Lincolnshire Partnership NHS
NHS Foundation Trust

Clinical Services Strategy

2016 – 2021

'Enabling people to live well in their communities'

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Dr John Brewin,
Chief Executive

Paul Devlin,
Chair

Forward from the Chair and Chief Executive

We are proud to lead this organisation and to see the positive benefits for patients, carers and families that are being achieved, day in and day out, by our excellent, dedicated and skilled staff.

Our staff teams, both clinical and managerial, deliver this remarkable work. Their well-being, development, training and commitment is of vital importance to the organisation as, working together, we face the unprecedented challenges of continuing to improve outcomes and partnerships across Lincolnshire.

This clinical strategy sets out what we will be doing to continue to deliver safe, caring, responsive and effective services.

In summary, everything we do will be aimed at ensuring: -

- That working together with our patients, we continue to improve their experience of our services and that they tell us when we get it right and when we do not;

- That working together with our staff, we continue to support them to do a good job and to be proud to work at Lincolnshire Partnership NHS Foundation Trust;

- That working together with the Lincolnshire health and care system, we continue to strive for clinically and financially sustainable services to be there when patients, carers and families need them.

We welcome feedback so please tell us what you think about this strategy as we would like to hear your views – please email us at

Dr John Brewin
Chief Executive

Paul Devlin
Chair

1.0 INTRODUCTION

This clinical strategy explains what we are doing to improve services for patients, carers and families. It is one of the ways the organisation ensures that there is a proper focus on continuous development and improvement of clinical services. It forms part of a series of plans that allow the organisation to demonstrate it is accountable and governed well. It is produced and informed by front line staff who work with patients every day and therefore is part of the Clinical Divisions Business Plans as demonstrated in the diagram below: -

Our Purpose is clear; we are here to *'Enable people to live well in their communities'.*

This means working with our partners to join services together so that the patient receives one service to meet their needs; it means using the best available evidence to deliver high quality care; it means working with patients, carers and staff to design and deliver services together; it means doing what it right for the people of Lincolnshire. This strategy is the result of work completed since the summer of 2015 where we have spoken with patients and carers, staff, commissioners, partners, our Governors and the public about what they think we should be doing to improve clinical services. It demonstrates our commitment to working together to deliver effective, responsive, caring and safe services.

> *We are committed to ensuring every staff member is supported to achieve their very best, to feel valued and involved and to be themselves inclusive of the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation and sex (Equality Act 2010).*

2.0 ABOUT LINCOLNSHIRE

Lincolnshire is primarily a rural county, which borders Leicestershire and Rutland, Cambridgeshire, Nottinghamshire, Northamptonshire, North and North East Lincolnshire and Norfolk. It has a large agricultural community but also a population that is prepared to travel to work into neighbouring towns, counties and to the capital. It has an extensive coastline to the East, which attracts an ageing population wishing to retire to the coast and a seasonal population, who visit the main resorts of Skegness and Mablethorpe each year. It is the fourth largest county in England by area and is served by one County Council and seven District Councils.

Quick Facts

Population: 731,700
Area: 2,350 sq. miles
Population density: 300 people/square mile compared to 1010 in England
Geography: No motorways, only 41 miles of dual carriageway out of 5,600 miles of road
Urban areas: Only the City of Lincoln is classified as an urban area across the county
Primary Care: 101 GP practices; 77 dental practices; 111 community pharmacies

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Key health challenges

Changing demographics: inward migration, increasing birth rate, ageing population
Economic inequalities: low wage economies and areas of deprivation
Children's health and lifestyles: e.g. obesity smoking, sexual health & mental health
Changing health needs: long term health conditions; residential/hospital care; dementia
Inequalities for people with disabilities: including those with learning disabilities
Prevention: relating to smoking, alcohol, obesity and maintaining independence

The most troubling outcome for people with serious mental illness in Lincolnshire is that they are more likely to die prematurely than people with the same condition living in other areas of the country.

