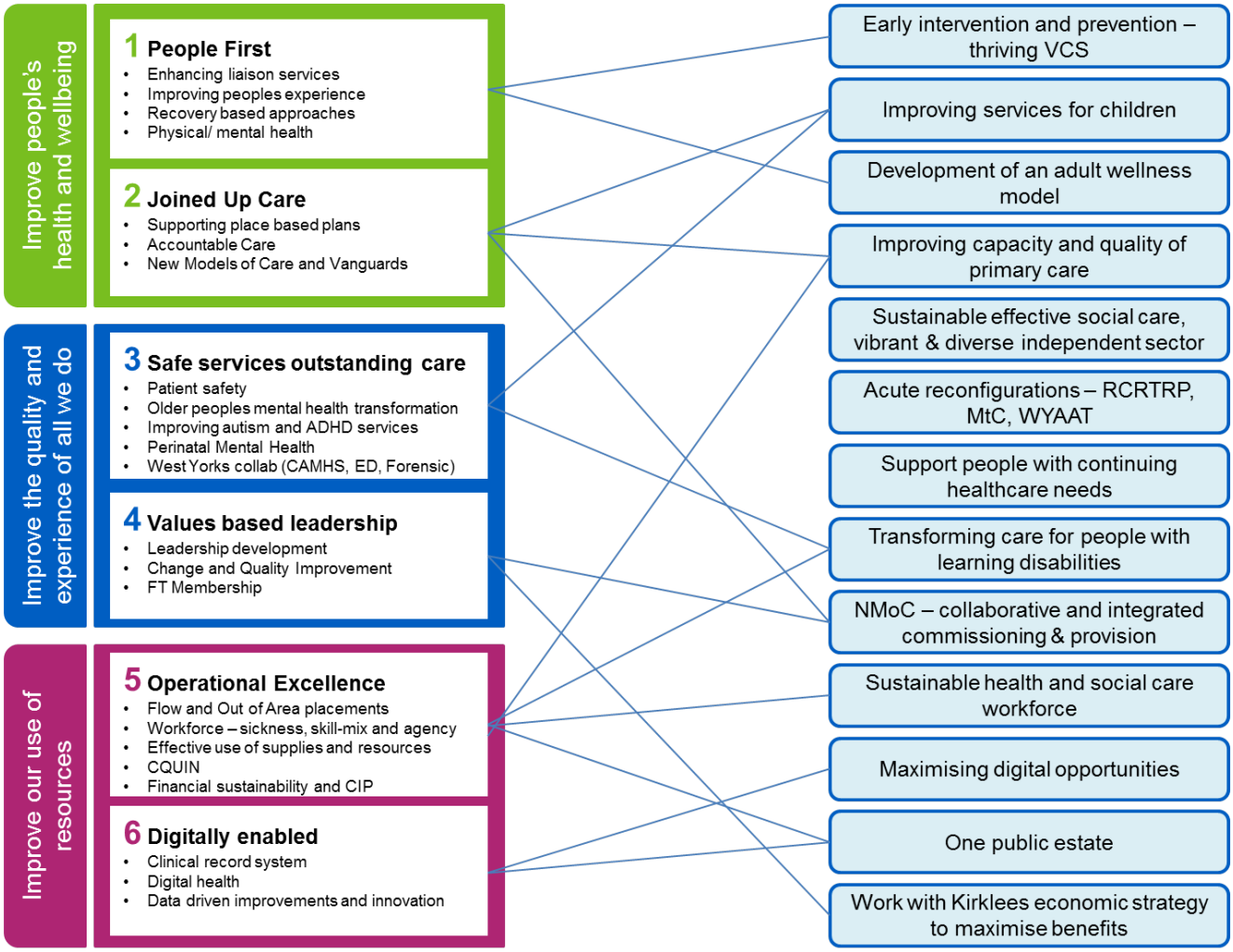

Figure 8: Alignment between SWYPFT priorities and shared priorities in the health and wellbeing plan for Kirklees

The diagram above shows the alignment between the SWYPFT priorities (left hand column) and the shared priorities in the health and wellbeing plan for Kirklees (right hand column).

Kirklees is part of the West Yorkshire and Harrogate Health and Care Partnership. SWYPFT works alongside partners in Kirklees to deliver integrated community support, including older people's mental health and dementia, and children's and young people's health including CAMHS.

Specifically the delivery of SWYPFT's priorities will support the delivery of the priorities in the Kirklees health and wellbeing plan as follows:

- Early intervention/thriving VCS: SWYPFT will continue to innovate ways of accessing early help and supporting communities. This includes IAPT expansion, and Creative Minds and Recovery College partnerships with the third sector.

- Improving services for children: SWYPFT is part of ‘Thriving Kirklees’ working with schools, families and community organisations to improve access and quality with our particular focus being on new approaches to CAMHS.
- Support wellness for adults: We will work with partners across sectors to encourage behaviours that help people stay well and take control of their wellbeing.
- Improve capacity and quality in primary care: This includes access to advice and consultation, availability of IAPT in practices, and continuous development of existing MDT approaches.
- Transforming care for people with learning disabilities: Including improved access to physical healthcare and extended support for independent living
- New models of care – collaboration and integration: Through our partnerships we will encourage the development of integrated community models of care. This will build upon Care Closer to Home, Thriving Kirklees and will support the Right Care, Right Time, Right Place programme.

