


# Agenda Item 5

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report by Jane Marshall, Director of Strategy and Performance, Lincolnshire Partnership NHS Foundation Trust

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>11 February 2015</b>
Subject:	<b>Lincolnshire Partnership NHS Foundation Trust – Draft Clinical Strategy 2015-2020</b>

## Summary:

On 29 January 2015 the Board of Directors of Lincolnshire Partnership NHS Foundation Trust (LPFT) approved its Draft Clinical Strategy for 2015-2020. The Board of Directors will be meeting in March to approve the final version of the Strategy. This item enables the Health Scrutiny Committee for Lincolnshire to consider the Strategy and to submit its comments to LPFT on the draft Strategy.

## Actions Required:

- (1) To consider and comment on the draft Clinical Strategy for 2015-2020 of the Lincolnshire Partnership NHS Foundation Trust, which will be approved by the Trust's Board of Directors in March 2015.

## 1. Background

### Clinical Strategy 2015-2020

The Clinical Strategy sets out the direction for clinical services over the next five years and is a combination of service line clinical strategies in the short to medium term as well as the overarching strategic direction and ambition for our clinical services. The latter takes into account the direction of travel indicated by the external environment including the Lincolnshire Health and Care programme and national policy.

The Clinical Strategy approved in draft for consultation by the Board of Directors of LPFT on 29 January 2015 and is attached as Appendix A to this report.

The Clinical Strategy is aligned to the overarching strategy for the organisation and describes its clinical priorities for the future. It is designed to provide focus and direction for LPFT's staff and better understanding of how LPFT will develop for the people that work with us and use our services.

It is clinically led and has been prepared with extensive input from clinicians and managers across our many different services and demonstrates the commitment to delivering high quality, effective, safe and accountable care.

The Strategy reflects the current economic and political environment both nationally and locally, and reflects our drive and ambition to meet the economic and clinical challenges head-on and create conditions for the best possible care for patients that is evidence based, well led, and outcome focussed.

Co-production is a key feature of this Strategy, as LPFT believes that inclusive and collaborative service design, delivery and evaluation are crucial to the success and sustainability of the NHS and the Trust. This Strategy reaffirms our commitment to keeping patients at the heart of everything and LPFT's ambition is to continuously strive for even greater levels of meaningful engagement.

## **2. Conclusion**

The Health Scrutiny Committee is invited to consider and comment on the draft Clinical Strategy for 2015-2020 of Lincolnshire Partnership NHS Foundation Trust, which will be approved by the Trust's Board of Directors in March 2015.

## **3. Consultation**

The Health Scrutiny Committee is being consulted on the draft Clinical Strategy of LPFT and is requested to submit its comments in advance of the approval of the Strategy by the Trust's Board of Directors in March 2015.

## **4. Appendices**

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire Partnership NHS Foundation Trust – Draft Clinical Strategy 2015-2020

## **5. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Jane Marshall, Director of Strategy and Performance, Lincolnshire Partnership NHS Foundation Trust, who can be contacted on 01529 222244 or via email on [Jane.Marshall@lpft.nhs.uk](mailto:Jane.Marshall@lpft.nhs.uk)

Integrated Business Planning

LPFT Clinical Strategy

2015 – 2020

*‘Enabling people to live well in  
their communities’*

**VERSION CONTROL**

Version	Author	Date
Draft Clinical Strategy v1.0	Chris Higgins	30/12/14
Draft Clinical Strategy v2.0	Chris Higgins	02/01/14
Draft Clinical Strategy v3.0	Chris Higgins	08/01/15
Draft Clinical Strategy v4.0	Chris Higgins	20/01/15
Draft Clinical Strategy v5.0	Chris Higgins	21/01/15
Draft Clinical Strategy v6.0	Chris Higgins	28/01/15
Ratification		
Ratifying Body and Date Ratified	Board of Directors	
Date of Issue		
Review Date		
Chief Executive signature		