Key Financial challenge

Without further annual efficiencies and flat real terms funding, a mismatch between resources and patient needs is predicted of nearly £30 billion a year nationally by 2020/21. So to sustain a comprehensive high-quality NHS, action is needed on three fronts:

1. **Increase Prevention**   2. **Improve efficiency**   3. **Increase funding**

For Lincolnshire, the financial deficit is predicted to be c£250 million by 2020/21 and so commissioners and providers are working together under the banner of the Lincolnshire Health and Care (LHAC) to plan how the local funding gap can be bridged.

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3.0 WHO WE ARE

Our patients and staff are our priorities, along with working in partnership with other organisations to deliver clinically and financially sustainable health and care services for the people of Lincolnshire. We encourage a culture of co-production, both internally and externally. We develop our people, collaborate with partners and strive for continuous learning to ensure the services we provide are the best they can be and that our patients, staff and other stakeholders have the best possible outcomes and experience of care.

Our purpose

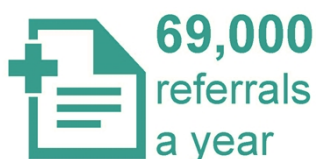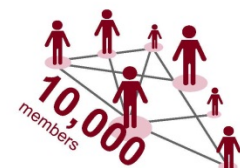**'To enable people to live well in their communities'**

Our values
- Putting people first
- Respecting people's differences
- Behaving with compassion and integrity
- Having pride in our work
- Working in partnership
- Developing our staff
- Being recovery focused and making a positive difference

Our vision
- To make a difference to the lives of people with mental health, substance misuse problems and learning disabilities.
- To promote recovery and quality of life through effective, innovative and caring mental health and social care services.

Key Facts:

405,000 Community contacts a year

250 Beds

10,000 members

69,000 referrals a year

70+ locations

2,000 staff

4.0 OUR SERVICES

Our community services are based in the major settlements in the county – Boston, Gainsborough, Grantham, Lincoln, Louth, Skegness, Sleaford, Spalding and Stamford. In-patient services are primarily based in the 3 major conurbations of Boston, Grantham and Lincoln. There is also a county-wide inpatient unit for the Child and Adolescent (CAMHS) service in Sleaford.

Adult Community Mental Health Division
- Adult Community Mental Health
- Steps2Change (IAPT)
- Assertive Outreach
- Support and Treatment for Early Psychosis
- Recovery College
- Volunteer service
- Section 75: Inc. direct Social Care
- Best Interest Assessors
- Community forensic mental health services
- Mental Health Physiotherapy
- Adult psychology
- Dynamic psychotherapy
- Eating Disorders
- Specialist Psychology
- Perinatal Services

Older Adult Mental Health Division
- Dementia Services (community and inpatient)
- Specialist Older Adult Services (community & inpatient)
- Mental Health Hospital Liaison Service
- Neuropsychology
- Psycho-Oncology
- Chronic Fatigue Syndrome

Specialist Services Division
- Learning Disabilities Inpatient and Community Services
- Learning Disabilities Hospital In reach
- Speech and Language Therapy
- Full spectrum of community CAMHS (Tiers 2 and 3)
- CAMHS Inpatient
- Drug and Alcohol Recovery Team
- Community Assertive Support Team (CAST)
- North East Lincolnshire CAMHS
- CAMHS Physical Healthcare/Diabetes Psychology
- Lincolnshire Young Persons Secure Unit (LSU)

Adult Mental Health Inpatient Division
- Single Point of Access
- Adult acute inpatient services
- Crisis Resolution and Home Treatment
- Mental Health Triage Car
- Sexual Assault Referral Centre (SARC)
- Independent Sexual Violence Adviser (ISVA) service
- Mental health inpatient rehabilitation
- Low secure inpatient mental health
- Section 136 Suite
- Veterans Service

Cross Cutting And Primary Care
- Community Support Networks
- Pharmacy support
- Alternative Provider Medical Services (Joint Venture with Primary Care)

5.0 OUR VISION FOR THE FUTURE

The constantly shifting landscape of health and social care in England makes predicting the future an almost impossible challenge. However, it is widely accepted that as the NHS and social care continue to evolve and respond to changing patient expectations, services as they are today, will look very different in 5 years' time.