Wakefield

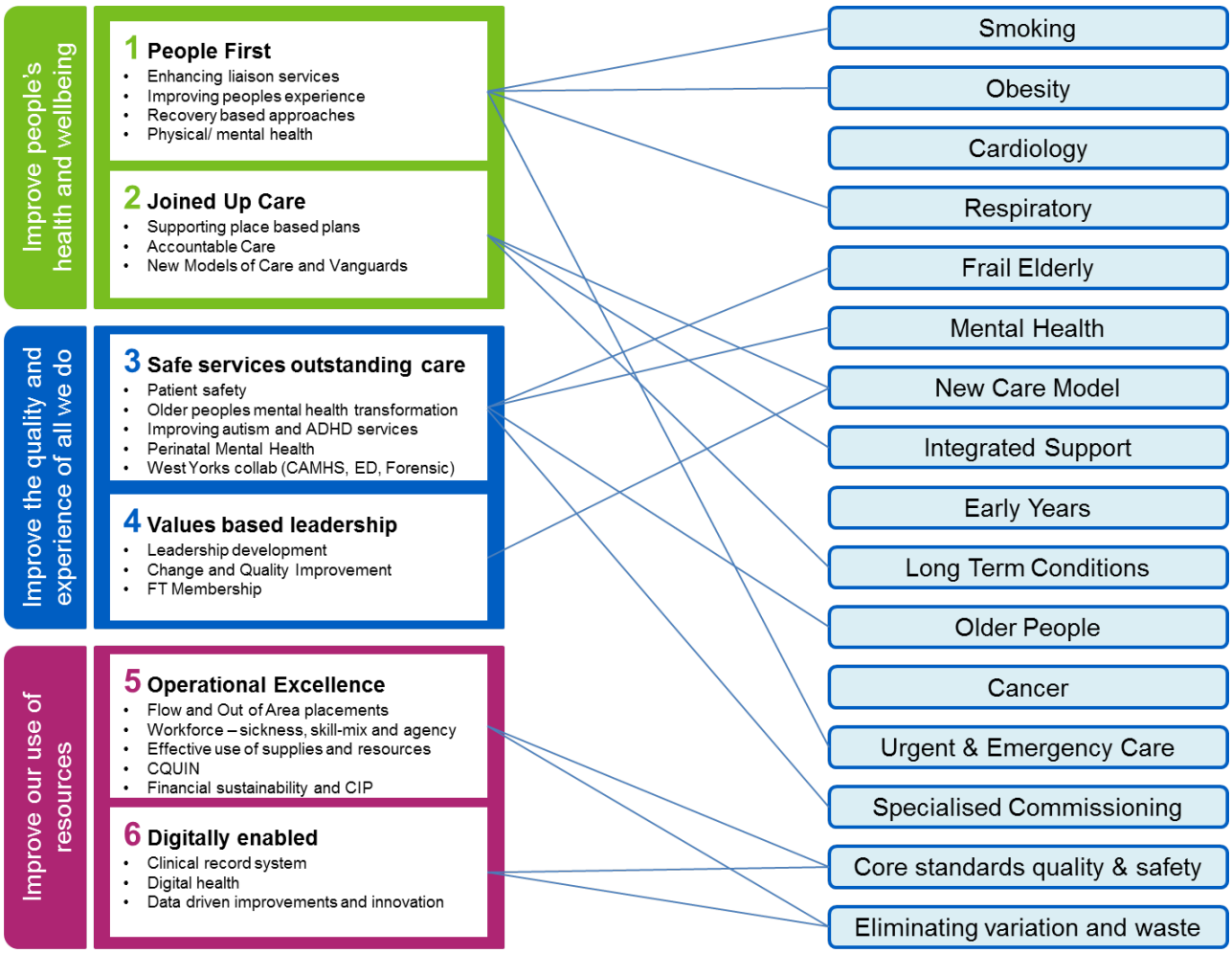

Figure 9: Alignment between SWYPFT priorities with Wakefield

Wakefield is part of the West Yorkshire and Harrogate Health and Care Partnership. SWYPFT works alongside partners in Wakefield as part of the New Model of Care Board, which reports to the local Health and Wellbeing Board, and is working towards the establishment of integrated care arrangements. SWYPFT is part of the successful Connecting Care Vanguard which has developed an integrated locality model of care and an innovative approach to supporting people in care homes.

Specifically the delivery of SWYPFT's priorities will support the delivery of the priorities in the Wakefield health and wellbeing plan as follows:

- Smoking, obesity and other lifestyle factors: SWYPFT will continue to partner with the voluntary and community sector to enhance access to wellbeing support in all communities through community anchors, use of technology and innovative deployment of the specialist skills of the work force.

