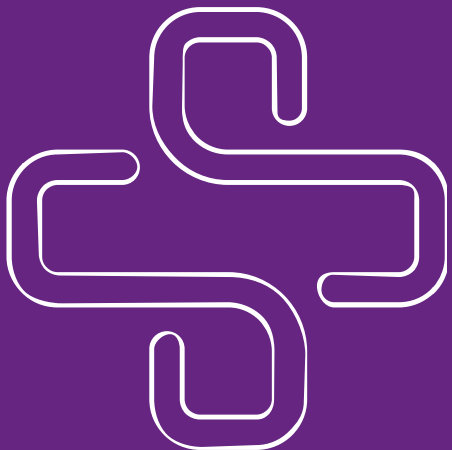




Lancashire &
South Cumbria
NHS Foundation Trust

Clinical Services Enabling Strategy



We are
LSCft

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Foreword





Foreword

We are very pleased to share with you the Clinical Services Enabling Strategy which sets out our priorities to deliver the Trust's vision over the next five years, April 2021 to March 2026

It is the right time for us to refresh our clinical vision and ensure that it is fit for the future and will meet the needs of the people of Lancashire and South Cumbria. We have a critical role as the main provider of mental health, learning disability and autism services across this geography. We recognise the responsibility this brings to lead the system effectively during these challenging times and we are ready.

We have learnt a great deal over the last 12-18 months from our CQC rating and having to respond with our system partners to the national pandemic. The progress made since the CQC last visited is tangible and our improvement plans will support our aim to be rated as 'Good' at the next inspection across all domains and services. We are so proud of our staff and service users for how they have responded to Covid-19 and we are building on these successes to transform our practice for the future and to ensure we have the capacity to cope with the impact that the pandemic has had on our current service users and the additional demand it has and will continue to generate.

Our Clinical Services Strategy has at its heart the six Trust Strategic Priorities; **Service Users; Staff; Safe; Standards; System and Sustainable**. The clinical service models that are described in this strategy acknowledge the substantial role service users and their carers will continue to have in their own care but also in contributing to the planning and evaluation of current and future services.

Our staff are critical to our continued success and we will ensure they are led and supported to deliver the best services for the people of Lancashire and South Cumbria. Safe and high-quality services are what we have a duty to provide consistently, every day and through every contact and this commitment will be underpinned by the resources to ensure this is achieved.



Our new locality-based triumvirate leadership model sets a well evidenced principle for people to work together collaborating as professionals.

We are clear we cannot deliver all that is required by working in isolation, so we welcome the opportunities now available through partnership working and a stronger role for provider expertise in the commissioning of services.

Key to the transformation in this strategy will be actions to address the significant health inequalities faced by our ethnically diverse population, and this will require new service models and greater focus on integrated evidence-based pathways. Whilst these approaches are not new, the potential for transformation is greater now than ever due to the available digital technology. This will enable more accessible, safer care and demonstrate improved outcomes.

Finally, we must remain financially viable to continue to deliver all that we need to do. Our services need to be sustainable and we will routinely utilise modelling and benchmarking data to ensure delivery of quality services, in line with best practice and providing sufficient capacity in the right places to meet demand. We will also utilise our estate and technology to maximise efficiency and improve care delivery and service user experience.

The purpose of this enabling strategy is to set out a five-year plan for the Trust's clinical services. It identifies the diverse and complex nature of the Trust's clinical services, regional opportunities and challenges. It aligns Lancashire and South Cumbria NHS Foundation Trust's clinical services to national priorities and those of the Integrated Care System to support transformation.

Dr David Fearnley
Chief Medical Officer

“Safe and high-quality services are what we have a duty to provide consistently”

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Context





National context

In addition to understanding our organisation and workforce it is imperative that this strategy reflects the priorities outlined nationally for the NHS and care sector.

The new Clinical Services Strategy has been developed to align with and support the delivery of a number of key national and regional policies and programmes, for example:

- Confidential Inquiry into the Premature Deaths of People with Learning Disabilities (2013)
- Building the Right Support (2015)
- Future in Mind (2015)
- NHS Five Year Forward View for Mental Health (2016)
- NHS Long Term Plan (2019)
- NHS Advancing Mental Health Equalities Strategy (2020)
- System Reform Plan (2020)
- ICS Clinical Strategy (draft, 2020)
- Reforming the Mental Health Act (2021)

It also reflects significant learning from the Covid-19 pandemic about how to adapt and develop new approaches to care (e.g. digital enabling technologies).