As indicated in NHS England's Five Year Forward View, national policy will drive a greater emphasis on people taking responsibility for their own health and on the prevention of ill health; new models of care and new payment mechanisms will be introduced where providers are rewarded for improving outcomes for patients. As we live longer the NHS needs to deliver more care to more people and therefore has to be more efficient and productive with a greater focus on building community services closer to where people live, in communities and at home. To achieve this, organisations will change and work together to support the individual person and their family.

Inpatient Services

Community Services

Primary Care

Neighbourhood

Individuals and Families
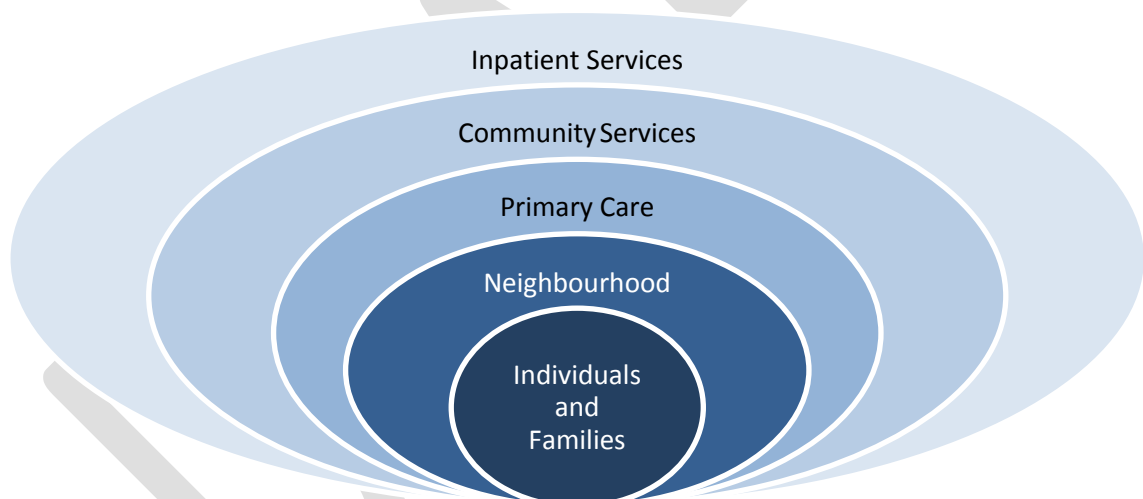
The final design of these services is still to be decided, however from what we already know, we are able to set the following principles for how services will be in the next few years:

- A clear focus on population health and on patients as individuals
- A greater level of co-design and co-production of services
- A greater focus on prevention, self-help and early intervention to support healthy lifestyles
- Integration of care pathways and shared resources with other providers
- More services based in and around Primary Care as the first contact point for patients
- Collaboration with the 3rd Sector to increase community capacity and support wellbeing
- Clearly defined packages of care based around delivering improved patient outcomes
- A continued shift of investment from inpatient care to enhanced community support

6.0 NATIONAL CONTEXT

Mental Health

Mental health problems are the largest single cause of illness in the UK, accounting for 23 per cent of the total 'burden of disease'. It is estimated poor mental health costs the UK economy £77 billion per year. Poor mental health will touch us all at some point in our lives; as mental health problems affect one in four people.

Drug and Alcohol

Alcohol is the third biggest risk factor for illness and death

1,200,000 people are affected by drug addiction in their families; mostly in poor communities

Drug use costs the nation £15.4

Alcohol use costs our society £21 billion per year billion per year

Learning Disabilities

It is estimated that in England in 2011 1,191,000 people have a learning disability. This includes 905,000 adults aged 18+ (530,000 men and 375,000 women); People with learning disabilities are 2.5 times more likely to have health problems than other people; People with learning disabilities have an increased risk of early death compared to the general population.