<u>Contents</u>		Page
<b>1.0</b>	<b>Introduction</b>	<b>4</b>
<b>2.0</b>	<b>National and local context</b>	<b>5</b>
<b>3.0</b>	<b>Our Ambition</b>	<b>6</b>
<b>4.0</b>	<b>Our overarching framework for delivery</b>	<b>7</b>
<b>5.0</b>	<b>Our clinical priorities 2015-2020</b>	<b>8</b>
	- Clinical Priority 1 – Working with our stakeholders	
	- Clinical Priority 2 – Lead on system integration	
	- Clinical Priority 3 – Improving access to our services	
	- Clinical Priority 4 – Improving pathways of care	
	- Clinical Priority 5 – Enhancing our clinical environments	
	- Clinical Priority 6 – Developing our people	
	- Clinical Priority 7 – Enhance innovation and research	
	- Clinical Priority 8 – Maximising IM&T for clinical delivery	
	- Clinical Priority 9 – Embed service line management	
	- Clinical Priority 10 – Expand the managed care network (MCN)	
<b>Appendix A</b>	<b>Individual service line objectives</b>	<b>14</b>

## 1.0 INTRODUCTION

This clinical strategy is aligned to the overarching strategy for the organisation and describes our clinical priorities for the future. It is designed to provide focus and direction for our staff and better understanding of how our organisation will develop for the people that work with us and use our services.

It is clinically led and has been prepared with extensive input from clinicians and managers across our many different services and demonstrates our commitment to delivering high quality, effective, safe and accountable care.

The strategy reflects the current economic and political environment both nationally and locally, and reflects our drive and ambition to meet the economic and clinical challenges head-on and create conditions for the best possible care for our patients that is evidence based, well led, and outcome focussed.

Coproduction is a key feature of this strategy, as we believe that inclusive and collaborative service design, delivery and evaluation are crucial to the success and sustainability of the NHS and our Trust. This strategy reaffirms our commitment to keeping patients at the heart of everything we do and our ambition to continuously strive for even greater levels of meaningful engagement.

*This strategy is aligned to our Equality Delivery System, ensuring that all patients and staff are fairly represented and are able to access our services. Specific consideration is given to underrepresented groups, including all of the protected characteristic groups from the Equality Act 2010 (Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and belief, Race, Sex and Sexual Orientation).*

## 2.0 NATIONAL AND LOCAL CONTEXT

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 a mental health problem affects one in four people.

The most troubling outcome for people with serious mental illness in Lincolnshire is that the excess standardised mortality rate in 2010/11 was 1,432 against a national average of 921.

A survey covering 1.75 million people showed the majority of people over 65 have two or more Long Term Conditions (LTC) the majority over 75 have three or more, and more people have two or more conditions than one.

There is predicted to be a 252% rise in over 65 year olds by 2050 and a 60% increase in the number of people with multiple LTC by 2016. Spending on people with 3+ LTC is £19 billion and is projected to rise to £26 billion by 2016.

Without further annual efficiencies and flat real terms funding a mismatch between resources and patient needs is predicted of nearly £30 billion a year by 2020/21. So to sustain a comprehensive high-quality NHS, action is needed on three fronts – reduce demand, improve efficiency and increased funding. “Less impact on any one of them will require compensating action on the other two” (NHS England 2014).

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. New partnerships are needed with local communities, local authorities, commissioners and employers working together in a culture of co-production to achieve the best possible outcomes for local people.

In Lincolnshire, 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. The LHAC blueprint for the future delivery of services is now setting the commissioning agenda in Lincolnshire an expanding range of neighbourhood teams being established throughout the county, diverting care away from inpatient services and developing solutions in the community.

### 3.0 OUR AMBITION

## ‘Enabling people to live well in their communities’

### Our vision

#### ‘Enabling people to live well in their communities’

This means putting the people who use our services at the very centre of decision making and working with them and their communities to shape and deliver care that achieves the best possible outcomes and experience.

### Our expectations

We will meet the terms of our licence as an NHS Foundation Trust and fully meet the requirements of the Monitor and Care Quality Commission regulatory frameworks.

We will meet the NHS Constitution and the Rights set out in that document for all of our patients and service users.

### Our aspirations

#### Putting Patients & Quality First

- \* Delivering safe, effective and responsive clinical and support services, which:
  - are compassionate, person-centred & focussed on dignity, privacy & shared decision making
  - Improve the health and quality of life outcomes for our service users and promote independence and resilience
  - Are closer to people’s homes and within their own communities whenever possible.
- \* Doing what is best for the people of Lincolnshire
- \* Providing care closer to home and care that is integrated around the patient
- \* Increase income and profitability to reinvest in local services
- \* Investing in community and self-care services

#### System Integration

Lincolnshire Partnership NHS Foundation Trust aims to be the system leader of integrated community care in Lincolnshire.

