

**RECOVERY
FOCUS**

GROWING STRONGER TOGETHER

Group Strategy 2020 - 2023



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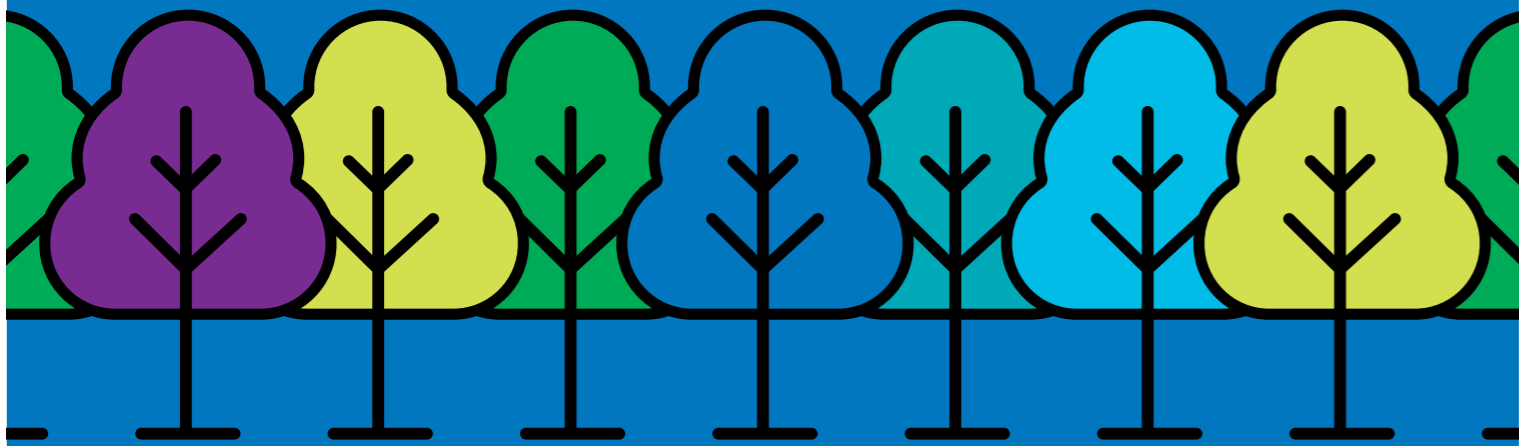
CONTENTS

Our vision and mission	4-5
Who we are	6
Our 6 core principles	7
What are we trying to do?	8-9
Our impact so far	10-11
Our TOP priority	12
Our 5 enablers	13-23
Appendix: National and local context	24-31



OUR VISION

**A society where
everyone can recover
and achieve a
life they value**



OUR MISSION

**To inspire
recovery**



Who we are

We are **Recovery Focus**, a group of charities highly experienced in providing specialist support services to individuals and families living with the effects of **mental ill health, drug, and alcohol use, gambling and domestic violence**. All of **our partners** at Recovery Focus share a rich history of providing support to people when they need it most.

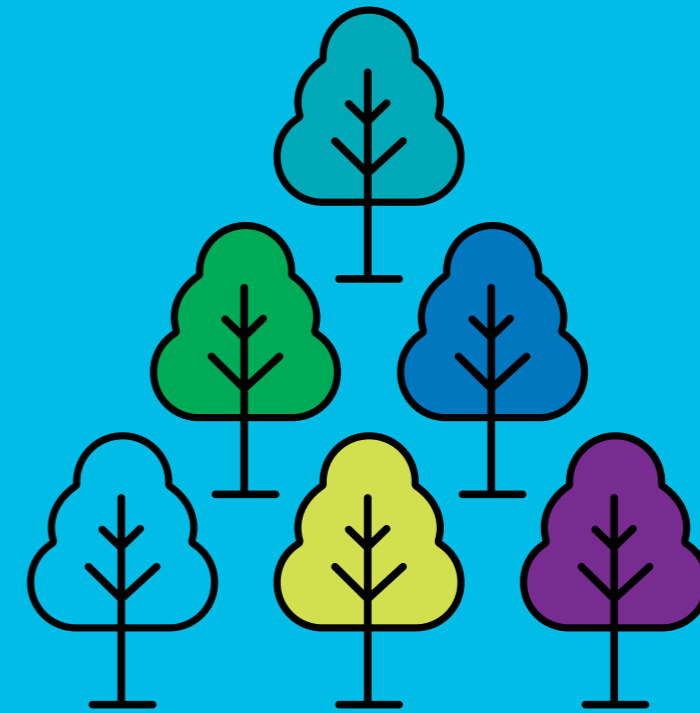
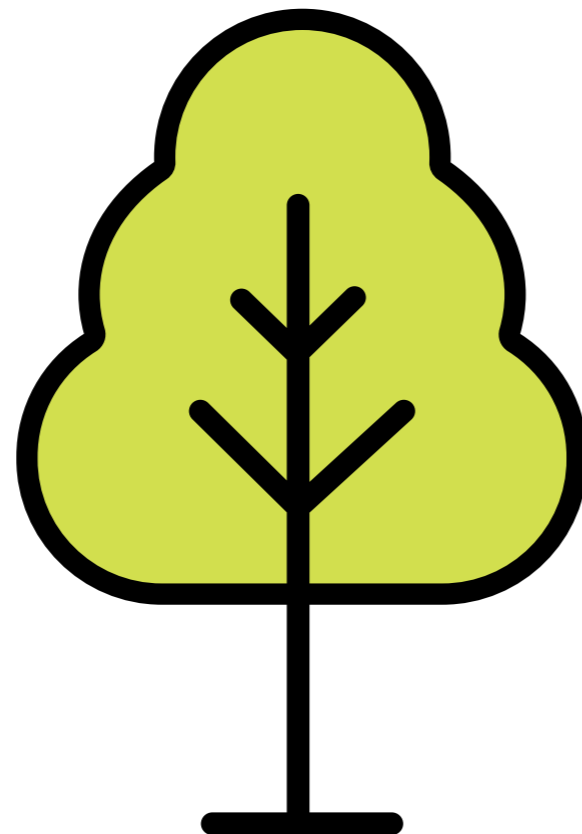


The way we work

At Recovery Focus we know that **one size cannot fit all** and we pride ourselves on **working with the people who use our services** to create a personalised plan that works for them.