Local context

We face a number of local challenges that are key issues in the development of a new Clinical Services Strategy:

- A region with significant health inequalities, particularly for our ethnic minority communities
- Moving from CQC 'Requires Improvement' to 'Good' then 'Outstanding'
- Increasing demand and an ageing population
- A shift from competition to collaboration and partnership
- A newly evolving health and social care system
- Continued impact of Covid-19 and long-term implications
- A requirement to develop new ways of working to maximise digital solutions
- Integrating community mental and physical health services more effectively





Local context: Key inequality data by Integrated Care Partnership

Fylde Coast

- Deprivation in Blackpool worst in the country
- In most deprived parts of the ICP, men die on average 10 years earlier and women 6 years earlier
- Recorded prevalence of depression in Blackpool aged 18+ is the highest in the country
- Number of people with dementia higher than national average
- 4,200 children live in poverty
- By 2030, doubling of the population aged over 85

The Bay

- 14 year gap in life expectancy for men and 16 years for women when comparing least to most deprived areas
- Significant levels of deprivation in Barrow in Furness
- Current population older than average and ageing at faster rate
- Attendance at A&E for a psychiatric disorder is 45% higher in Cumbria compared to England
- Cumbria has a significantly higher rate of suicide than England

Pennine

- Poor deprivation indicators
- Life expectancy for men in Burnley 7th lowest in England; for women in Blackburn with Darwen, 5th lowest
- Mental illness is more common - over 33,750 adults are recorded as having depression and 7,600 children experience mental illness
- 2/5 over 70 admitted to hospital in an emergency have dementia
- 5/6 local areas are in bottom 100 for Index of Multiple Deprivation

West Lancashire

- Contrasting levels of deprivation across the ICP, highest levels in Skelmersdale
- Difference in life expectancy between the most and least deprived areas is 7.2 years for men and 7.1 for women
- Over 2,000 people with a learning disability

Central

- 26% of Preston residents in the top 205 deprived areas in the country (South Ribble is 3.7%)
- Residents in Preston are 6 times more likely to experience severe anxiety and depression
- Chorley has a predicted population increase of 11.7% by 2037; this is higher than national average
- The number of adults (18+) projected to have autism spectrum disorder is expected to increase by 4.4% across Preston and 14.4% in Chorley by 2035



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Trust Strategic Framework





Clinical Services Enabling Strategy

This strategy is a key enabler to developing the capability and capacity to deliver the vision, values and strategic priorities outlined in our Trust Strategy



Our Vision

To support our local communities by excelling in everything we do, together

Together our staff, service users, carers and partners will experience a culture of compassion and inclusivity, making LSCFT a place where we can all thrive and feel proud. Our values and behaviours are the principles that guide all that we do every day

Our Values

We are Kind **We are Respectful** **We are Always Learning** **We are a Team**

Our Quality Priorities

SPPA

Our Strategic Objectives

- 1**

We will put **service users** at the heart of all we do, supporting effective care, recovery and wellbeing
- 2**

We will employ and retain the best **staff** because our work culture will be inclusive and a supportive place to work
- 3**

We will deliver **safe** care and we will embrace an open and learning culture, ensuring we continually improve
- 4**

We will respond to people's needs by striving for the highest **standards** of quality, proactively reducing health inequalities
- 5**

In order to support our local communities by excelling at everything we do together, we will always collaborate with our **system** partners
- 6**

We will provide **sustainable** services that are delivered in an effective and efficient way, at the time people need it

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Developing the Enabling Strategy