We will contribute strongly to the Lincolnshire Health and Care initiative to develop new models of service delivery and unprecedented levels of collaboration that will ensure sustainable and resilient health and social care for the future.

- \* Integrating teams and co-locating services to create joint up care
- \* Lead where we can, collaborate where it benefits the people of Lincolnshire



## 4.0 OUR OVERARCHING FRAMEWORK FOR DELIVERY

In response to the local and national challenges and the ever changing landscape, we will adapt and evolve our services to deliver the best possible care to our service users. This will mean a continuous pursuit of innovation and new ideas; it will mean working with new partners; it will mean doing things differently.

### **Patients first:**

Our patients and staff are our priority. We will encourage a culture of co-production, both internally and externally to the trust. We will 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.

We will configure our services so that we provide care that is 'closer to home' for patients. We will invest in community services to make better use of our inpatient beds. We will instil clinical leadership as all levels of the organisation and strike a balance between medical and psychologically minded approaches to service delivery.

### **Collaboration and system integration:**

With an established network of partners and an excellent track record of multi-agency working, LPFT is well placed to engage in the Lincolnshire Health and Care agenda and to play a leading role in shaping the future of out of hospital services in the county. We will expand the range and scope of service we provide to create whole system healthcare that can integrate around the patient ensuring that care provided maximises service user pathways, outcomes and experience.

### **Extending our reach:**

With our extensive experience and expertise in delivering healthcare, we aim to take our services and abilities into new areas of growth. This will include broadening our portfolio beyond the core mental health, learning disability and substance misuse services to support system integration and expand our existing services into new geographical areas for the benefit of patients and to further develop our expertise.

## 5.0 OUR CLINICAL PRIORITIES 2015-2020

To provide the required emphasis on continuous quality improvement and ambitious service development, each service line within the organisation has an individual clinical strategy (see appendix A). These strategies describe the specific service objectives that both shape and sit within to the following overarching clinical priorities:

### **Clinical Priority 1 – Working with our stakeholders**

Top down system reform is inadequate to meet the challenges facing the NHS and this organisation. Financial incentives and integrated commissioning can provide some of the necessary impetus but this is only part of the solution.

We believe that collaboration and coproduction with our stakeholders, including, patients, staff, commissioners, other providers and members of the local community, is the key to successful service design and delivery. We will take everyone opportunity to engage, involve and coproduce the services we provide.

#### **Areas for development:**

- Create opportunities for **coproduction** of services at all levels;
- Continue to strengthen **service user, carer and staff involvement**, utilising the membership of Group of 1,000, the Council of Governors and the Nursing Council to work together to improve quality and identify the best strategies to embed best practice consistently across services;
- Work effectively with commissioners to develop **SMART CQUINs** (Commissioning for Quality and Innovation) that result in incentivising excellent performance that leads to better outcomes for service users, carers and staff;
- Engagement with the full range of stakeholders to **convert 'national voices to local solutions'**.
- To further strengthen the links between Trust services and community support networks, including the Managed Care Network for Mental Health (See Below), **social workers will play an active role in building and sustaining relationships** that support recovery and maintenance of a good quality of life.

## Clinical Priority 2 – Lead on system integration

[Lincolnshire Health and Care](#) is a multi-agency initiative which is looking to design better ways of providing essential health and social care services in the county.

Currently health and care services are not working together as effectively as they could and with a growing and ageing population, the current approach will not be sustainable in the long run.

### Areas for development:

- Take a leading role in the developing **Neighbourhood Teams** model by working with partners to refine the LPFT offer and champion our proposal with LHAC stakeholders;
- Develop and **agree a five year innovation and transformation plan** to improve services and integrate health, social, third sector and primary care;
- Work with primary care and other partners to develop **multi-specialist community provider collaborations** that deliver system efficiencies and better care for local people;
- Expand the **range and scope of services provided** by LPFT including physical, social and primary care.