We get things done! We welcome and get alongside people wherever they are on their **recovery journey**. We work together to **get lives back**.

We don't want the story to end with us. We actively look to share **best practice**, positively challenge the **status quo** and **influence change**.



Our 6 core principles underpin everything we do.

Enabling – We encourage and support people to identify and achieve their ambitions.

Networking – We appreciate we're rarely the sole solution. We will always partner with other like-minded agencies if it means we can provide better services together.

Communal – We celebrate and champion the rich diversity of the communities we serve. We challenge stigma and tackle barriers that get in the way of people playing an active role in their own communities.

Inclusive – We don't judge; we treat people as individuals and do not use labels. We provide integrated, wrap-around support that is tailored to someone's personal aspirations.

Respectful – We work with people as equal partners to plan, design and provide support together. We recognise we all have valuable skills, knowledge, experience and resources that could improve the quality of life for individuals and our communities.

Hopeful – We believe that recovery in some shape or form is achievable for all. We don't give up on people; we're tenacious in trying to find solutions that work for individuals, even when everyone else has walked away.

What are we trying to do?

Our primary goal is to:

Inspire recovery

To do this our priority objective is to:

Strengthen the range and quality of our services

We believe this needs us to all focus on these 5 enablers

Put people at the heart of everything we do

Build an effective and motivated workforce

Secure and maintain stable finances

Develop an efficient and effective infrastructure

Build our evidence and demonstrate our impact

We refreshed our group strategy using these 3 steps:

1. Engagement

We have consulted with the people that we support, staff, group board of trustees and external stakeholders to ensure that their feedback shapes and influences our future and how we get there.

2. Ambitions

Through our engagement process, we have identified a range of exciting opportunities to achieve our ambitions. These cover quality, demonstrating our impact, promoting research and innovation, partnerships, growth, our workforce and digital technology.

3. Challenges and risks

Our aim is to have a connected and outward-facing position in the future health and social care landscape. We have a realistic grasp on the upcoming challenges, risks and policy drivers. These have been built in to our strategic approach by setting clear, value-driven strategic aims and goals with agile and flexible means of achieving them.

Our strategy is **focused** and **ambitious**, setting out the future direction for **Recovery Focus** over the next three years to enable us to meet the needs of the people that we support, staff and local communities.

Our impact so far

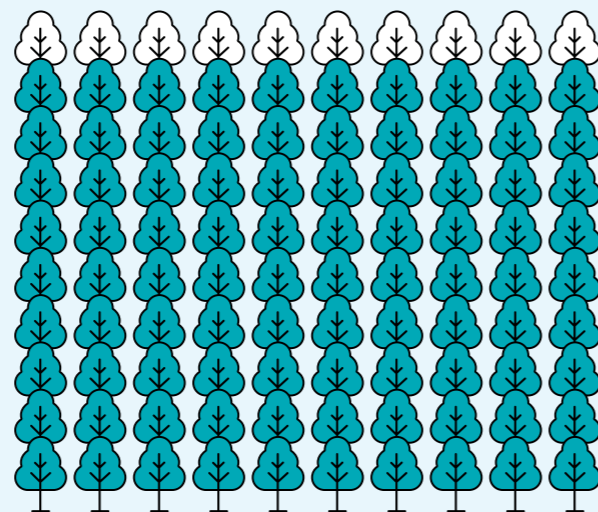
Annual Satisfaction Survey

90% overall satisfaction score

97% of people we support feel their quality of life improved

93% of people feel supported to make progress in meeting the goals in their support plan

96% of people feel key workers listen to their views about support and takes them on board



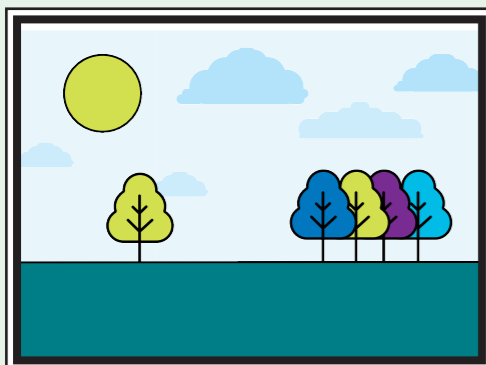
Commissioner Survey

"100% of those surveyed are satisfied with the quality of service provided by staff".

"The service is reliable and centred on the individual and wider kinship group to sustain change and support".

"Those who completed the survey rated the overall quality of our services as 7 or above out of 10, (10 being outstanding).

The average score is 8.4/10 which is a score that services should be very proud of".



Wellbeing Services

Of the 908 people completing the Short Warwick Edinburgh Mental Wellbeing Scale at the end of their support 85% showed an increase in their wellbeing score to the same assessment carried out prior to support.

The average wellbeing score increase was 40%.

Crisis Houses

"It's the first time in five years that I can control aspects of my life. I've been supported in returning to education. They've helped me improve my social skills".

"Having someone to talk to about my troubles who has no prior relationship to me, has made me feel less 'alone' and a little more confident to deal with matters".

"Richmond Fellowship helped give me the insight into my own mental health and how I can change that and manage it. They have helped me get back to myself and work and how to deal with any issues effectively".



Employment Services

Employment services and our 'Retain' job retention support services provided advice, guidance and support to over 3,900 people. These support sessions led to over 660 people starting employments, nearly 300 returning to or starting an education course, 378 people returning to/retaining their current employment and 191 starting voluntary work.

Volunteering and Peer Work

"Volunteering has given me endless opportunities to develop my skills, introduced me to a whole network of people and I am actively involved with organising and chairing events. Through Recovery Focus, I have been active in quality reviews, presenting an award, the Working Together Committee and the policy review group.

Recovery Focus has also given me scope to travel and discover more opportunities. Oh yes depression - I am proactive in my recovery journey".

We want to do more like this and better.

Our TOP priority

To strengthen the range and quality of our services so that together they are more effective in inspiring recovery ensuring more people get a life they value.