The NHS Plan

The NHS 'Five year forward view' highlights how NHS organisations will have to identify opportunities to integrate with other services to make positive changes to patient care. Participation of and co-production of solutions for the future are needed with local people, local communities, primary care and NHS, voluntary and non-statutory sector organisations, local authorities at district and county level, commissioners and employers working together in a culture to work together to achieve the best possible outcomes for local people.

For 2016/17 the NHS has been issued with a set of National 'must do's' for the year ahead. Whilst some of these are Acute Care focussed, some are specific to the work of LPFT:

- Achieve **financial balance**
- Achieve and maintain the two new **mental health access standards**
  (Early Intervention in Psychosis and IAPT waiting times)
- Continue to meet **dementia diagnosis targets**
- Deliver plans to **transform care for people with learning disabilities**

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7.0 LOCAL DELIVERY OBJECTIVES

Lincolnshire Partnership NHS Foundation Trust is part of the wider health and social care system and actively supports all partners in delivering clinically and financially sustainable services through a joint Sustainability and Transformation Plan.

For patients seen by our organisation, we will develop and deliver services that support parity of esteem of physical and mental health and deliver improved outcomes as set out in:

The cross-government strategy "No Health Without Mental Health" (2012)

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination.

Transforming Care for Learning Disabilities Services (2015)

- Empowering people and families
- Less reliance on inpatient care
- Greater emphasis on community services
- Stronger emphasis on personalised care

National Drug and Alcohol Strategy (2010 – updated 2012)

- Prevent drug and alcohol use from escalating
- Reduce the harm that people cause themselves or others
- Prevent young people from becoming drug or alcohol-dependent adults

Future in Mind for Child and Adolescent Mental Health Services (2013)

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

In addition we will do the following: -

- Manage our available resources to ensure staff time is freed up to care for patients
- Support our people to be the best they can be
- Support integrated health and care in Lincolnshire
- Support the increased use of technology
- Ensure our estate is fit for modern healthcare delivery