## Clinical Priority 3 - Improving access to our services

Enhancing stakeholder experience of our services through improved access is a key priority for LPFT. This focus is supported by the government's new standards for access to mental health services, set out in the NHS England's [Achieving Better Access to Mental Health Services by 2020](#)

### Areas for development:

- Work with partners to develop a **single referral hub/contact** centre for community health care in Lincolnshire providing referral support, information and guidance;
- Improve the range and type of **information, support and advice** available to patients and carers to underpin self-care;
- Develop **community health surveillance** in local communities;
- Establishing **7 day working** across all appropriate service areas;
- Ensure **waiting times** for access for first episode of psychosis and IAPT services are within national standards for best practice;
- Expand **Crisis Resolution and Home Treatment** to include patients with physical health care problems and social care problems;
- **In-reach in to accident and emergency** departments to reach people who have repeat attendances for self-harm, suicidal ideation, drug & alcohol problems and people with dementia.

## Clinical Priority 4 – Improving pathways of care

As part of our continuous drive for quality improvement and maximising resources, patient experience and system outcomes, we have identified a number of development opportunities to enhance our pathways of care.

### Areas for Development:

- Take a system wide approach to **improving pathways in line with PbR care clusters** and natural patient ‘flows’;
- Review pathways for children and young people, Inc. **development of CAMHS Tier 3+ in Lincolnshire**;
- **Improve pathways for people with dementia by increasing community services** and reducing the need for inpatient admissions;
- Work with IM&T to **improve data flows** to reduce the need for multiple assessments;
- Continue to **evolve the Integrated Team model**, providing specialisms within integrated teams and introducing super care co-ordinators to navigate, negotiate and take corrective action on behalf of the individual and their care plan;
- Develop relationships and **pathways into housing** to support timely discharge from inpatient services.

## Clinical Priority 5 - Enhancing our clinical environments

Our ten year Estates Strategy provides an analysis and evaluation of the implications of the clinical service strategy for the physical assets owned and leased by Lincolnshire Partnership NHS Foundation Trust (See full strategy document for more information).

### Areas for development:

- **Less reliance on physical buildings** supported through better use of IT;
- **Develop hubs in communities**, which deliver care closer to patients;
- More **integration of teams locally** to deliver holistic services;
- More **co-location** of different services, professionals and different organisations;
- **Consolidation of inpatient services at central hubs** across the county.

## Clinical Priority 6 - Developing our people

Our people are the organisation, their training and development is essential for good clinical governance and to the future success of the trust. An appropriate balance between management and strong clinical leadership is a core principle of our service design.

### Areas for development:

- Continue to deliver the **Leadership Development Programme** to all staff across the organisation;
- Build capacity and capability within the workforce through **knowledge and skills development** training;
- **Recruit a resilient, diverse workforce**, including volunteers, to build capacity;
- Develop initiatives to **improve the health and wellbeing of staff**;
- **Develop Non-Medical Prescribing (NMP)** opportunities and capacity within the workforce across the organisation;
- Work to **retain and develop the best staff** through supportive development, celebrating successes, communicating well, investing in staff supervision and appraisals; and enabling evidence based innovative practice aligned to the Trust's quality priorities and strategic priorities.

## Clinical Priority 7 – Enhance Innovation, Research and Effectiveness

The Trust's Research, Innovation and Effectiveness Department is committed to ensuring that LPFT has a strong and vibrant research culture.

### Areas for development:

- Provide opportunities to **stimulate and capture innovative** ideas from a wide range of avenues.
- Provide safe and effective facilitation and **support to a wide range of national studies** ensuring that Trust staff and service-users have every possible opportunity to participate – giving local people a national voice;
- Continue to develop and implement measures to **evidence clinical effectiveness** and to support the **early detection of risk** including clinical audit;
- Develop well defined **clinical outcome measures** across services;
- **Divisional implementation of NICE Guidelines**, linking areas of development to service improvements and business planning.

## Clinical Priority 8 – Maximising IM&T for clinical delivery

Our IM&T Strategy provides a road map for information management and technology (IM&T) development within the Trust (See full strategy document for more information).

### Areas for Development:

- Automate processes wherever possible to **reduce staff time spent on administration** and improve access to clinical and management information;
- **Further development of Service Line Reporting**- providing effective information in a format that meets and supports the needs of services;
- **Allow service users to access information** or to communicate through the web, accessing self-help services on-line, elements of their records and completing secure online assessments prior to initial appointments;
- Further develop solutions for **mobile and flexible working** to allow staff to access systems and information whilst on the move;
- **Create a care portal** environment to integrate systems to provide a summary record for operational/clinical staff to access on and off-line.