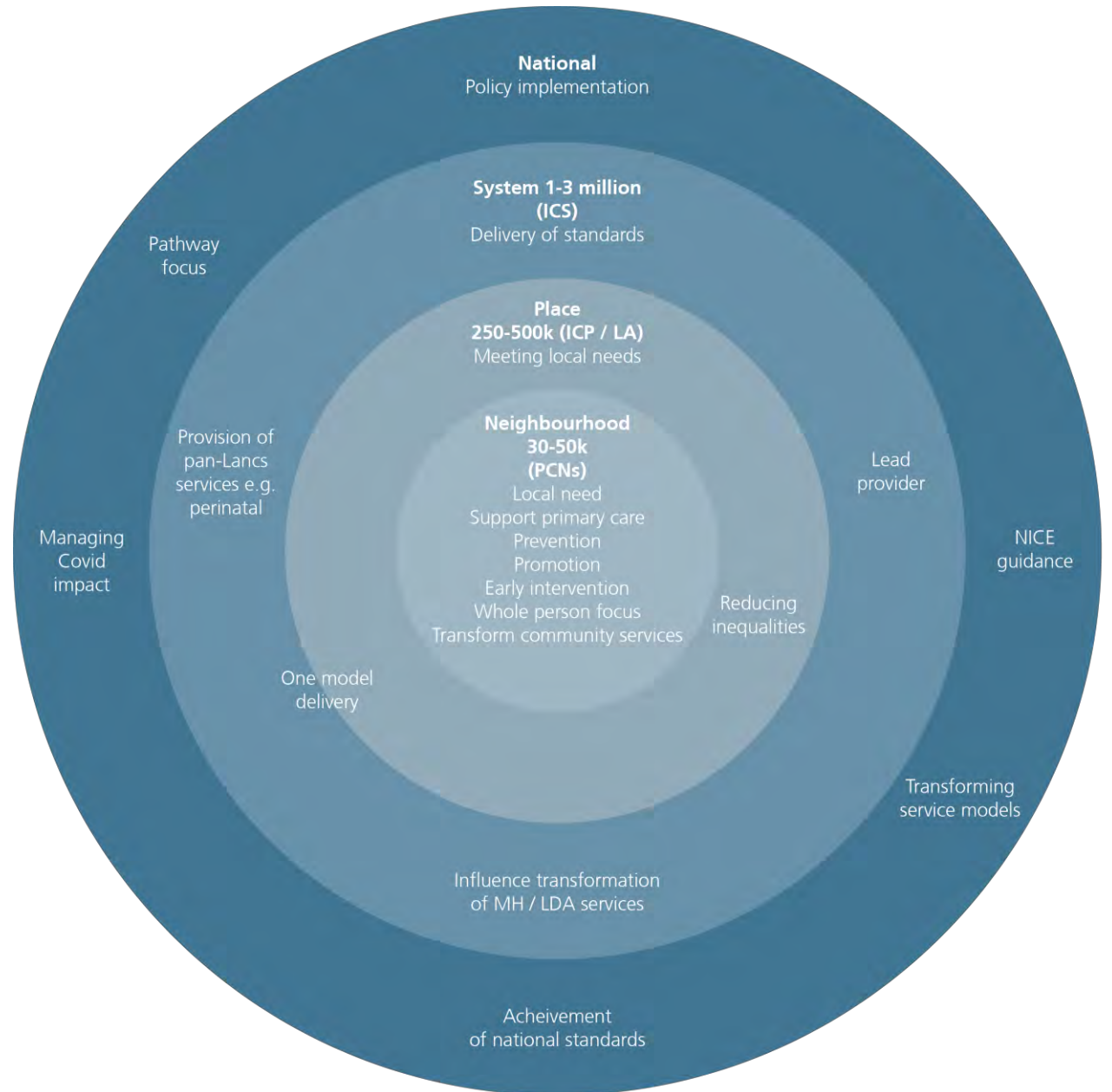


Where are we now?

Key Challenges

We face a number of challenges when integrating health and systems across many levels.

As a provider working at all levels within the Integrated Care System, we have many opportunities to integrate mental and physical health care, as shown in the diagram e.g. reducing inequalities, transforming services, and developing evidence based pathways.





Where are we now?