Our 5 enablers

To help us to meet our top priority we will focus on these 5 enablers:

- 1 We'll do more to put the people we support at the heart of everything we do
- 2 We'll build an effective and motivated workforce
- 3 We will secure and maintain stable finances
- 4 We will invest in and maintain the most effective and efficient infrastructure
- 5 We'll build our evidence and demonstrate our impact



1. We'll do more to put the people we support at the heart of everything we do



What we've done so far:

- We have a **Working Together Charter** embedded throughout the group infrastructure
- We **employ people with lived experience** in roles at every level of the organisation
- People we support **play a KEY ROLE** in central functions such as **recruitment and quality reviews**
- Satisfaction survey results demonstrate that people we support feel they **have a say** locally and organisationally
- We've changed the way that recovery services have traditionally been delivered by **challenging the power imbalance** between the beneficiary and provider.

What we'll do next:

- Enable people to embark on and fulfil their own **pathway of recovery** at a time, place and way that is right for them
- Work with **more people**, at their pace, and in line with their ambitions
- Fully **involve people** we support in all aspects of **services and their delivery**
- Offer **direct employment, peer support, apprenticeship** and **volunteering** to people we support
- See every person we support as a **potential recruit**
- Give people **more choice and control** over their own recovery
- Empower people we support to **have influence** over how we are run
- Be a **champion of recovery** to create a society that better understands and gives more opportunity to people we support
- Offer more people we support the opportunity to **engage and influence** on a personal, service, organisational and societal level.

What success looks like:

- All our models, pathways and as a result services are **co-produced**. We'll be able to measure and demonstrate the improvement this makes to our services.
- More people we support will be **working, volunteering** or **giving peer support** with us. We will make the most of apprenticeship funding to help make this happen.
- Everyone we support will be able to access their **own records** online
- All **support plans** will be **co-produced** and person centred
- **Our Working Together initiatives**
- More **young people will be actively involved and engaged** in Working Together initiatives.

2. We'll build an effective and motivated workforce



What we've done so far:

- Improved our **induction learning pathway** for all new employees
- Developed a **leadership and management** competency framework
- Reviewed and revised our **pay award** packages
- Reviewed and revised our **operational structures** to ensure they remain efficient and effective
- Maximised the **Apprenticeship Levy** to provide a range of development and qualifications across our workforce.

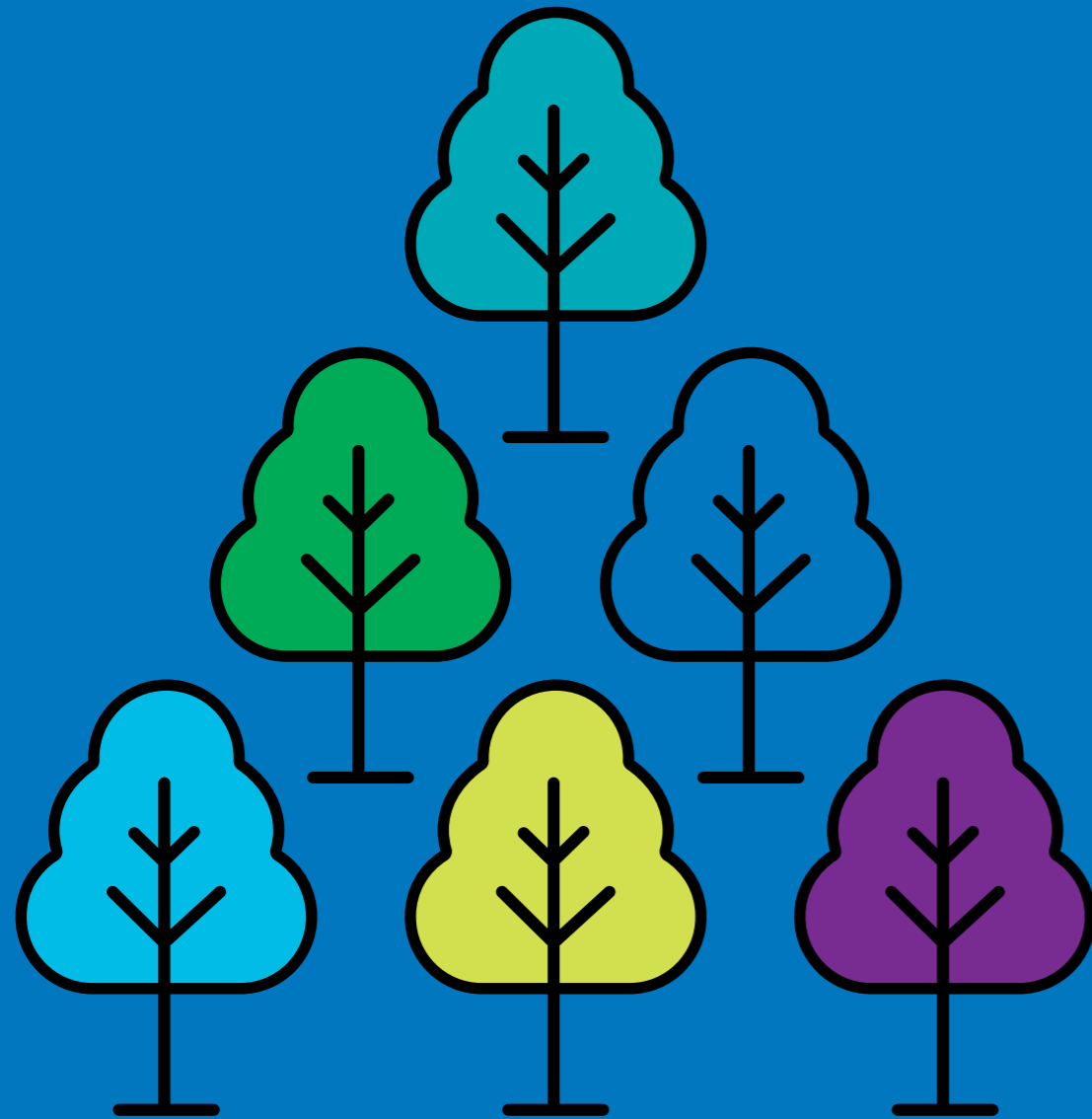
What we'll do next:

- **Attract, recruit and retain** a skilled, diverse workforce across occupations, localities and service models
- Build clear **progression/succession** career pathways
- Identify and develop our **talent**
- Create consistently **effective leaders** and managers who can get the best from their people
- Continue to develop and maintain a **reward strategy** that is affordable, transparent and supports recruitment and retention
- Implement an **employee engagement framework** that enables a collaborative and healthy working environment which recognises success.