- Frailty and older people: The development of the SWYPFT older people's mental health transformation will be aligned to the Wakefield dementia strategy and the work of connecting care hub teams to provide holistic integrated local care.
- Mental health: We will focus on the operational effectiveness of services to reduce the use of out of area placements, reduce length of stay and support more people to receive care at home. Additionally we will ensure Wakefield residents benefit from the expansion of mental health provision enabled through the Five Year Forward View and collaboration in the West Yorkshire Health and Care Partnership.
- New model of care, integrated support and long-term conditions: We will increasingly align services with those of partners to provide holistic care, using the model of care developed through the Vanguard. We will practice system leadership, putting outcomes and the needs of communities ahead of organisational preference.
- Urgent and emergency care: We will ensure mental health urgent care pathways are as effective as possible to improve outcomes and use of resources. We will work with hospital providers and commissioners to evolve mental health liaison services to suit the changing configuration of acute care.
- Specialised commissioning: We will innovate in the provision of specialised care (e.g. CAMHS, forensic, eating disorders) to improve access for Wakefield residents and to ensure alignment with local pathways.
- Quality and safety, and eliminating variation and waste: We will benchmark and use the opportunities of technology and an integrated clinical record system to bring clarity to reduce waste, challenge variation, and improve quality and safety.

West Yorkshire and Harrogate Health and Care Partnership (formerly STP)

The West Yorkshire and Harrogate Health and Care Partnership builds on place based plans that have been approved by local health and wellbeing boards. SWYPFT's emerging strategy is aligned to the aspirations of the regional partnership, and we will continue to capitalise on developments through this partnership.

Led by the Trusts Chief Executive, Rob Webster, West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs), in response to the *NHS Five Year Forward View*. It brings together all health and care organisations in six places: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield

We are part of an alliance of mental health providers across West Yorkshire that are working towards strengthening governance to support collaborative decision making between ourselves and the three other NHS trust providers of mental health (MH) services

including Bradford District Care Foundation Trust, Leeds and York Partnership Foundation Trust, and Leeds Community Healthcare NHS Trust.

We will also continue to be a key partner within the mental health work stream, harnessing the power of communities work stream and contribute to other work streams as the opportunities become clearer. There are a number of programmes of change that we are already partners in including the new models of care to develop CAMHS services and eating disorders across West Yorkshire and Harrogate, as well as developing a shared acute inpatient bed base. Furthermore, we are leading a number of change programmes including suicide prevention and the forensic specialist provider clinical network, amongst other programmes.

South Yorkshire and Bassetlaw STS

The South Yorkshire and Bassetlaw Integrated Care System (formerly known as Sustainability Transformation System) is one of the nine Integrated Care Systems nationally that have been identified as the first group to move towards becoming 'Integrated care systems'. This will involve the agreement of an accountable performance contract with NHS England and NHS Improvement, under which parties commit to make faster improvements in the key national deliverables, in return for additional freedoms and additional non-recurrent investment.

SWYPFT is a 'partner in' the SYB ICS and a key partner within the mental health work stream as well as contributing to the Sustainable Hospital Services review including stroke services. SWYPFT is also a full member of the Barnsley place based Integrated Care Partnership.

9. Governance and monitoring

The strategy will be discussed with regular updates provided to Trust Board and we will monitor our achievement of the Priority Programmes using our monthly Integrated Performance report. The following indicators will be used to demonstrate progress against each element of the triple aim:

Improving health	Target
Total number of children and young people in adult inpatient wards	0
% mental health service users followed up within 7 days of discharge	95%
% clients in settled accommodation	60%
% learning disability referrals that have a completed assessment, care package and commenced service delivery 18 weeks	tbc
Out of area bed days used in month	<=100 Green 101 – 199 Amber >=200 Red
IAPT – proportion of people completing treatment and moving to recovery	50%

Figure 10: Improving health indicator progress

Improving care	Target
Friends and Family Test – mental health	84%
Friends and Family Test – community	98%
Patient safety incidents involving moderate or severe harm or death	
Safer staffing fill rates	90%
Number of records with up to date risk assessment (MH)	tbc
IG confidentiality breaches	<=8 Green 9-10 Amber
% people dying in place their choosing	tbc

Figure 11: Improving care indicator progress

Improving resources	Target
CQUIN achievement	£4.2m
Surplus vs control total	In line with plan
Agency spend	In line with plan
CIP delivery	£1074k
Sickness absence	4.5%
Mental Health Act training	>=80%
Mental Capacity Act training	>=80%

Figure 12: Improving resources indicator progress

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NHS
South West Yorkshire Partnership
NHS Foundation Trust