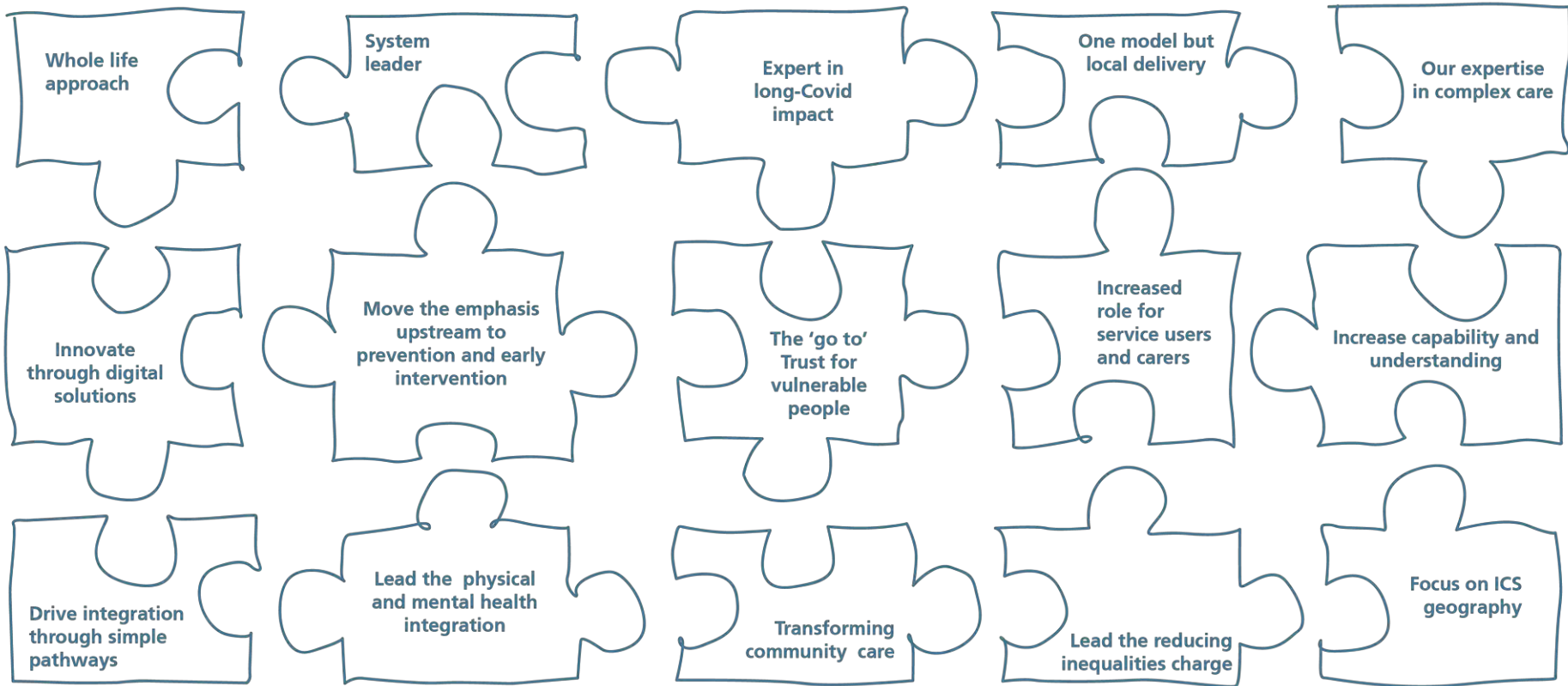
Key Challenges

- Ongoing impact of Covid-19 on service delivery
- Age and design of some of our buildings and estate
- Digital advances will not be embraced as easily for some of our populations
- Disparate geography and multiple locations
- Complex service delivery models creates waste and duplication
- Deep rooted inequalities
- An ageing population
- High levels of vacancies for some nursing and medical posts
- A challenging improvement agenda to deliver all CQC requirements
- A new managerial and clinical leadership structure

“Health inequalities across the patch have been exacerbated by Covid-19 – we must tackle this urgently”

ICS Clinical Leaders Congress

We have significant opportunities in Lancashire and South Cumbria – integrating care across the system





Co-production: engaging with our stakeholders

We have undertaken a range of engagement activities with all our stakeholders to support development of our Clinical Services Strategy

We commissioned *Healthwatch Together* to hold conversations with **our service users and their carers** about their experiences in using our services to inform our strategy development.

The Trust's Equality and Diversity Lead has conducted an Equality Impact Assessment for our strategies to ensure that we put equality, inclusion and human rights at the centre of the design and delivery of inclusive services for the **diverse communities** we serve.

We held virtual engagement sessions with our **staff**, who voiced some key points in relation to ensuring enough financial resource to support recruitment and retention and working effectively with our system partners for the best outcomes for our population.

We presented our strategic thinking to **system partners** in each place, and they have told us that they are supportive of our strategic ambitions.

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Enabling Priorities



Summary of Our Enabling Priorities

Below are the Clinical Services Priorities

Simplifying complexity

Greater simplicity to enable people to navigate health care and enable staff to help support people within the health care system

Beyond services to evidence-based, digitally enhanced pathways

Each specific pathway needs to be adopted by the services and supported in the electronic health record system

Holistic community care and Inpatient Hubs

Right number of inpatient specialist beds in the right place and integrated community teams

Delivering better, integrated care closer to home

Services to be provided as local as practical to where people live

A focus on population health

A real opportunity to reduce inequalities and improve outcomes for people with mental illness, a learning disability and/or autism



Summary

Priority	Aim	Area of focus	Measuring success
Simplifying complexity	Our services are designed and delivered to enable people to navigate health care and enable staff to support people within the health care system	<ul style="list-style-type: none"> • Multidisciplinary trusted assessments • Timely, clear, accurate, accessible information • Lead Provider Collaboratives • Choice of when and where • Co-production 	<ul style="list-style-type: none"> • Reduced duplication • Improved agreed outcomes • Reduced delays/waiting times • Reduced DNAs/cancellations • Improved service user satisfaction • Improved staff satisfaction
Beyond services to evidence-based, digitally enhanced pathways	Every service user will receive consistent care and treatment along evidence-based pathways every time	<ul style="list-style-type: none"> • Evidence based interventions/ models of care • Digital approaches at the forefront • Better use of available data • Collaboration across the system • Rapid sharing of best practice • Link to Quality Strategy 	<ul style="list-style-type: none"> • Improved clinical outcomes • Less fragmented pathways • Clinically-led design • Reduced variation in quality, access and outcomes • Increased role of partners (CVFSE)
Holistic community care and Inpatient Hubs	<p>Fully integrated community teams resourced appropriately</p> <p>The right number and type of beds in our locality hubs to avoid unnecessary travel</p>	<ul style="list-style-type: none"> • Investment in community teams • Integrating current teams • Integration of physical and mental health services • Locality clinical and managerial structures • Clustered specialist services • Locality inpatient bed campuses • Use of modelling to confirm capacity and demand • Link to Estates Strategy 	<ul style="list-style-type: none"> • Reduction in out of area placements • Improved access • Improved relationships and communication • Reduced fragmentation of services for people with Learning Disabilities and/ or autism • Care is provided in the least restrictive setting