## Clinical Priority 9 – Embed Service Line Management

Create and embed a devolved clinically-led management structure through the Service Line Management (SLM) approach.

### Areas for development:

- Review and **redesign the operational management structure** to ensure clinical leadership is embedded at all levels;
- Developing the right **Data Quality** systems to capture all the data we need to inform service line management;
- Provide **prices for service lines** (PbR clusters and non-cluster tariffs);
- Provide **service line budgets and costs** and financial reporting;
- **Embed Lean methodology** across all service lines
- **Agree decision rights** for service line managers;
- Develop the required **performance management tools** (balanced scorecards);
- Ensuring **comprehensive and accurate clustering** for Payment by Results.

## Clinical Priority 10 – Expand the Managed Care Network (MCN)

With and 67 member organisations providing 72 projects at 83 sites across the county and around 30 different types of activity for people to choose from, the Managed Care Network is an essential component of our future service model and our offer to the people of Lincolnshire.

### Areas for development:

- ***Sustain and scale up the MCN***, to cover the whole population of Lincolnshire;
- ***Create Community Partnerships*** and deliver health and well-being initiatives;
- ***Focus on prevention and early intervention*** and public health programmes;
- Expand the range of ***meaningful activities*** for people – including recreation, exercise, creative expression, employment and education to enhance recovery.
- Systematically review and ***embed appropriate governance*** across the Managed Care Network.



## INDIVIDUAL SERVICE LINE OBJECTIVES

Each service within the organisation has an individual clinical strategy and plan for development. These strategies and plans are developed with the clinical teams and aligned to the wider objectives of the Trust. Clinically led steering groups meet regularly throughout the year to monitor progress and support achievement of their individual objectives:

### Single Point of Access (SPA)

- To deliver an integrated Single Point of Access (SPA) across Lincolnshire based around the four CCG localities.
- One phone number for Service Users / referrers, to enhance the end user and commissioner satisfaction, providing greater confidence in LPFT to manage the referral.
- 24/7 access to mental health assessment via crisis, as appropriate
- 24/7 referrals which, whether urgent or non-urgent, are dealt with in a timely manner in an agreed timeframe.
- Provide appropriate signposting to treatment teams and external organisations, which will offer Service User choice and assist LPFT to manage service capacity and demand.
- Reduce clinical team inputting by ensuring new referrals are entered onto relevant clinical systems at the point of referral.

### Rapid Response Service

- A Rapid Response service, delivered in partnership by LCHS, LPFT, EMAS and PACT, which will provide a safe and high quality response to people who need support to remain in the community.
- Develop partnership working in Lincolnshire, and begin to examine different cultures and relationships, and manage public expectations. Integrated health and social care, and partnership working among different types of provider organisations are part of the national direction.
- Within the limitations of time and resources, including potential recruitment, test the Rapid Response model as a concept to inform service planning for the future.



### Integrated Community Mental Health Teams

- Improve, increase and sustain Service User and Carer experience and satisfaction
- Reorganisation of the medical and psychology workforce to ensure an integrated service delivery
- Training of staff in the Early Intervention (EI) ethos, interventions and treatment in order to maintain the EI service model
- Identification of further training requirements including nurse prescribing
- Implementation of psycho-educational groups
- Implementation of OO-AMHS to support a move towards improved health and well-being and independent living
- Increased communication with and support to the MCN and Shine/3rd sector providers
- Increased use of technology and support to fully utilise effective mobile working and decrease inefficiencies
- Build closer working relationships with key stakeholders such as Clinical Commissioning groups and the Local Council
- Develop Service User and Carer groups
- Support Service Users to utilise the Recovery College as appropriate
- Develop an increased range of interventions, via statutory and voluntary services, to improve recovery & psychological well-being and increase quality of life.

### Community Forensic Service

- Take an active role in being part of achieving our aims and vision as the offender health pathway develops;
- Actively look at introducing transitional work for those offenders nearing release from Prison;
- Maintain working links with Out of Area service users on caseload and assist in reducing the time spent in secure care in our role of Care Co-ordinators;
- Ensure that each Service User taken onto caseload has a high quality risk assessment;
- All risk assessments will evidence our input that assists in reducing recidivism.