Appendix 1 - Enabling strategies - summary priorities table

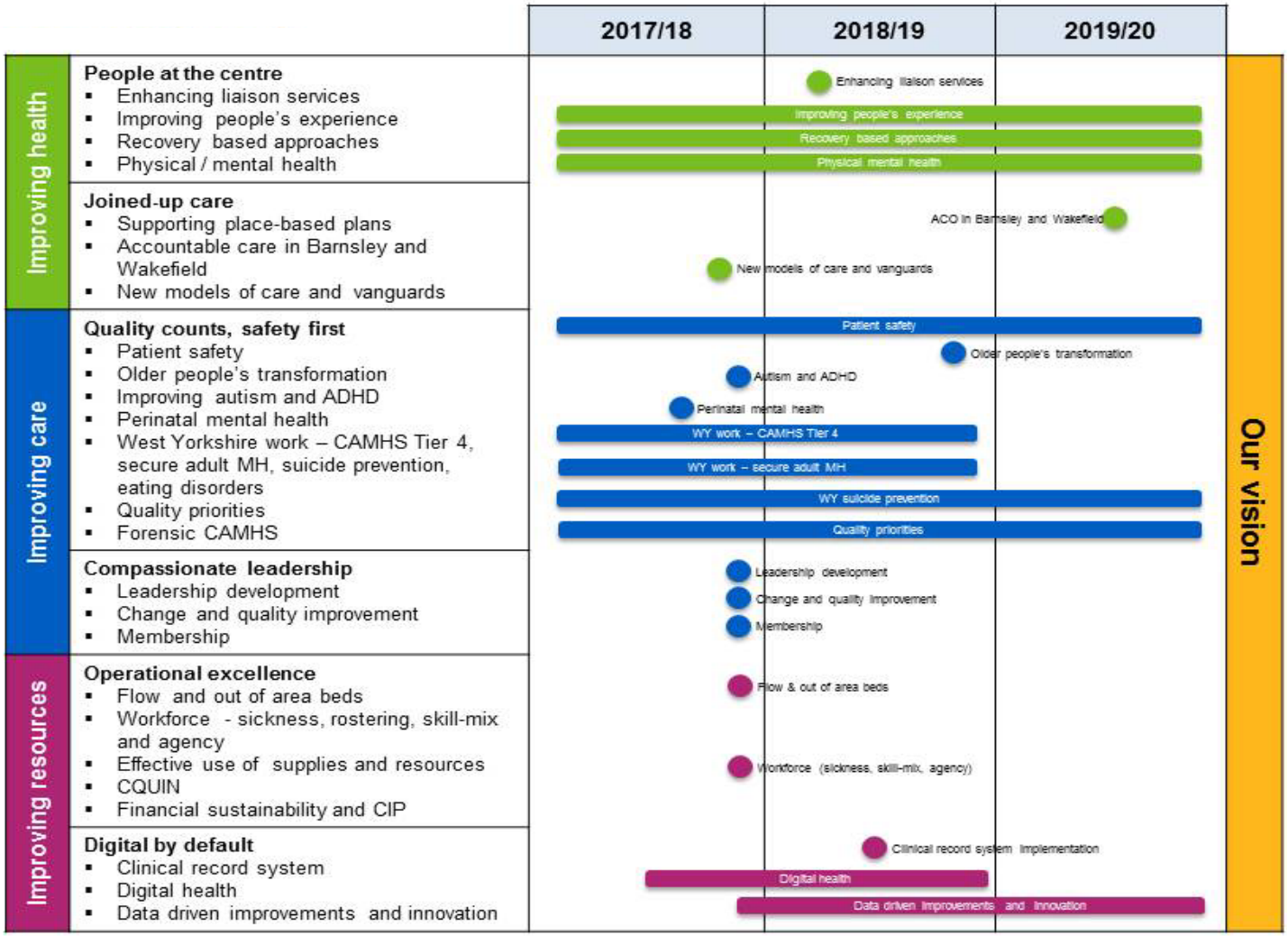
Communication, engagement and involvement	Quality (Change and innovation)	Workforce	Estates and Environment	Digital and IT	Equality
1. Increase awareness of our services, promote the organization as a leader in the system and develop and maintain our positive reputation 2. Staff and stakeholders will have access to relevant information so that they feel well informed 3. Develop an effective and inclusive approach to give people a voice and opportunities to contribute to the organisation, our services and places for the future 4. Develop a culture in which communication, engagement and involvement is a fundamental part of delivering high quality services	***Currently being refreshed*** 1. Safe We're going to improve people's physical health We want to reduce • Restraint • Falls • Pressure Ulcers 2. Effective We'll carry out timely assessments and review of care and treatment We'll uphold information governance (IG) standards Our workforce will be skilled and supervised We'll improve the quality of care planning Transitions in care will be smooth 3. Caring We'll act on Friends and Family Test feedback We'll improve staff wellbeing We'll share best practice from our end of life care service We'll take forward our: • Peer support project • Nursing strategy • Allied health professionals strategy 4. A-B responsive	1. Development of robust workforce plans with clear trajectories and goals aligned to service and financial plans: Impact 2. Developing and introducing new roles to support service transformation and delivery: Impact 3. Ensuring we have a flexible and well trained workforce: Impact 4. Development of a resilient workforce through health promotion and leading edge occupational health and wellbeing services. Improve staff commitment to the service user/patient safety through: Impact 5. Ensuring staff wellbeing supports the delivery of safe services and reduce sickness absence rates: Impact 6. Development and roll out of staff engagement	**Currently being refreshed**	1. Enhancing quality and patient safety. Digital strategy goal : We will embed digital in our culture and all we do, including service model redesign and innovation 2. Enabling prevention, wellbeing and recovery Digital strategy goal: We will champion digital inclusion for people accessing our services 3. Fostering integration, partnership and working together. Digital strategy goal: We will engage with and learn from internal, regional, national and international digital best practice 4. Developing an effective and digitally empowered workforce. Digital strategy goal: We will develop digitally enabled practitioners and support staff. 5. Maximising efficiency and sustainability. Digital strategy goal: We	1. Develop and sustain an equality competent organisation through inclusive leadership and ownership at all level 2. Promote a fair organisation – better health outcomes for all 3. Promote person-centred care and equal access to pathways of care

With all of us in mind.