Summary

Priority	Aim	Area of focus	Measuring success
<p>Delivering better, integrated care closer to home</p>	<p>The delivery of high-quality services as local as possible to facilitate easy access and avoid unnecessary travel</p> <p>Provision of holistic care and ensure every contact counts</p>	<ul style="list-style-type: none"> • Rapid spread of best practice • Co-production with service users, carers and staff • Enough safe, secure locations in the right places, including single sex accommodation • Suitable good working environments, resources, tools, equipment • Person-centred planning and care • Co-location • Closer working with Primary Care Networks 	<ul style="list-style-type: none"> • Trust CQC rating 'Good' with an increase in 'Outstanding' across domains and services • Improved recovery and relapse rates • Achieve national and local targets
<p>A focus on population health</p>	<p>Services will be planned and delivered based on the needs of local populations</p>	<ul style="list-style-type: none"> • Emphasis on prevention, early intervention, self care • Quantifying the longer-term impact of Covid-19 • Data driven planning • Greater precision in decision making and resource allocation 	<ul style="list-style-type: none"> • Identification of those most in need of health care • Reduction in health inequalities, especially in minority ethnic background communities • Improved outcomes especially those with mental health, learning disability and autism • Increased self care and recovery rates • People have more control over their own health



How does the proposed clinical services transformation align to the national priorities:

Clinical service opportunities to support transformation

Children & Young People Mental Health and Physical Health	<ul style="list-style-type: none"> • Implement Thrive model of care across CAMHS Tiers 1-3 whether direct provider or not • Move to 0-25 service • More local provision, community/home treatment focus, co-location • Re-provide the beds at Tier 4 in a more central location and provide eating disorder beds 	<ul style="list-style-type: none"> • Collaborate across NW for PICU and LSU • Progress integration with mental health and social care around the child/young people understand future provision and implications
Adult Mental Health	<ul style="list-style-type: none"> • Community <ul style="list-style-type: none"> ○ Co-location of teams at ICP level/CMHT focus on treatment and recovery ○ Closer working with Primary Care Networks, Voluntary Sector and Social Care ○ Increased advice and guidance to GPs ○ Further development of the Recovery College • Urgent care pathway <ul style="list-style-type: none"> ○ Initial Response Service (IRS) / 24/7 crisis helpline, right number of Inpatient beds, no OAPs, people supported in timely way, crisis house, crisis café 	<ul style="list-style-type: none"> • Inpatient <ul style="list-style-type: none"> ○ Large campus type provision aligned with ICPs; potential options <ul style="list-style-type: none"> • The Bay • Blackpool and Fylde: The Harbour • Central and West: The Guild • Pennine • Whalley • Rehabilitation <ul style="list-style-type: none"> ○ Continue to develop current pilot commissioning with Independent Sector for OAPs ○ Develop local bed base for long term complex care and high dependency ○ Model required supported living requirements to ensure flow
Adult Physical Health Community Services (including beds)	<ul style="list-style-type: none"> • Provide in 2 ICPs; focus on physical health and mental health integration • Ensure timely discharge support out of Acute Trusts • Strengthen support for community resilience with partners • Sexual health: only provided in 1 ICP so consider other options incl stronger partnership/collaboration or other provider or cease provision 	
Adult Mental Health	<ul style="list-style-type: none"> • Forensic <ul style="list-style-type: none"> ○ Re-provide bed base to reflect modelling ○ Develop community forensic teams to reduce reliance on admission ○ Commission specialist supported living accommodation in partnership 	
Older Adult Mental Health	<ul style="list-style-type: none"> • Crisis Pathway <ul style="list-style-type: none"> ○ Initial Response Service (IRS)/24/7 crisis helpline right number of Inpatient beds, no OAPs, people supported in timely way crisis house, crisis café 	<ul style="list-style-type: none"> • Community <ul style="list-style-type: none"> ○ ICP based Rapid Intervention and Treatment Teams (RITT) ○ All age dementia service/equitable psychological therapy offer as part of community teams/CH liaison service integrated with relevant services
Learning Disabilities & Autism	<ul style="list-style-type: none"> • Creation of local assessment and treatment and recovery and rehabilitation bed base • Expand community multidisciplinary intensive support LD teams 	<ul style="list-style-type: none"> • Expand Community teams • Community Autism service • Improve the experience of people with LD in other health settings



Clinical Services Enabling Strategy

The following section outlines how the Clinical Services Strategy will contribute to the Trust's Six Strategic Priorities





Strategic Priority One

We will put service users at the heart of all we do, supporting effective care, recovery and wellbeing

Working together with service users and carers we will provide care that service users rate as excellent, supporting people on their personal journey of wellbeing and recovery. We will constantly seek feedback and demonstrate learning and improvement.

We know that to deliver this we must create positive relationships with our diverse communities and people who use our services. We will work in partnership with service users and carers, enabling their voice to shape our strategy, plans and culture.

Relevant Enabling Strategies:

- **Service User and Carer**
- **Quality**
- **People, Improvement and Culture**
- **Communications and Engagement, and**
- **Health Inequalities**

Strategic Decision:

We will provide local services and focus on integration of physical, mental health and social care needs

Our Successful Strategy will mean:

- We have reviewed our existing approach and improved engagement.
- We have a dynamic and up to date understanding of our key stakeholders in every area.
- Co-produced pathways and delivery models that reflect the whole person and join up services so that people do not have to navigate the system to receive the care and support they need.
- Our approach to delivering community services will be evidence-based.