What success looks like

- We'll be a group of charities that **people want to be a part of**, where they feel **valued**, where they **make a difference** and where they **feel proud** of what we do and how we do it
- We'll improve the number of people **applying for, staying** and **progressing in** jobs with us
- Our bi-annual Staff Survey will show **increased job satisfaction** and **engagement**
- We'll achieve **gold Investors in People** status
- We'll continue to offer the most **competitive pay package** we can afford
- Our group of charities will be led by consistently and demonstrably **effective leaders and managers**
- **Diversity of workforce**, grade and roles and diversity of recruits is relative to the wider population.

3. We will secure and maintain stable finances



What we've done so far:

- Harnessed the **combined knowledge** and **experience** of a group of expert charities to tackle **substance misuse, mental health, domestic violence** and **gambling** issues
- Achieved **economies of scale** by sharing resources across the group
- Had an excellent track record in **retaining existing business**
- Have been very successful in **securing new business**
- Streamlined our **operational management structure** to future proof services.

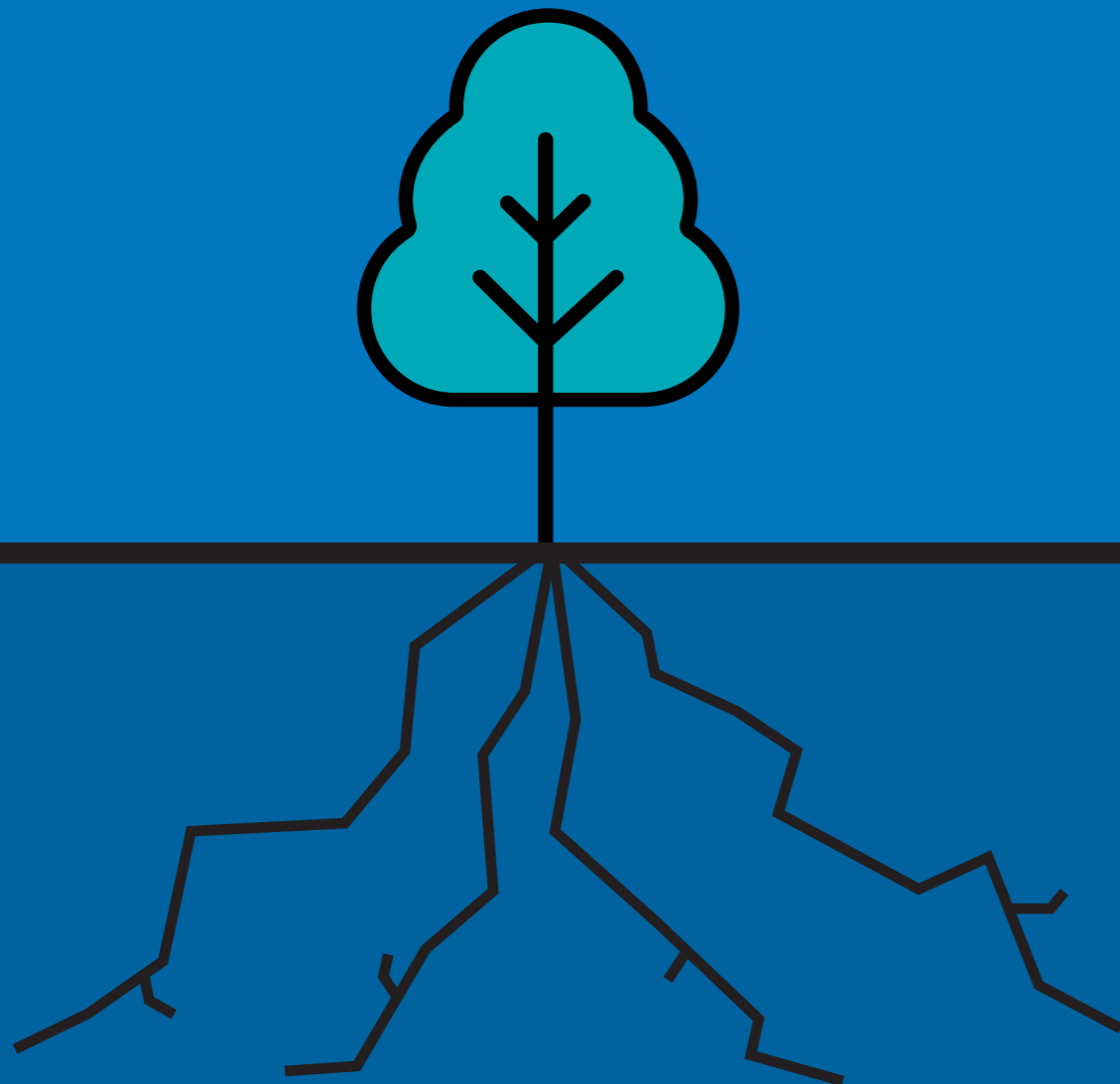
What we'll do next:

- Create **efficient, cost effective solutions** that can withstand the economic realities impacting health and social care provision
- Review our **processes** to ensure these facilitate **income maximisation** and **efficient use of resources**
- Review our **products** to ensure these are providing a **return on investment**
- Maximise **efficiencies** through reviewing **where and how** we work
- Renegotiate **contracts** to maximise **economies of scale**
- We will **diversify** our **income streams**
- We will develop more **partnerships** in order to sustain and grow our business
- We will seek out opportunities to play a key role in **integrated care partnerships** and offering **new community solutions** through our breadth of services across the group.

What success looks like

- Our services will be **financially viable**
- We will **retain** existing business
- Our **social enterprises** will deliver **value for money** and **social value**
- We'll offer even better services through **mutually beneficial partnerships**
- We will continue to develop **new service models** that respond to emerging needs and markets.

4. We will invest in and maintain the most effective and efficient infrastructure



What we've done so far:

- Invested in our **properties** to modernise our **residential services**
- Implemented a new **electronic HR and finance** system to modernise processes
- Set up an **in-house IT support** desk to improve responsiveness and efficiency
- Invested in the **IT tools** available to staff.