Communication, engagement and involvement	Quality (Change and innovation)	Workforce	Estates and Environment	Digital and IT	Equality
	We'll improve access to services Complaints will be responded to in a timely way We'll promote the role of our freedom to speak up guardians 5. Well-led There'll be a review of our quality improvement monitoring, review and recognition system We'll improve the way we record meeting our targets We'll develop a quality improvement toolkit We'll share our improvements	toolkit for teams and services: Impact 7. Ensure we have the leadership and management capabilities to deliver well led services: Impact 8. Development and support collective leadership model: Impact 9. Support to devolved decision making closer to front line services: Impact 10. Embed Trust values in key HR processes: Impact 11. Ensure the Trust promotes equality and values: Impact		will embed digital in our culture and all we do, including service model redesign and innovation 6. Supporting people and communities. 7. Digital strategy goal: We will champion digital inclusion for people accessing our services.	

Appendix 2 - Strategy implementation programme map 2017 - 2020

Note: This is a dynamic pictorial that will develop in line with annual business plans and the development of place based plans and STPs.



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Appendix 3 – Equality Impact Assessment

Date of assessment: 20 November 2017

	Equality Impact Assessment Questions:	**Evidence based answers & actions:**
1	**Name of the document that you are Equality Impact Assessing**	South West Yorkshire Partnership NHS Foundation Trust Strategy
2	**Describe the overall aim of your document and context?** **Who will benefit from this policy/procedure/strategy?**	The strategy sets out the strategic context, direction and ambitions for the Trust over the next 3 years. The strategy outlines the Trusts focus on key priorities that will enable it to achieve its vision and mission. The main aim of the strategy is to ensure that SWYPFT places people at the centre of their own care and enables them to reach their potential and live well in the community. The strategy is supported by a number of enabling strategies and will be delivered in partnership with staff from across the organisation, the community and voluntary sector and playing our part in building resilient communities. The strategy will remain responsive and flexible to the external environment that continues to change rapidly at local, regional and national levels. Our Strategic Objectives include; • Improving people's health and wellbeing • Improving the quality and experience • Improving our use of resources Service users, carers, members, staff and other stakeholders will benefit from this strategy that will ensure that services are sustainable and ready for tomorrow. The strategy will require us to adopt an inclusive approach with focused attention during delivery to ensure people with protected characteristics and associated organisations are not impacted adversely and in fact benefit positively.
3	**Who is the overall lead for this assessment?**	• Director of Strategy
4	**Who else was involved in conducting this assessment?**	• EMT and Board
5	**Have you involved and consulted service users, carers, and staff in developing this policy/procedure/strategy?** **What did you find out and how have you used this information?**	• Staff - involved through listening events, workshops, social media and wellbeing survey • Staff side - consulted as part of strategy development- engagement workshops, service development, changes through partnership forums • Service user / carer / member views - gathered through engagement events, service change engagement events • External stakeholders- engaged through independently commissioned stakeholder research and engagement events The feedback has been used to inform the strategy – to ensure the strategic direction is informed by the views of all those engaged. Specific priority programmes and action plans address key issues identified.

<table>
<tr><td>6</td><td>What equality data have you used to inform this equality impact assessment?</td><td colspan="2">The JSNA, public health data and census data for each of our places including population statistics in respect of race equality, disability, gender, age and sexual orientation, religion and belief, marriage and civil partnership census have been used.

Information on the nature of the population that the Trust services is provided within section 2 of the strategy. This background information covers population projections, ethnicity, deprivation and unemployment, health and the wider determinants of health and wellbeing.

The makeup of our Trust membership and volunteers through individual self-declaration.

Staffing profile:
As per workforce annual report 2016
• staff in post by age:
 