- We can evidence our contribution to the improved life chances of people of all ages with physical, mental health, learning disability or autism needs by doing the right thing and measuring the right outcomes.
- Physical and mental health needs will be met together through integrated pathways and service delivery regardless of provider.
- We will be able to demonstrate our working with partners in ICP geographies at the PC/PCN levels where we do not provide community physical health services.
- We can demonstrate our increased role in prevention of illness with system partners and the people of Lancashire and South Cumbria.
- We will ensure our focus is not only on mental health but learning disability and autism.
- We will ensure we include 'hard to reach' groups in all engagement.



Strategic Priority Two

We will employ and retain the best staff because our work culture will be inclusive and a supportive place to work

Our people are our greatest asset and are key to maximising future opportunities. They are an essential part of designing and delivering innovation and providing high quality care that meets service user and carer expectations. We will invest in equipping our people with the skills, knowledge and resources they need to create outstanding teams.

Our culture will support diversity that demonstrates to our staff that they feel valued and included and prioritises health and wellbeing. We will encourage our people to speak up and we will demonstrate learning and improvement from this. We will celebrate the innovation, knowledge and skills of our people.

Relevant Enabling Strategies:

- **Service User and Carer**
- **Quality**
- **People, Improvement and Culture, and**
- **Communications and Engagement**

Strategic Decision:

Our staff, service users, carers and patients will experience a culture of compassion and inclusivity

Our Successful Strategy will mean:

- Our staff will report their improved health and wellbeing due to a compassionate and inclusive culture.
- We will have inspirational and compassionate leaders and supporting systems and processes to enable staff to reach their full potential.
- Our staff will be well led and part of outstanding teams.
- We are recognised as a diverse and representative employer, valuing and embracing diversity in the workforce, and our staff will be proud of our approach to equality and diversity.

- Our staff will be clear of their contribution to this strategy by the golden thread through the Vision, Values and Strategic Priorities to their individual objectives.
- We are a great place to work and learn, where all our staff are engaged, inspired and encouraged to perform and develop their full potential.
- We are a great place to work and learn by building the capabilities and embedding the Trust values and behaviours that are needed to deliver outstanding new models of care in collaboration.
- We will foster innovation by harnessing the perspectives and investing in developing the talents and ideas of all staff, enabled through digital workforce technologies.
- We consistently recruit and retain the right numbers and calibre of staff to achieve our ambition of being 'Outstanding'.
- We will tap into our staff as members of their own communities across our footprint.

Strategic Priority Three

We will deliver safe care and we will embrace an open and learning culture, ensuring we continually improve

Our Service Users will experience safe care delivered in high quality environments. We will invest in a safety culture and invest in our staff having improvement skills. We will support and expand our research capability, innovating to contribute to the evidence base, as well as learning from clinical evidence and best practice. We will celebrate the innovation, knowledge and skill within our workforce.

Strategic Decision:

We will invest in continually improving our safety culture

Our Successful Strategy will mean:

- We will deliver evidence-based interventions that will improve outcomes.
- We will have the systems and processes to facilitate the rapid rollout of good practice.
- Technological advances will enable innovative practice and more flexible working but also more tailored and personalised care and treatment options.
- We will appreciate the value of knowledge and ensure we effectively leverage the 'knowledge capital' of the organisation by developing a Learning Health System.



Relevant Enabling Strategies:

- **Quality**
- **People, Improvement and Culture**
- **Risk Management**
- **Estates, and**
- **Digital**



Strategic Priority Four

We will respond to people’s needs by striving for the highest standards of quality, proactively reducing health inequalities

Our ambition is to provide the highest quality services across all our populations that service users, staff and our regulators rate as excellent. We will proactively invest in reducing health inequalities thereby reducing the variation in the quality of services that our diverse communities experience.

We aim to join up physical health, mental health, learning disability, autism and social care needs, working proactively with partners to support holistic, prevention-focussed, person-centred care. We aim to enable service users to experience a seamless journey within patient pathways, regardless of provider.

As a provider of physical health, mental health, learning disability, autism and social care services, we have an important role in supporting this integration of services.

- Improved supervision, training and career opportunities will improve recruitment, retention, satisfaction and performance.
- The four priorities of the Quality Strategy (SPPA) are embedded in all we do and all we measure.
- We will plan and deliver services as locally as possible, reflecting the health needs of that populat

Strategic Decision:

We will ensure that our organisation plans and delivers services based on local population need and reduce inequalities

Our Successful Strategy will mean:

- We are ready for our next CQC Inspection and confident of being awarded ‘Good’ as an organisation and increase in ‘Outstanding’ across domains within our services.
- We will work with our staff and partners to ensure there is a reduction in variation in practice and quality will improve treatment

Relevant Enabling Strategies:

- **Service User and Carer**
- **Quality**
- **People, Improvement and Culture**
- **Communications and Engagement**
- **Risk Management, and**
- **Health Inequalities**



Strategic Priority Five

In order to support our local communities by excelling at everything we do together, we will always collaborate with our system partners

Our partnership work will focus on the health and wellbeing of our communities, reducing health inequalities and maximising community and organisational assets and resources. We will partner at ICS system, ICP place and neighbourhood levels, supporting local delivery of services through collaboration with other providers, local authorities and the voluntary sector. As we mainly operate across the Lancashire and South Cumbria Integrated Care System, we are uniquely placed to integrate patient pathways.