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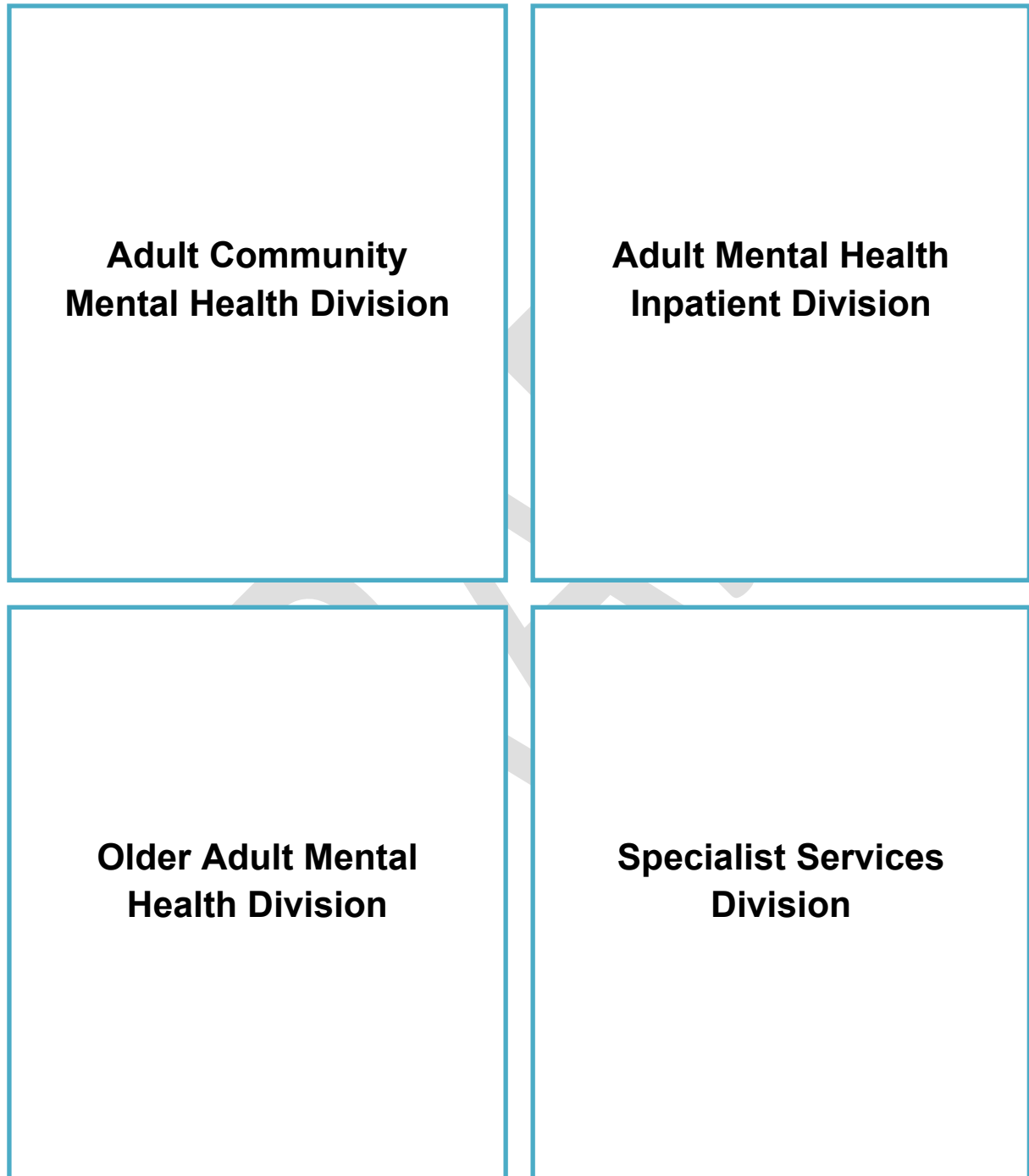
8.0 CLINICAL PRIORITIES

The priorities provide a framework for service development to drive improvement across the Trust. They will be updated on an annual basis and reviewed quarterly.

Priority	What does this mean?	Intended outcomes
More people will have good mental health	❖ Provide information and support to explain common mental health problems to help to reduce stigma ❖ Secure funding for improving services that support good mental health and parity of esteem between physical health and mental health ❖ Provide more services from primary care settings ❖ Support improvements to people's mental and physical well-being through supporting SHINE and Community Support Networks ❖ Implement liaison services in acute hospitals	❖ People feeling better about managing their mental health ❖ Knowing where to go to get support ❖ Feeling part of a support network that is available to meet the person's needs
More people will have a positive experience of care and support	❖ Embed clinician led co-production in all service designs ❖ Include service users as a standard in interview panels ❖ Increase Peer Support roles in community teams ❖ Actively encourage family and carer involvement in planning patient care ❖ Implement actions to address the findings of the community mental health survey ❖ Remain responsive to feedback with demonstrable actions in response to ideas for improvement	❖ Much greater involvement of experts by experience and volunteers ❖ Greater patient and carer involvement in decision about their care
More people with mental health and learning disability problems will have good physical health	❖ Develop expertise in physical health monitoring for people with mental health and learning disability problems in our care ❖ Work with experts in physical health in a more integrated way, seeking support, training and advice in how to manage physical health problems ❖ Support patients in managing the impact of medications of physical health and side effects of medicines	❖ Improve the physical health of people with mental health and learning disability conditions
People will have better access to services	❖ Develop a directory of services and a "map" of services ❖ Establish a 24 hour help line for mental health issues ❖ Develop a greater range of online resources to support self-help and prevention ❖ 24 hour access to services, 7 days a week as appropriate ❖ Establish clear pathways for Community Support Networks to engage with the Trust ❖ Transform the website to provide better information ❖ Provide support for Lincolnshire GPs on mental health	❖ Clear understanding of how to access and navigate services ❖ Better understanding of mental health ❖ Care available when needed to avoid emergency admission or crisis services
Support integrated health and social care in Lincolnshire	❖ Actively support Lincolnshire Health and Care (LHAC) ❖ Actively support and implement Neighbourhood Teams ❖ Collaborate with other providers by sharing resources and working across organisational boundaries ❖ Create networks with third sector, voluntary and charitable organisations and volunteers	❖ Sustainable services in Lincolnshire ❖ More joined up Mental Health and Physical Health services for patients

