



Sector Development | Operational Productivity

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By email to all Chairs and Chief Executives of Community  
and Mental Health Trusts

Cc' all trusts through Provider Bulletin

### **‘CARTER PROGRAMME’ – Community and Mental Health extension**

As you may be aware, as Lord Carter was compiling and finalising his report into operational productivity and performance in NHS acute hospitals, he was contacted by many community and mental health trusts who expressed their willingness to be involved in a similar detailed approach.

I am pleased to say that we have now commenced the review into community and mental health trusts, building on the approach of the original report. Key members of the team are now in place, as part of the Operational Productivity directorate in NHS Improvement led by Jeremy Marlow, and I have appended their contact details to this letter. We are also looking at the scope to extend this to all remaining providers including ambulance trusts and specialist acute trusts, and I will shortly provide an update to relevant providers on the process and approach we will take for these trusts.

Lord Carter is overseeing and steering the review in his role as a Non-Executive Director in NHS Improvement. His intention is to follow a similar structure and methodology of the acute review, with some significant tailoring to community and mental health. We will be developing our findings with a view to publishing them in late 2017.

The engagement that we will undertake in developing our findings will look to understand:

- How organisations in mental health and community trusts operate;
- What good looks like;
- What approaches to improving productivity and efficiency are already in place and what opportunities there are to drive these further; and
- What metrics and indicators are required to support the development of the model for these sectors.

As we develop our understanding, we will feed these into discussions with trusts. This will enable us to jointly scope, iterate and finalise the findings of the review and specify the benchmarking criteria for an “optimal model” NHS community or mental health care trust. Some of this will take place by linking the community and mental health trusts to the ongoing implementation of the acute review, but of course there will be many areas where we will need to jointly produce recommendations and solutions that are tailored to the varied work you undertake.

As a first step, and to mirror the approach taken in the acute sector review, my team and I have been setting up a cohort of just over 20 trusts across both community and mental health with which more detailed engagement will be focussed over the initial stages of the review process over the next six months. A list of these trusts is appended to this letter.

I appreciate that trusts outside the cohort are still keen to be closely involved in the work. We are happy to meet with those of you who are not part of this initial cohort, and learn from examples within your organisation to feed into the review. In addition, we will be providing updates on our progress and thinking as it develops at regular intervals and after significant milestones. We will also be doing some Board level engagement throughout the review process, and will discuss our findings with all organisations before they are published in the autumn of 2017.

Finally, we are aiming to share early findings to encourage rapid improvements where possible. I expect these to be in the areas where there is a closer read-across from the implementation of the initial review such as on corporate services, procurement and starting to make data available from the Model Hospital. Please feel free to get in touch if you would personally like to be provided with more information on our approach, and have your name be added to the Operational Productivity distribution list which provides updates on the Carter programme as a whole. We would also welcome any specific suggestions, concerns or more general points you may wish to feed in. Our team can be reached at:

[nhsi.sectorddevelopment@nhs.net](mailto:nhsi.sectorddevelopment@nhs.net)

I know I speak for all of us in the team and Lord Carter in particular, that we are very pleased to be extending the scope of the current work to help benchmark and boost the already large contribution your trusts make to the whole health service, patients and the public. I hope that this excitement is shared by yourselves, and my team and I very much look forward to working with you over the coming months.



**Luke Edwards**

Director of Sector Development

## Annex 1 – list of cohort trusts

Cohort
2Gether NHS FT
5 Boroughs Partnership NHS FT
Barnet, Enfield and Haringey Mental Health NHS Trust
Birmingham Community Healthcare NHS FT
Central and North West London NHS FT
Central London Community Healthcare NHS Trust
Derbyshire Community Health Services NHS FT
East London NHS FT
Hertfordshire Community NHS Trust
Hertfordshire Partnership University NHS FT
Kent Community Health NHS FT
Lancashire Care NHS FT
Leeds Community Healthcare NHS Trust
Leicestershire Partnership NHS FT
Lincolnshire Partnership NHS FT
Norfolk Community Health and Care NHS Trust
Northumberland, Tyne and Wear NHS FT
Nottinghamshire Healthcare NHS FT
Oxford Health NHS FT
South West London and St. George's Mental Health NHS Trust
Sussex Partnership NHS FT
Torbay and South Devon NHS FT
Wirral Community NHS FT

## Annex 2 – Sector Development summary contact list

### Team details

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