Our ambition is to be system leaders for commissioning mental health and learning disability pathways in collaboration with our partners.

Relevant Enabling Strategies:

- **Service User and Carer**
- **Quality,**
- **People, Improvement and Culture, and**
- **Communications and Engagement**

Strategic Decision:

We take responsibility for leading the system management of mental health and learning disability integrated pathways across Lancashire and South Cumbria

Our Successful Strategy will mean:

- Improved health and wellbeing due to the increased role of the voluntary sector as part of pathways.
- Integrated services will ensure service users have an improved experience.
- Improved relationships and reputation at all levels due to working in local networks through co-location where possible.

- We are working collegiately with our partners to ensure consistent and efficient delivery of services in line with need and best practice and to facilitate rapid rollout of technologies across the pathways.
- Our services will be transformed through our partnership working based on our knowledge of local populations.
- We will have maximised the benefits of our new locality structure so that services can more effectively engage with local communities.



Strategic Priority Six

We will provide sustainable services that are delivered in an effective and efficient way, at the time people need it

We will deliver excellent services in partnership with our communities within the resources we have available.

We will do this through developing new models of care and ways of working that are sustainable in the long term.

Our human, financial and estate resources will add social value in our wider health, social economic and environmental system.

Relevant Enabling Strategies

- **Quality**
- **People, Improvement and Culture**
- **Estates**
- **Digital, and**
- **Finance**

Strategic Decision:

Our services will be high quality and demonstrate best value

Our Successful Strategy will mean:

- We will take the learning from Covid-19 and mainstream transformed practices into business as usual.
- We routinely utilise modelling and benchmarking data to ensure delivery of quality services, in line with best practice and providing sufficient capacity in the right places to meet demand.
- We will utilise our estate and technology to maximise efficiency and improve care delivery and service user experience.

- We will maximise all opportunities to utilise our estate for co-location and integration.
- We will maximise the amount of money available for services within our collaboratives through efficient use of current resources, reinvestment as required and evidence-based requests for new funding.
- We will reduce fragmentation of the service offer for mental health, learning disability and autism services.
- We have managed the financial risk of taking the lead commissioning role by taking an staged approach to implementation, ensuring the right capability and capacity, developing pathways to support effective partnership working and utilising a population health approach.

Our Enabling Priorities

Simplifying Complexity

Greater simplicity to enable people to navigate health care and enable staff to help support people within the health care system

Beyond services to evidence-based, digitally enhanced pathways

Each specific pathway needs to be adopted by the services and supported in the electronic health record system

Holistic community care and Inpatient Hubs

Right number of inpatient specialist beds in the right place and integrated community teams

Delivering better, integrated care closer to home

Services to be provided as local as practical to where people live

A focus on population health

A real opportunity to reduce inequalities and improve outcomes for people with mental illness, a learning disability and/or autism



Enabling Priority One

We will simplify complexity

Our Pledge

We will ensure that our services are designed and delivered to enable people to navigate health care and enable staff to support people within the health care system



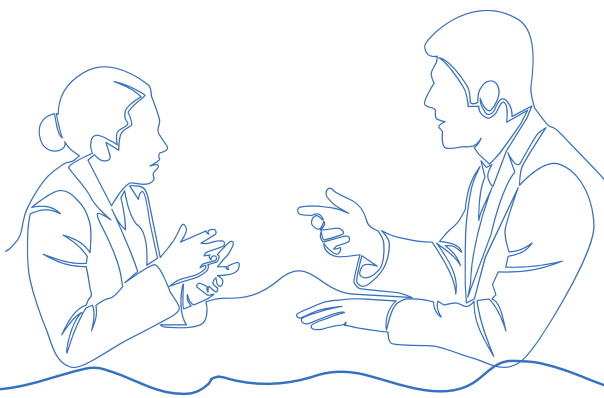
We will
simplify
complexity



We need to simplify complexity

The Tube map is an icon of design – making complex decisions much easier by clearly showing how things are connected. This empowers millions every day to use the system without much assistance.

The new Clinical Services Strategy can learn from this approach and aim for greater simplicity to enable people to navigate health care and enable staff to help support people within the health care system. New evidence based pathways will provide the basis for the care journeys that people will undertake.





Priority One

Key Objectives

- To transform our urgent care pathway, rehabilitation and community services
- To design delivery models that will eradicate people having to navigate the system
- To ensure people have more control over their own health through co-production

What does success look like?