Priority	What does this mean?	Intended outcomes
Fewer people will suffer avoidable harm	❖ Foster a positive patient safety culture ❖ Take every opportunity to learn lessons and share learning across the organisation. ❖ Base all service pathways and clinical delivery on evidence based practice. ❖ Role model, visible leadership and clear lines of accountability ❖ Provide safe patient environments for all our clinical services ❖ Ensure effective clinical risk assessment and risk management is a core aspect of patient care	❖ Delivery of safe care at all times and in all settings
Promote recovery and independence	❖ Provide consistent and timely follow-up for people discharged from inpatient care ❖ Provide robust support to Community Care Networks as our partners in care ❖ Act as a core member and support the development of the Neighbourhood Teams ❖ Start discharge planning early to enable a supportive and effective exit from services ❖ Have measureable clinical and patient outcomes in every service	❖ Integrated and joined up care pathways across LPFT services and the wider community ❖ Robust community networks to support people not formally engaged in LPFT services
Support our people to be the best they can be	❖ Ensure staff have a clear line of sight between their role and patient experience ❖ Ensure staff have the right structures and resources to deliver high quality care ❖ Treat each other with respect and role model our values ❖ Providing visible leadership and accessible managers to all staff at all levels ❖ Create service development training plans to ensure that staff have the skills to meet future demands	❖ An engaged and confident staff group ❖ Increased job satisfaction ❖ Better patient outcomes
Maximise NHS resources	❖ Constantly review service delivery and explore more efficient ways of working ❖ Work with commissioners to agree longer-term contracts based on outcomes. ❖ Introduce a standard 'Lean' approach for the Trust ❖ Set financial controls for all services to protect quality whilst encouraging transformation ❖ Work with commissioners to identify and scale down services that lack an appropriate evidence base or clear measurable outcomes	❖ Services that make the best use of public money to ensure the long-term sustainability of high quality clinical care
Ensure our estate is fit for modern healthcare delivery	❖ Share resources and collocate services with other organisations where it makes sense for service users ❖ Invest in the inpatient estate to expand the range of services offered to Lincolnshire residents (PICU) ❖ Reduce inpatient estate where there is evidence that care can be better provided in the community or in partnership with other providers (Older Adults/ Learning Disabilities, Transforming care) ❖ Invest in our acute inpatient environment to create modern and fit for purpose care environments	❖ Improved care environments ❖ Better use of resources ❖ More joined up and integrated care ❖ Local services for local people

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9.0 DIVISIONAL/CLINICAL SERVICE PLANS

To be completed at Februay ILP session

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Adult Community Mental Health Division

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Adult Mental Health Inpatient Division

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Older Adult Mental Health Division

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Specialist Services Division

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VERSION CONTROL

Version	Author	Date
Draft Clinical Strategy v1.0	Chris Higgins	11/12/15
Draft Clinical Strategy v2.0	Chris Higgins	18/12/15
Draft Clinical Strategy v3.0	Jane Marshall and Chris Higgins	4/01/16
Draft Clinical Strategy v4.0	Jane Marshall	11/01/16
Draft Clinical Strategy v5.0	Jane Marshall and Chris Higgins	19/01/16
Draft Clinical Strategy v6.0	Jane Marshall and Chris Higgins	03/02/16
Ratification		
Ratifying Body and Date Ratified	Board of Directors	
Date of Issue		
Review Date		

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