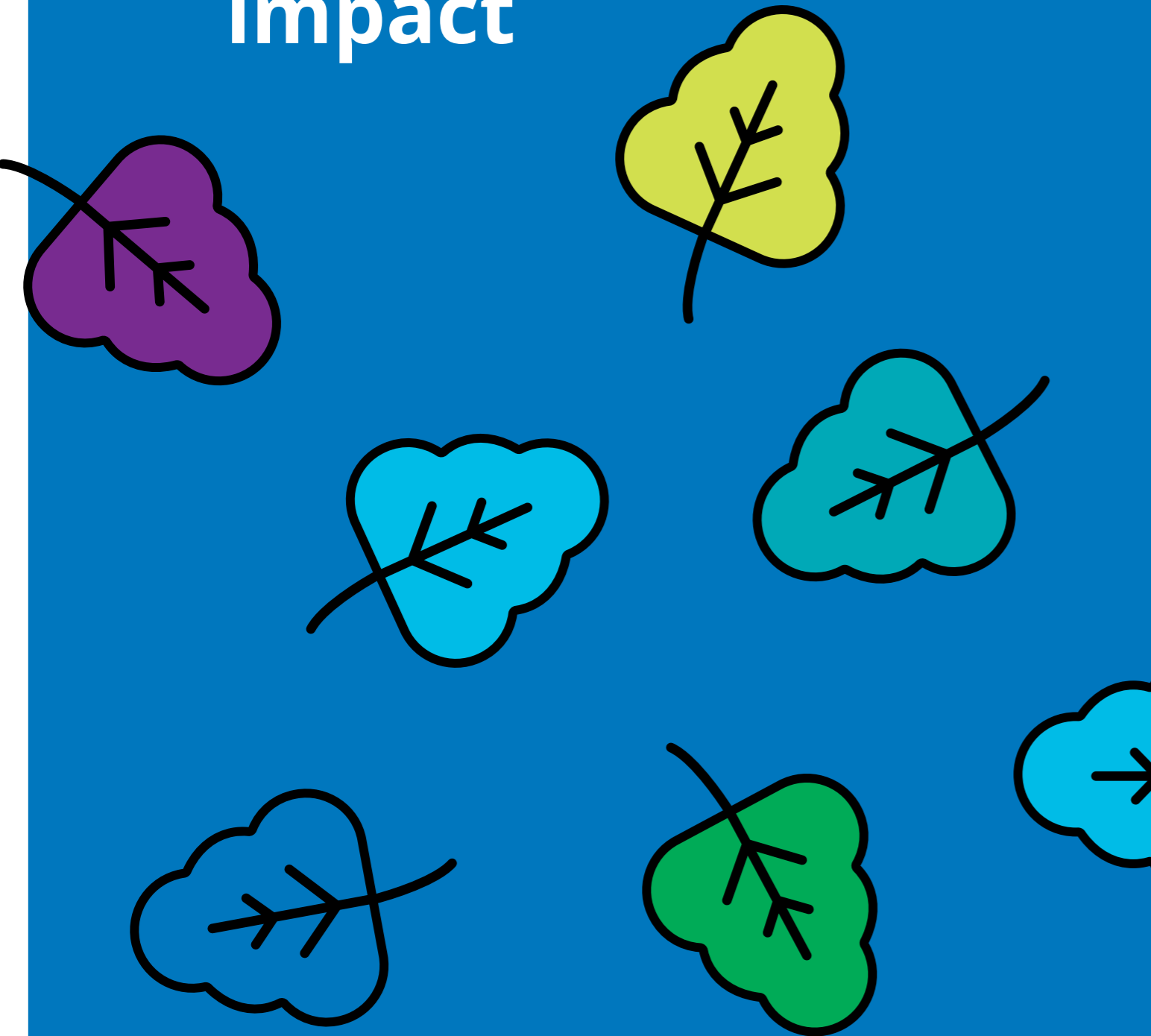
What we'll do next:

- Create a structure where we can **share resources, drive innovation** and create **more efficient ways of working**
- We will focus on **business transformation that is enabled by digital solutions**. Our current digital and IT capabilities need to be advanced in order to create the most efficient and effective environment for us to deliver the best possible service to the people we support
- Make the best use of our national footprint by creating **geographical hubs** to enable easier collaboration
- Invest in our **portfolio of properties** and facilities to develop, renovate and refurbish them, creating services that people are **proud to call home**
- Review our processes across the group to ensure we foster a culture of **continuous improvement**
- Reduce our **environmental impact** and increase our **sustainability**
- We will continue to work closely with the Department for Housing, Communities and Local Government and the Department for Work and Pensions on their **National Statement of Expectations for Accommodation Standards in Supported Housing** to help shape the vision of accommodation standards.

What success looks like

- Our staff will have the **right technology** and appropriate **skills and training** to do their jobs
- Our **IT infrastructure** is efficient, effective and reliable
- Our **technology** will help, not hinder us, to become a more **operationally focused** organisation
- Our services across England will feel better connected with each other, fostering engagement and **collaboration**
- Our **properties** consistently meet our own and benchmarked **high standards**.

5. We'll build our evidence and demonstrate our impact



What we've done so far:

- Refined and **improved pathways** within our **case management system** to ensure we get the right data at the right time
- Put in place a cycle of **internal and external scrutiny** to continuously re-evaluate how we deliver our services
- Undertaken **research into crisis provision** in partnership with Edge Hill University
- Co-produced & piloted a '**client access portal**' with people we support
- **Gained Health Service Journal recognition** for work in our Lancashire crisis houses, in partnership with Lancashire Care Foundation Trust.

What we'll do next:

- Use our specialist and combined **expertise** to demonstrate how people can recover and achieve a **life they value**
- Make **better use of our data**
- We will **improve our processing** and **analysis of data** to provide better insight and evidence the impact of our services
- Develop an **outcomes framework** to **demonstrate our impact**
- Develop our **service models** based on the best available evidence
- Review our datasets to compare and contrast performance and impacts allowing us **to target improvement** and consistency
- Better articulate what we do allowing us to better promote our services
- Invest in **innovation** and work with stakeholders to create new services to **pilot, evaluate and then market**
- Actively **challenge the status quo** by putting our expertise out there into the market place.
- Create a **live evidence base** which is continuously sense-checked and re-validated and monitored in real-time for compliance
- We will **share best practice** and local examples of our innovative service delivery and outcomes.

What success looks like

- All staff know what our priority **outcomes** are and their **impact**
- We know what **we do well**, what should we **do more** of and what opportunities are **emerging** that we need to be involved in
- Our evidence based research projects and internal evaluation work demonstrates the **effectiveness** of our service models.