<table>
<tr><th>BDU</th><th>19 and Under</th><th>20 - 29</th><th>30 - 39</th><th>40 - 49</th><th>50 - 59</th><th>60 - 69</th><th>70+</th><th>Total 2016</th><th>Total 2015</th></tr>
<tr><td>Barnsley</td><td>1 (0.1%)</td><td>136 (9.8%)</td><td>322 (23.2%)</td><td>376 (27.1%)</td><td>428 (30.8%)</td><td>115 (8.3%)</td><td>10 (0.7%)</td><td>1388</td><td>1627</td></tr>
<tr><td>C&K District</td><td>0 (0.0%)</td><td>89 (10.4%)</td><td>197 (23.0%)</td><td>241 (28.1%)</td><td>256 (29.8%)</td><td>72 (8.4%)</td><td>3 (0.3%)</td><td>858</td><td>845</td></tr>
<tr><td>Forensic</td><td>5 (1.3%)</td><td>81 (20.5%)</td><td>96 (24.2%)</td><td>100 (25.3%)</td><td>98 (24.7%)</td><td>14 (3.5%)</td><td>2 (0.5%)</td><td>396</td><td>373</td></tr>
<tr><td>Wakefield</td><td>0 -</td><td>50 (11.6%)</td><td>93 (21.6%)</td><td>106 (24.6%)</td><td>134 (31.1%)</td><td>46 (10.7%)</td><td>2 (0.5%)</td><td>431</td><td>471</td></tr>
<tr><td>Specialist</td><td>- -</td><td>47 (11.2%)</td><td>100 (23.8%)</td><td>133 (31.6%)</td><td>122 (29.0%)</td><td>17 (4.0%)</td><td>2 (0.5%)</td><td>421</td><td>425</td></tr>
<tr><td>Support Services</td><td>4 (0.5%)</td><td>67 (8.6%)</td><td>129 (16.5%)</td><td>211 (26.9%)</td><td>289 (36.9%)</td><td>76 (9.7%)</td><td>7 (0.9%)</td><td>783</td><td>765</td></tr>
<tr><td>Sub Total</td><td>10 (0.2%)</td><td>470 (11.0%)</td><td>937 (21.9%)</td><td>1167 (27.3%)</td><td>1327 (31.0%)</td><td>340 (7.9%)</td><td>26 (0.6%)</td><td>4277</td><td>4506</td></tr>
<tr><td>Medical Staff</td><td>- -</td><td>7 (4.2%)</td><td>34 (20.2%)</td><td>72 (42.9%)</td><td>47 (28.0%)</td><td>7 (4.2%)</td><td>1 (0.6%)</td><td>168</td><td>168</td></tr>
<tr><td>Total 2016</td><td>10 (0.2%)</td><td>477 (10.7%)</td><td>971 (21.8%)</td><td>1239 (27.9%)</td><td>1374 (30.9%)</td><td>347 (7.8%)</td><td>27 (0.6%)</td><td>4445</td><td>-</td></tr>
<tr><td>Total 2015</td><td>7 (0.1%)</td><td>496 (10.6%)</td><td>1004 (21.5%)</td><td>1345 (28.8%)</td><td>1440 (30.8%)</td><td>358 (7.7%)</td><td>24 (0.5%)</td><td>-</td><td>4674</td></tr>
</table>

• 5.8% of staff describes themselves as having a disability
• The gender split is 76.8% female and 23.2%male
• 46.6% of staff chose not to disclose their religion.
• 73% of staff are heterosexual; sexual orientation not known for 24%.
• 57% are married; 8.3% divorced or separated.

Ethnicity:
• 8 % of our staff are from a BAME background
 
<table>
<tr><th>BDU</th><th>Asian</th><th>Black</th><th>Chinese Other</th><th>Mixed</th><th>White</th><th>Unknown</th><th>BDU Total</th></tr>
<tr><td>Barnsley</td><td>11 (0.8%)</td><td>11 (0.8%)</td><td>8 (0.6)</td><td>5 (0.4%)</td><td>1347 (97.0%)</td><td>6 (0.4%)</td><td>1388</td></tr>
<tr><td>C&K</td><td>35 (4.1%)</td><td>39 (4.5%)</td><td>8 (0.9%)</td><td>16 (1.9%)</td><td>757 (88.2%)</td><td>3 (0.3%)</td><td>858</td></tr>
<tr><td>Forensic</td><td>10 (2.5%)</td><td>23 (5.8%)</td><td>5 (1.3%)</td><td>5 (1.3%)</td><td>352 (88.9%)</td><td>1 (0.3%)</td><td>396</td></tr>
<tr><td>Wakefield</td><td>6 (48.2%)</td><td>4 (0.0%)</td><td>1 (10.1%)</td><td>6 (2.4%)</td><td>412 (38.7%)</td><td>2 (0.6%)</td><td>431</td></tr>
<tr><td>Specialist</td><td>19 (4.5%)</td><td>6 (1.4%)</td><td>2 (0.5%)</td><td>3 (0.7%)</td><td>389 (92.4%)</td><td>2 (0.5%)</td><td>421</td></tr>
<tr><td>Support Services</td><td>12 (1.5%)</td><td>10 (1.3%)</td><td>6 (0.8%)</td><td>3 (0.4%)</td><td>749 (95.7%)</td><td>3 (0.4%)</td><td>783</td></tr>
<tr><td>Sub Total</td><td>93 (2.1%)</td><td>93 (2.1%)</td><td>30 (0.7%)</td><td>38 (0.9%)</td><td>4006 (93.7%)</td><td>17 (0.40%)</td><td>4277</td></tr>
<tr><td>Medical Staff</td><td>81 (48.2%)</td><td>-</td><td>17 (10.1%)</td><td>4 (2.4%)</td><td>65 (38.7%)</td><td>1 (0.6%)</td><td>168</td></tr>
<tr><td>Total 2016</td><td>174 (3.9%)</td><td>93 (2.1%)</td><td>47 (1.1%)</td><td>42 (0.9%)</td><td>4071 (91.6%)</td><td>18 (0.4%)</td><td>4445</td></tr>
</table>
</td></tr>
<tr><td>7</td><td>What does this data say?</td><td colspan="2">Our local communities are diverse. We have a moral, ethical and legal duty to ensure that the services we deliver and the way in which we deliver these services now and in the future do not discriminate directly or indirectly. Furthermore, we need to actively and consciously ensure fair and equal access to services that are flexible and responsive to individual need.
We need to ensure our staff are offered equality of opportunity in employment and development.</td></tr>
<tr><td>8</td><td>Taking into account the information gathered above, could this policy /procedure/strategy affect any of the following</td><td>No</td><td>Evidence based answers & actions. Where negative impact has been identified please explain what action you will take to remove or mitigate this impact.