### Acute Adult In-Patient Wards

- Delivery of safe and effective risk assessed and individually planned care in line with evidence based practice in a fit for purpose environment.
- The provision of direct access to a dedicated psychological resource, that work with all stakeholders aligned to the acute services.
- Provision of evidence base care and treatment to be delivered by nursing and allied health professionals that are based on acute care needs.
- Discharge is linked to outcomes of assessed acute care needs and in line with safeguarding and joined up with community service provision.
- Senior clinical staff can lead discharge decision making based on the outcomes identified through assessed acute care needs.
- Continual refurbishment programme to ensure an ongoing improvement of the clinical environment.
- Reduced bed occupancy with and average length of stay below 28 days
- Readmissions avoidance within 28 days of discharge with a rate that does not fall below 95%
- 7 day follow-up for all discharges supported by effective interface with CRHT and community services
- Overall improvement in service user (Patient) experience
- Positive staff experience
- To work towards and achieve (AIMS) Accreditation

### Crisis Resolution Home Treatment (CRHT)

- Complete a full service review in line with the Crisis Care Concordat and national standards for parity of esteem. This will ensure adherence to best practice and maximise capacity of the service to meet the anticipated increases in demand.
- Continue to strengthen relationships and partnership working with CCG's, health and statutory agencies to improve patient pathways of care.
- Increase service user and carer involvement and evaluation across the services as part of the Home Treatment Accreditation Scheme (HTAS).
- Improve the interface between in-patient services, CRHT and community teams to reduce admissions and facilitate early discharge and transition through the care pathways.

### Inpatient Rehabilitation Services

- Develop a streamlined care pathway with a therapeutic length of stay.
- Clear clinical pathway through LPFT services to meet patient need
- To be the Provider of choice with the region
- To deliver high quality psychological interventions to all patients in our care
- To be the specialist of choice for females with personality disorders requiring a locked environment and females requiring specialist eating disorder interventions in a locked environment.
- To ensure the assessment process is limited and that early attendance at CPA's will eliminate the need for referrals.
- To have won tender contracts in areas outside of Lincolnshire to increase Trust business
- To have maintained AIMS accreditation on all of our Rehabilitation wards to an excellent standard
- To regularly use Productive ward to increase clinical time with patients
- For e-rostering to meet the needs of staffing the wards adequately incorporating bank staff and paperless systems.
- Specialised and enhanced training for staff around Personality Disorder for females and Eating disorders

### FRANCIS WILLIS UNIT – Los Secure Inpatient Service

- To remain part of the low secure quality network service.
- For staff to be able to deliver mental health and offence focused work, they require training which can be provided using internal resources or working collaboratively with external agencies.
- To re-launch the productive ward series.
- Staffing capacity will be sufficient to deliver the care and treatment model and maintain a safe environment at all times.
- The development of a carers group will be set up with another inpatient setting to ensure our carers have the opportunity to benefit from the experiences of carers in a larger group setting.

### ASH VILLA - Tier 4 CAMHS

- To continue to embed the principle of timely and purposeful admission to support the need to provide care in the least restrictive environment. To ensure that discharge is timely and efficient and length of stay is reduced. Use service user and carer feedback to support local action plan and changes as appropriate and to actively involve young people and carers in the care delivery and service planning for Tier 4
- To remain committed to meaningful appraisal and supervision that supports individual and team development. To maintain an open and honest culture that identifies development opportunities. To build on training analysis and develop training programme that supports service requirements and community CAMHS changes that are likely to impact on Tier 4 provision
- To strengthen relationships with stakeholders to support service review and development. Continue to work with local partners to deliver collaborative programmes of care that promote physical and emotional well-being. To work with CAMHS as a whole service provision and support innovative ways of delivering care.
- Incorporate new technologies into service redesign and care pathways for Tier 4 service to support young people and their families and promotes active engagement in the care planning processes. This is particularly relevant in Lincolnshire where geography can cause hardship and difficulties in maintaining family relationships and engagement in care. New technologies will also support outcome orientated CAMHS care and treatment through implementation of OoH CAMHS within the service as a nationally recognised outcome measure that is young people focused.
- Market Tier 4 spot purchase beds and service through publicising services. Work with R&D department and clinicians to develop opportunities to increase income from research. Review alternatives to admission and opportunities for business development.
- Complete accommodation review for Tier 4 to ensure that care is delivered in a building and environment that promotes growth and therapeutic wellbeing and risk management. To ensure that admissions are purposeful and for the shortest period needed to provide safe effective discharge to community services and utilise alternative to admission when and where it is safe to do so.
- To develop treatment pathways for young people within CAMHS service as a whole, utilising NICE guidance and best practice. This will support timely

admission and discharge. Part of this will be to review the eating disorder pathway to ensure consistency and support timely admission and discharge.