National and local context

The services we deliver across our group partners are funded in the main by local statutory sources including local authorities, health, joint funding and spot purchase contracts. We currently work across 120 local authority areas and deliver 232 services for a range of commissioners.

As a group, we recognise that there has never in recent times been a period of such financial uncertainty and sustained political instability. The health and social care landscape is rapidly changing and we need to consider the national and local drivers for change to ensure that we are in the best possible position to be part of opportunities emerging. This will enable us to do things differently, support more people, make better use of digital technology and grow and sustain our services.

Update - June 2020

When we began our stakeholder engagement in 2019 to refresh our previous group strategy, we couldn't have imagined the extraordinary events that 2020 would bring. The Covid 19 pandemic has changed our society, changed our relationships and changed how we do things.

Across Recovery Focus, we are proud that we have been able to keep all of our services open throughout the lockdown period. This has been made possible by the amazing resilience, creative thinking and bravery our front line staff have demonstrated and we have been able to continue to support people most in need.

At the same time we have seen that that Covid-19 disproportionately affects people from Black, Asian and Minority Ethnic (BAME) Communities, with research clearly showing that the incidence of contracting the virus and dying from the virus is far higher for people from BAME communities. Although we are all in this together, it would appear that we are not all in this together in the same way. This is a concern for us all as a group that has inclusion and equality at the core of our values.

The pandemic and subsequent global protests following the murder of George Floyd makes us even more determined to do things differently and better. Racial injustice has a daily impact on the lives of our staff and the people we support. We believe this is a moment that we all need to step up to. There is an opportunity here to address inequality in the UK and create a society better for everyone. We, as a national charity with equality and inclusion at the heart of what we do, need to be making the most of that opportunity to make positive changes across Recovery Focus.

We will learn from this whole experience and use it to shape how we work in the future. We will be an actively anti-racist organisation. We will reduce our environmental impact and become more sustainable and resource effective. We will make best use of technology. We can and will do this through our strategy.

In consideration of all of this global change, we have reviewed our strategy and we are confident that our top priority, **to strengthen the range and quality of our services so that together they are effective in inspiring recovery, ensuring more people get a life they value** and the strategic enablers that will help us get there are still relevant and achievable. Our outcomes remain sufficiently ambitious without being unrealistic and we are positive and excited about achieving them over the next three years.

Political

Specific policy drivers influencing areas of our work which we consider particularly important to moving our strategic ambitions forward include:

Brexit has major implications for health and social care in England. It has been a dominating factor for the last few years and will continue to be for some time to come creating increasing uncertainty and instability.

However, we are not standing still and recognise the importance of considering all possible implications to prepare and plan effectively for a no-deal Brexit and to minimise any potential impact or disruption to our services and staff. We have developed robust Brexit contingency plans in line with The Department of Health and Social Care guidance outlining key areas of risk and impact for Recovery Focus and our response to managing these covering: workforce, supplies (medicine management and food), transport and data sharing, processing and access.

The **NHS Long Term Plan (LTP)** has significant importance to our group's work over the next three years. Building on the NHS Five Year Forward View (5YFV) and the 5YFV for Mental Health, the plan focuses on providing high quality care in the community, making the NHS fit for the future and to deliver the most value to patients. It focuses on giving everyone the best start in life, delivering world class care for major health problems and supporting people to age well.

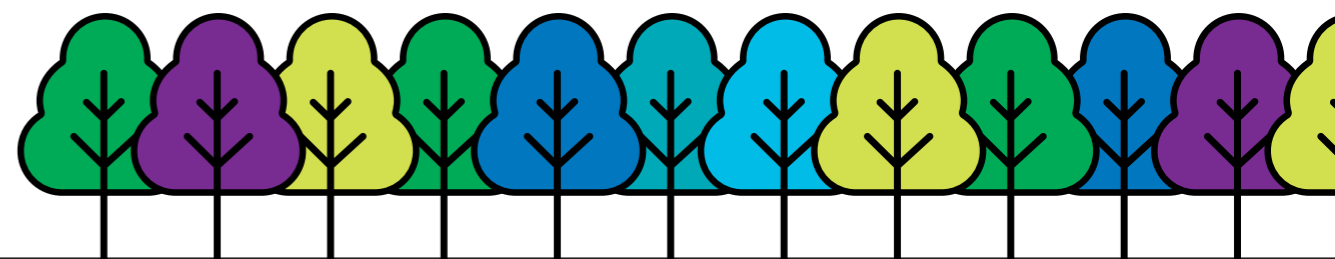
The development of new and integrated models of primary and community mental health care will give 370,000 adults and older adults with severe mental illnesses greater choice and control over their care and support.

There will be a move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks. This will encourage more collaboration between GPs, the NHS and community services to increase joint working. There will be a particular focus for the NHS to work with local partners as Integrated Care Systems (ICSs) by 2021 to plan and deliver services which meet the diverse needs of local communities.

This new community-based offer will include an additional 380,000 people per year to access NICE-approved Improving Access to Psychological Therapies (IAPT) services, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use.

Services will also be expanded for people experiencing a mental health crisis. The NHS will work hand in hand with local authorities and voluntary sector providers to increase access and expand coverage of safe havens and crisis houses to prevent hospital admission.

In addition, targeted suicide prevention programmes will be rolled out to every local area.



Mental health treatment for people with serious gambling problems will also be expanded with greater geographical coverage. This will include piloting provision for under 18s.

The LTP makes clear its plan to increase patient choice and control around how and where care is delivered through **Universal Personalised Care**. This will include 200,000 people benefitting from a personal health budget by 2023/24 and the roll out of a comprehensive model for personalised care. In addition, there will be over 1,000 social prescribing link workers by the end of 2020/21 with the aim of 900,000 people being connected to wider community services that can help improve health and wellbeing.

The LTP is linked to a strong focus on **prevention and self-care**. There will be a shift towards more integrated, population-level health systems to support more localised and personalised responses to health inequalities across the prevention and treatment spectrum. This will involve tackling some of the most significant causes of ill health including new action to help people stop smoking, overcome drinking problems and obesity with a particular focus on the communities and groups of people most affected by these problems.

We fully share the aspiration of a more integrated, strategic collaborative approach across primary, secondary and community mental health care which we believe will transform care for some of the people we support. The development of new and integrated models will also change the way in which primary, hospital and out of hospital care can be provided in an integrated way, bringing together GPs, nurses, community health specialists, hospital specialists, urgent care and ambulance services, as well as mental health and social care to deliver community based services.