The purpose of the strategy is to ensure that SWYPFT is</td></tr>
</table>

<table>
<tr><td></td><td>equality group unfavourably:</td><td></td><td>ready today and relevant for tomorrow, putting people at the centre of their own care. The strategic direction set out in the Trust strategy recognises the changing profiles of the populations we service, the increase in demand and the diversity of needs of staff, members and service users and families. The strategy supports an equality competent organisation, with person centred care that is equally accessible and with equality of opportunity for our staff.

Targeted action planning through service changes will need to address the needs of specific groups and we will work with communities, including people with protected characteristics, to ensure we meet their needs and preferences.</td></tr>
<tr><td>8.1</td><td>Race</td><td>No</td><td>Rationale as set out above.

<table>
<tr><th></th><th>White</th><th>Asian</th><th>Black</th><th>Mixed</th><th>Chinese & Other</th></tr>
<tr><td>England % av.</td><td>85.5</td><td>5.1</td><td>3.4</td><td>2.2</td><td>1.7</td></tr>
<tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>79.1</td><td>15.7</td><td>1.9</td><td>2.3</td><td>0.7</td></tr>
<tr><td>Barnsley</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>97.9</td><td>0.7</td><td>0.5</td><td>0.7</td><td>0.2</td></tr>
<tr><td>Calderdale</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>89.6</td><td>7</td><td>0.9</td><td>1.3</td><td>0.6</td></tr>
<tr><td>Wakefield</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>95.4</td><td>2.6</td><td>0.77</td><td>0.9</td><td>0.29</td></tr>
</table>
Taken from Census 2011 for each area</td></tr>
<tr><td>8.2</td><td>Disability</td><td>No</td><td>Rationale as set out above.

Disability groups

<table>
<tr><th></th><th colspan="3">Day to day activities limited by disability</th></tr>
<tr><td></td><td>Not at all</td><td>A little</td><td>A lot</td></tr>
<tr><td>England % av.</td><td>47.2</td><td>13.2</td><td>4.2</td></tr>
<tr><td>Kirklees</td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>45.5</td><td>12.5</td><td>13.7</td></tr>
<tr><td>Barnsley</td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>76.1</td><td>11.3</td><td>12.6</td></tr>
<tr><td>Calderdale</td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>56.5</td><td>12.2</td><td>13.8</td></tr>
<tr><td>Wakefield</td><td></td><td></td><td></td></tr>
<tr><td>% average</td><td>77.93</td><td>9.33</td><td>8.31</td></tr>
</table>
Taken from Census 2011 for each area</td></tr>
<tr><td>8.3</td><td>Gender</td><td>No</td><td>Rationale as set out above.
<table>
<tr><th></th><th>Male</th><th>Female</th></tr>
<tr><td>England % av.</td><td>49.2</td><td>50.8</td></tr>
<tr><td>Kirklees</td><td></td><td></td></tr>
<tr><td>% average</td><td>49.4</td><td>50.6</td></tr>
<tr><td>Barnsley</td><td></td><td></td></tr>
<tr><td>% average</td><td>49.1</td><td>50.9</td></tr>
<tr><td>Calderdale</td><td></td><td></td></tr>
<tr><td>% average</td><td>48.9</td><td>51.1</td></tr>
<tr><td>Wakefield</td><td></td><td></td></tr>
<tr><td>% average</td><td>49</td><td>51</td></tr>
</table>
Taken from Census 2011 data</td></tr>
<tr><td>8.4</td><td>Age</td><td>No</td><td>Rationale as set out above.</td></tr>
</table>