## Community CAMHS

### Tier 2 CAMHS

- To develop links with local colleges.
- To develop further support and advice to agencies supporting vulnerable young people and children with transitions (i.e. junior school to secondary school and secondary school to college).
- To continue to work towards CQUIN – visits to GP's, FAST teams and voluntary agencies.
- To continue to work towards CQUIN - service user feedback, CHI expressions of satisfaction.

### Tier 3 CAMHS

- Core community team: service redesign with the local authority commissioners to develop Tier 3+ services and comprehensive T3 service.
- To continue to be the main provider for children's mental health services.
- To continue to work with criminal justice system to extend psychology provision.

Therapy Service for Children and Young People who are displaying Sexually Harmful Behaviours: develop integrated care pathway with all relevant agencies across health and social care

- To work with SARC to put in a bid for LPFT to be the provider of a support service for Children and Young People affected by sexual violence

### Self-harm:

- To develop workshops with Ash Villa.
- To further explore opportunities working with A&E and prevent admissions.
- To look at alternative assessment sites to A&E.

Explore expansion of paediatric psychology services across a range of chronic physical health conditions to include the current child diabetic psychology service.

### North East Lincolnshire CAMHS

- Developing a gold standard Autism Pathway which offers a seamless service from 0 years to adulthood. The pathway will include assessment diagnosis and interventions working in a multiagency way in line with the recommended guidance from NICE.
- There is a gap in NE Lincs children's service which provides behavioural interventions for children and young people who have behavioural problems without mental health difficulties.
- The Mental Health Concordat (NHS England has provided funds for crisis interventions to the Adult Mental Health Service) The Adult Mental Health provider in our locality has approached CAMHS to discuss the funding for developing some child and young person posts and this will help with developing better links and partnership working with Adult Services.
- To research and evaluate the CBT & DBT groups (preliminary data gathered is very positive). We would also like to evaluate the Tier 3+ and AD/HD services as these are innovative successful ways of working that we would like to share with other CAMHS services by publication. To achieve this we are approaching the commissioners of North East Lincolnshire Local Authority to see if we can use the KPI monies that have not been achieved through the DNA reduction.
- To extend the contract with Commissioners, from 2016/2017 (North East Lincolnshire CAMHS has already had these discussions and the Commissioners are only able to do this year by year.
- Further income could be generated by accepting Looked after Children placed in North East Lincolnshire who are out of area who requires CAMHS assessment and treatment.
- New choose and book appointments may also generate extra income.

### Anorexia Nervosa Service

- Continue to improve our service in order to provide an even better quality of treatment to patients and their families. Our visions include a half-way house which would incorporate a day programme and provide an “in between” service for those wanting to prevent admission to hospital or promote earlier discharge. We are in the processing of making a business proposal for this new innovation. It is our intention to increase day programme days which can be incorporated within the half way house.
- Review admission criteria with a view to reducing the referral age to 14 years old, currently 16 and over. Research suggests that earlier intervention is likely to lead to a better prognosis of recovery.
- Provide more health promotion to prevent eating disorders developing, eg in schools, colleges, universities.
- Further develop good working relationships with dieticians and other relevant health professionals.
- Promote and deliver carer workshops or improved support to carers.
- Minimise waiting times when patients have been referred into the service.

### Dementia and Specialist Older Adult Mental Health

- Completion of in-patient services review and agreement and progression of business-case and estates plan;
- Establishment of agreed separate specialist dementia and complex MH assessment and intervention pathways - across all 4 CCG's;
- To achieve the very best outcomes in terms of diagnosis, treatment and/or recovery for all service users;
- To assist in the meeting of QoF diagnostic targets for dementia;
- Establish a cross CCG agreement of Shared Care Protocol (SCP);
- Provide a clear training plan for staff and provide training and development opportunities;
- Development of psychological mindedness agenda;
- Psychology provision re-alignment;

- To pursue opportunities for integration where this is in the best interests of services users. To support broader county wide/cross service objectives.