We are keen to play a key role in integrated care partnerships and offering new community solutions through our breadth of services across the group. We are well placed with our national coverage to be a key partner to deliver this integrated support and changing provider landscape. We also have the added benefit as a supported housing provider and registered social landlord to bring this expertise to bear providing crisis houses, safehaven's and step up / step down accommodation to achieve genuine integration to support people's holistic needs.

Close collaboration with other providers, local authorities, NHS, CCGs and GP networks will be a strategic priority to ensure the best care is provided to the people that we support. We will work in partnership over the next five years to develop and deliver on the ICSs and STPs implementation plans focusing on a combination of fixed, flexible and targeted deliverables matched to local needs.

We recognise that there is variability across the country and there is no 'one size fits all' approach. The ICSs vary widely in their size, complexity and the level at which they are operating. Our area growth plans and operational networks will be key in identifying where integration is a reality and how we can be involved in the integrated care partnerships. Our new operational management structure and partnerships team will ensure that our local teams are linked into integrated care partnerships responsible for taking these developments forward.

There will also be a new approach to young adult mental health services for people aged 18-25 years to support the transition from children and young people's mental health services to adult mental health services. We will work with other providers and the NHS to extend our current service models and deliver an integrated approach across health, social care and education.

As with all long-term plans, it provides a helpful indicator of the direction of travel but we are aware that significant internal and external risks remain to making the plan happen. These risks include: growing pressures on services, staffing shortages, funding for social care and public health and the strength of the economy. It is therefore vital that we work together to achieve our collective goals.

As a registered provider of social housing, we adhere to the Homes and Communities Agency (HCA) framework and standards. We are working closely with the Ministry for Housing, Communities and Local Government and the Department for Work and Pensions on their **National Statement of Expectations for Accommodation Standards in Supported Housing** to help shape the vision of accommodation standards. This will enable us to share local examples of good practice, to promote quality and to meet and exceed accommodation standards evidencing value for money in the sector.

We welcome the plans to transform the response to tackling domestic abuse with the introduction of a new **Domestic Abuse Bill** and are reassured by the announcement of the first appointment of a **Domestic Abuse Commissioner**.

Prevention and early intervention will remain the foundation to the new bill as set out in the Violence against Women and Young Girls (VAWG) Strategy. There will be an increased focus on domestic abuse training to all agencies most notably police and social workers to identify, assess, support and signpost victims of domestic abuse.

It is vital that children and young people have access to timely and appropriate mental health support, to mitigate both the immediate and long-term psychological impact of experiencing domestic abuse. The Operation Encompass scheme will help to facilitate multi-agency working especially between the police and schools to ensure that every child and young person receives support.

We recognise that there are still not enough Independent Domestic Violence Advisors (IDVAs). This will be reviewed through the course of the new bill with increased IDVA support to victims of domestic abuse.

Transforming the process and perpetrator response is important to our group's work. An integrated approach to strengthen multi-agency working and to improve the framework for managing perpetrators will be key to promoting the changes made to guidance on referrals to national Multi-Agency Public Protecting Arrangements (MAPPA) teams.

We will work with the government to help assess the range of interventions and support available for perpetrators. We will promote approaches to programme delivery and ensure that perpetrator programmes are flexible, trauma-informed and adapted to accommodate people's individual needs and circumstances. The new **domestic abuse policy framework** will also help to set out expectations for working with perpetrators and access to interventions and referral routes, including those aimed at protecting victims and children.

We will share best practice and local examples of our innovative service delivery and outcomes of the Drive project to ensure that learning from work with perpetrators is shared and embedded.

Economic

We are operating in an environment of increasing austerity with funding continuing to be squeezed across the health and social care sector. In 2017/18 the sector turned in a £991m deficit, CCGs collectively overspent by £213m and NHS England released reserves and underspent by £1,183m to balance these pressures. There is another sector deficit expected in 2018/19 at around £1bn with 2019/20 already looking very tight.

Within the context of increasing economic pressures, the NHS LTP revealed intentions for funding for mental health and community health services to increase over the next five years with an anticipated additional £4.5bn by 2023/24. This commitment to mental health and community health services at a national level will provide us with opportunities for innovation and increased quality of care forming the basis of further growth and transformation but is far from a long term solution.

There have been significant reductions in public health funding with budgeted **spending on drug and alcohol treatment services falling** from £877m in 2013/14 to £716m in 2017/18 representing an 18% cut.

The impact of these cuts can include; larger caseloads, declining access to workforce development, limited core services, stronger competition to bid for contracts, less access to employment, training and education provision, and less capacity to respond to complex needs.

This comes at a time when drug-related deaths across England and Wales are at a record high, with figures from the Office for National Statistics (ONS) showing that 4,359 people were fatally poisoned by drugs in 2018, the highest number and the highest annual increase (16%) since 1993.

In 2017/18 in England there were 1.17m hospital admissions where the primary or secondary reason for admission was linked to alcohol. The latest figures from PHE report that the number of people who use opiate and/or crack cocaine aged 15-64 years in England was 313,971.

Estimates show increasing social and economic costs of alcohol related harm which amount to £21.5bn, while harm from illicit drug use costs £10.7bn. These include costs associated with deaths, the NHS, crime and in the case of alcohol, lost productivity.

Last year in the UK, more than two million adults suffered some form of domestic abuse. 85% of victims of domestic abuse are having to seek help an average of five times before they get effective support, and four out of five victims of domestic abuse do not call the police.

The mental health cost for victims of domestic abuse to the health service was £1.3 bn in 2016/17 with the NHS spending £2.3bn that year in responding to harm caused by domestic abuse.

Responding to the mental health needs of those perpetrating abuse is also crucial. Only 1% of perpetrators get a specialist intervention that might prevent future abusive behaviour and as a result there is a high level of repeat perpetration.

We know that 1 in 4 perpetrators are repeat offenders and that some have as many as six

different victims. Long term solutions are therefore needed to tackle domestic abuse. In order to reduce the number of people experiencing abuse, perpetrators must be held to account and challenged to change their behaviour.

The funding landscape for domestic abuse services is diverse. The government's **Domestic Abuse Fund** will provide funding of up to £18.8 million over 2 years (2018 to 2020) to support the provision of accommodation-based support services and the local reforms needed to meet the priorities for domestic abuse services. This is a positive step forward; however, current funding for perpetrators has been limited with short contract periods.