			<table><tr><th></th><th>0-15</th><th>16-29</th><th>30-44</th><th>45-64</th><th>65+</th></tr><tr><td>England % av.</td><td>18.9</td><td>18.6</td><td>20.3</td><td>22.4</td><td>16.9</td></tr><tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>15.8</td><td>18.5</td><td>20.3</td><td>22.2</td><td>15.8</td></tr><tr><td>Barnsley (2011 data)</td><td></td><td>16-24</td><td>25-44</td><td>45-59</td><td>60+</td></tr><tr><td>% average</td><td>18.5</td><td>10.8</td><td>26</td><td>20.9</td><td>23.8</td></tr><tr><td>Calderdale</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>19.6</td><td>16.4</td><td>20.1</td><td>24.2</td><td>16.6</td></tr><tr><td>Wakefield</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>18.4</td><td>17.2</td><td>19.6</td><td>24.2</td><td>17.6</td></tr></table> *Taken from Census 2012 data unless specified*
8.5	**Sexual orientation**	**No**	Rationale as set out above. <table><tr><th></th><th>Living in a civil partnership</th></tr><tr><td>England % av.</td><td>0.01</td></tr><tr><td>Kirklees</td><td></td></tr><tr><td>% average</td><td>0.01</td></tr><tr><td>Barnsley (2011 data)</td><td></td></tr><tr><td>% average</td><td>0.2</td></tr><tr><td>Calderdale</td><td></td></tr><tr><td>% average (2011 data)</td><td>0.3</td></tr><tr><td>Wakefield</td><td></td></tr><tr><td>% average</td><td>0.01</td></tr></table> *Taken from 2012 census data unless specified*
8.6	**Religion or belief**	**No**	Rationale as set out above. <table><tr><th></th><th>Christian</th><th>Buddhist</th><th>Hindu</th><th>Jewish</th><th>Sikh</th><th>Muslim</th><th>Other</th><th>No religion</th></tr><tr><td>England % av.</td><td>71.8</td><td>0.3</td><td>1</td><td>0.5</td><td>0.7</td><td>10.1</td><td>0.2</td><td>15.1</td></tr><tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>67.2</td><td>0.2</td><td>0.3</td><td>0.1</td><td>0.7</td><td>10.1</td><td>0.2</td><td>14</td></tr><tr><td>Barnsley</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>59.4</td><td>0.5</td><td>1.5</td><td>0.5</td><td>0.8</td><td>5</td><td>0.4</td><td>24.7</td></tr><tr><td>Calderdale</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>60.6</td><td>0.3</td><td>0.3</td><td>0.1</td><td>0.2</td><td>7.8</td><td>0.4</td><td>30.2</td></tr><tr><td>Wakefield</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>66.4</td><td>0.16</td><td>0.25</td><td>0.04</td><td>0.12</td><td>2.0</td><td>0.3</td><td>24.4</td></tr></table> *Taken from 2011 Census data*
8.7	**Transgender**	**No**	Rationale as set out above.
8.8	**Maternity & Pregnancy**	**No**	Rationale as set out above.
8.9	**Marriage & civil partnerships**	**No**	Rationale as set out above. <table><tr><th></th><th>Married</th><th>Single</th><th>In a [registered] civil</th><th>Divorced</th><th>Widowed</th><th>Separated</th></tr><tr><td>England %</td><td>46.6</td><td>34.6</td><td></td><td></td><td></td><td></td></tr></table>

			<table><tr><td>av.</td><td></td><td></td><td>0.2</td><td>9.0</td><td>6.9</td><td>2.7</td></tr><tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>48.4</td><td>32.4</td><td>0.2</td><td>9.3</td><td>6.8</td><td>2.8</td></tr><tr><td>Barnsley</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>46.6</td><td>34.6</td><td>0.2</td><td>9</td><td>6.9</td><td>2.7</td></tr><tr><td>Calderdale</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>46.7</td><td>32.1</td><td>0.3</td><td>10.5</td><td>7.3</td><td>3.0</td></tr><tr><td>Wakefield</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>48.2</td><td>30.9</td><td>0.18</td><td>10.5</td><td>7.5</td><td>2.6</td></tr></table>Source unknown
8.10	**Carers (Our Trust requirement)**	**No**	Rationale as set out above.
9	**What monitoring arrangements are you implementing or already have in place to ensure that this policy/procedure/strategy:-**		Current governance processes include monitoring of EDS2 indicators and complaint themes. Overview of performance through Equality and Inclusion Forum. Each transformation or change programme that supports this strategy will undertake robust individual EIA's for their respective work streams. It is proposed to undertake an annual review of this EIA, to monitor progress, actions and address any potential gaps
9a	**Promotes equality of opportunity for people who share the above protected characteristics;**		Service changes and transformation will need to ensure that diversity and equality is assessed as an integral part of the process. Action planning will be undertaken to monitor impact and effectiveness.
9b	**Eliminates discrimination, harassment and bullying for people who share the above protected characteristics;**		Staff wellbeing survey, WRES monitoring information, review of complaint themes, and BAME staff equality & disability networks. Including targeted engagement events to support service change and improvements.
9c	**Promotes good relations between different equality groups;**		WRES monitoring information.
9d	**Public Sector Equality Duty – "Due Regard"**		EDS2 workshop involving service users and staff.
10	**Have you developed an Action Plan arising from this assessment?**		This strategy will be monitored through the delivery of action plans
11	**Assessment/Action Plan approved by** **(Director Lead)**		**Signed:** ***Salma Yasmeen*** 
12	***Once approved, you <u>must</u> forward a copy of this Assessment/Action Plan to Equality & Engagement*** **Please note that the EIA is a public document and will be published on the web.** **Failing to complete an EIA could expose the Trust to future legal challenge.**		