### Drug and Alcohol Recovery Team

- Continue to attract over 57.7% of the presenting activity during 2015/16 which will underpin its position as the market leader.
- Continue to have outcome based activity rates that ensure full earning are achieved through PbR payments ensuring that financial viability is maintained.
- Continue to achieve against maintained performance measures, monitoring performance against these measure through a local dashboard to ensure that quarterly payments are received.
- Refocus on highly complex drug and alcohol use to ensure that it is seen as the service that is a specialist in all areas.
- Provide specific intervention targeted at those people using New Psychoactive Substances ('legal highs') ensuring that it responds to new trends and changing demands.
- Establish service user involvement as a robust system embedding the principle of "nothing about me without me" and providing opportunity for service users to play an active role within the treatment system.
- Look to innovations in treatment within specific specialist pathway development around Korsakoffs.



### steps2change Lincolnshire and Derbyshire IAPT Services

- Maintain financial viability
- Plan for potential introduction of AQP in Lincolnshire
- Improved patient choice and experience of services
- Increase number of individuals successfully treated (recovered) per £100,000 expenditure
- Introduce/sustain patient groups in each CCG
- Achieve the CQUIN's set by Commissioners each year.
- Achieve waiting time targets
- Achieve/exceed Recovery rates in all CCG's
- Train new staff in evidenced based therapies to minimise gaps in delivery resources, focussing on local people.
- Expand the range of NICE approved psychological treatments available within the current contract
- Negotiate with Commissioners an increase in resources to meet the increasing demands and new developments in IAPT as required and appropriate.
- Sustain/develop a Patient Group to inform and support development of the service, and ensure meaningful engagement and consultation.
- Meet 95% data completeness
- Have appropriately qualified and skilled staff, and ensure the correct number of staff are matched to the number of referrals for each intervention.

### Learning Disability Service

- Review of AHP and Liaison Nursing teams with a view to integration of AHPs & Health Liaison Nursing into community teams aligned by the 4 Lincolnshire CCG localities
- Review of the acute liaison nursing service with a view to providing a 7 day, 8am-6pm service.
- Workforce Review of inpatient services currently delivered for rehabilitation and assessment & treatment.
- Review of DISCO contract to take into account additional duties that arise following assessment such as Solicitor enquiries, college advice, support for referrals to appropriate services. Embedding DISCO Steering Group and co-ordination to ensure assessments are completed with commissioned time scales.
- Joint working with local authority and CCG Commissioning to ensure that LPFT meet the requirements of Autism Strategy.
- For LD inpatient services to achieve Quality Network LD (QNLD) accreditation prior to applying for LD AIMS accreditation.
- Lower the age of service users who can be referred to CAST to 14 years of age. Increased opportunities for S/U and carer involvement. To incorporate and develop the inpatient model of S/U directly supporting recruitment and interview processes to the community teams.

### Clinical & Forensic Psychology Specialty

- Actively look at introducing 'Transitional' work for those offenders nearing release
- Maintain working links with Out of Area service users on caseload and assist in reducing the time spent in secure care in our role of Care Co-ordinators
- Our risk assessment's will evidence our input that assists in reducing recidivism
- Continue to be the provider of choice across Prison, Probation and Police agencies etc. and engage nationally in this preferred choice.
- We will continue to ensure close relationships with CQC, East Midlands Clinical Senate Assembly, NOMS and other national service developments.
- Continue and develop:
  - The NOMS funded PD Offender Community Pathway;
  - The Mentalisation Based Treatment pilot;
  - Training in personality disorder for three prisons in the region;
  - Clinical Psychology for the Youth Offending Service;
  - Develop a domestic violence perpetrator strategy for Lincolnshire;
  - Co-ordination of KUF Awareness training for the county;
  - The Expert Witnesses service for the Courts;
  - Trained experts appointed as Approved Clinicians and Responsible Clinicians;
  - Provision of expert Advice to the Police service and the CQC;
  - Provision of training and supervision in Schema Therapy.

This page is intentionally left blank