The **Domestic Abuse Bill** calls for a more sustainable, long-term funding model for all domestic abuse services through a more joined-up approach. This must include fully funded specialist domestic abuse services in the community for adult and child victims and services to challenge perpetrators' behaviour.

Funding models need to be strengthened and the benefits of full local commissioning of domestic abuse support services by Police and Crime Commissioners (PCCs) need to be explored.

Our strategic priority will therefore focus on strengthening our Respect accreditation to deliver high-quality, safety-focused services. We will also evaluate our domestic abuse services to demonstrate the beneficial impact of our service delivery models. Retaining local partnerships and working collaboratively will also be key to ensure that we are well networked to provide the best possible support.

Challenges around funding and resourcing safe and high quality services therefore clearly remain. Tighter finances are also encouraging local authorities and government in many instances to opt for longer and larger integrated contracts. This offers both challenges and opportunities for partnership working, growth and redesigning of our service models to meet the needs of integrated commissioning.

We recognise that we need to seek out new opportunities given the increasing reductions of funding across the sector. We know that our current contracts are likely to decrease further with the expectation on finding efficiencies and for new business; margins will continue to be increasingly tight. We will need to diversify our income streams and work more in partnership in order to sustain and grow our business.

Another key issue to highlight is the increasing costs of the **National Living Wage** which reached a 5% increase per annum from the 1st April 2019. In the coming months, the government will consult with the Low Pay Commission (LPC) and others on the LPC's remit for 2020 onwards. On current forecasts, the LPC estimates that the national living wage will reach £8.62 in April 2020. These rates will continue to rise faster than both inflation and average earnings.

This will have a significant impact on our group's wage bill. Attracting a high quality workforce whilst retaining an affordable and fair pay structure for all employees will be a difficult balance to strike over the next three years but one we must get right.

Social

At a national level, the **demand for healthcare is rising with a growing and ageing population** and people have increasingly complex health and social care needs which are causing treatment costs to rise.

Across NHS trusts there are also **significant workforce challenges** with a shortage of more than 100,000 staff. Based on current trends this number could reach almost 250,000 by 2030.

If substantial staff shortages continue, they could lead to growing waiting lists, deteriorating care quality and the risk that some of the £20.5bn secured for NHS front-line services will go unspent: even if commissioners have the resources to commission additional activity, health care providers may not have the staff to deliver it.

Given the NHS LTP and the **move of activity from secondary to primary care**, there needs to be a more coherent national system to develop and oversee workforce strategy and ensure its alignment with the changing new and integrated models of delivery of health and social care. A workforce that will match the requirements of a transformed system will need to tackle serious challenges with supply, recruitment and retention of staff.

At a local level, across our group we deliver services to an **increasingly diverse population** with different needs which means that we need to continuously adapt our services to meet local communities. **The social determinants of health differ across our footprint** with varying levels of significant factors we know to influence mental and physical health such as homelessness and drug and alcohol use.

This overall ageing population growth, combined with lack of projected growth in contract values and ongoing workforce shortages puts additional pressures on our services.

Increasing demand for healthcare services is not matched nor projected to be matched in commissioning budgets indicating the likelihood of over use of provision. New and integrated models of delivery of health and social care will be the one of the greatest drivers for service redesign along with the development of primary care to diversify and increase capacity. There will also need to be a shift in focus and change in climate from competition to collaboration across all sectors to manage this demand and create capacity.

We will closely monitor demand and capacity across our services working with STPs and ICSs to future plan based on a joint understanding of local needs and agreed programmes of service transformation, prevention and early intervention.

Technological

The NHS LTP has a clear focus on making **better use of data and digital technology**.

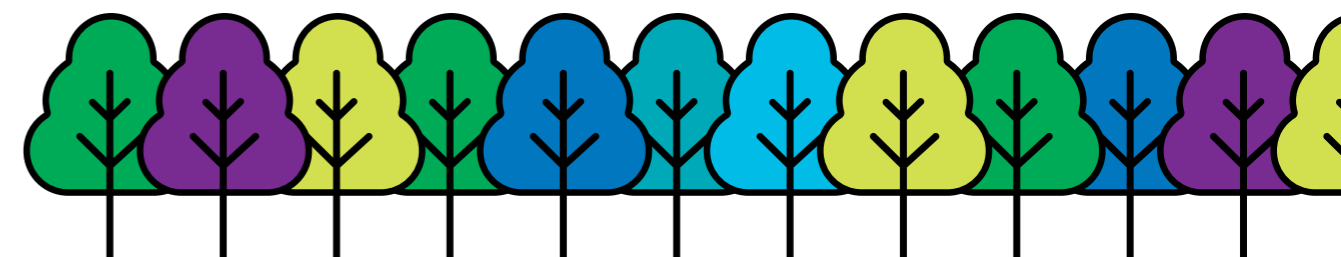
This will include digitally enabled mental health care which will provide better access to digital tools for staff, improve service user choice about how they access services and improve planning and delivery of services based on the analysis of patient and population data.

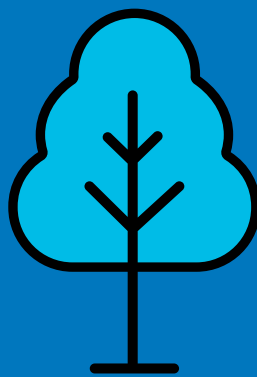
We recognise that we need to focus on **business transformation enabled by digital solutions** as a strategic priority. Our current digital and IT capabilities need to be advanced in order to create the most efficient and effective environment for us to deliver the best possible care.

Over the next year, we will be focusing on a combination of a clear digital strategy, investment in the right technology, high-quality data, appropriate skills and training for our staff and agile processes. This will ensure that we are able to offer more mobile working, reduce the need for physical staff building bases, improve efficiency, create value, improve service user experience and outcomes, promote transparent ways of working and a culture of continuous improvement.

We will also **improve the processing, analysis of data and use of artificial intelligence** to provide better insight and evidence impact of our services. The people that we support will have greater access to their records through our Client Access Portal on our database RF Connect.

Through investment in IT, our vision is for the people that we support to feel confident, more informed and in control of their care and support through access to their own health and care information. We also want to empower our staff and our partners by providing effective tools for them to do their jobs.





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