- Reduced duplication of services
- Improved outcomes
- Reduced delays/waiting times
- Reduced DNAs/cancellations
- Improved service user and staff satisfaction






Enabling Priority Two

Beyond services to digitally enabled evidence-based pathways

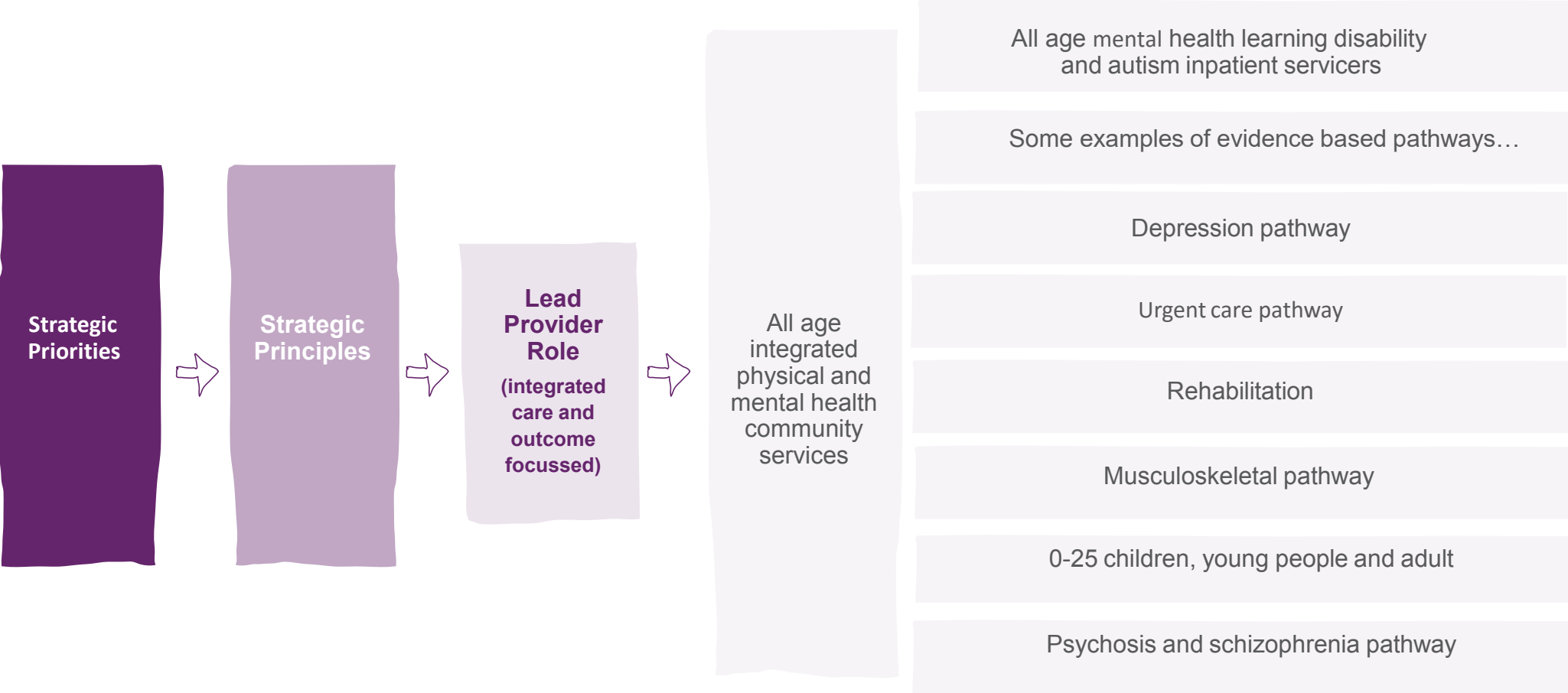
Our Pledge

Every service user will receive consistent care and treatment along evidence-based pathways every time

A large, stylized graphic of a human eye in shades of purple and blue, positioned on the right side of the slide. The eye is looking towards the left.

Beyond services to
digitally enabled
evidence-based
pathways

Beyond services to evidence-based pathways





Priority Two

Key Objectives

- Pathways and delivery models will be co-produced and based on the most up to date evidence
- Pathways will be digitalised
- We will maximise the contribution of our partners in delivery

What does success look like?

- Improved agreed clinical outcomes
- Less fragmented pathways
- Clinically led design
- Reduced variation in quality, access and outcomes
- Increased role and influence of the Voluntary Sector





Enabling Priority Three

Holistic community care and Inpatient Hubs

Our Pledge

We will integrate our community teams and resource them appropriately

We will ensure the right number and beds in our locality hubs to avoid unnecessary travel



Holistic
community
care and
Inpatient Hubs



Priority Three

Key Objectives

- To boost out of hospital care and dissolve the historic divide between primary and community services
- To design delivery models reflecting the whole person
- Utilise our estate to improve care delivery and maximise opportunities for integration and co-location
- To develop large campus style provision of adult mental health services aligned to each ICP
- To provide children and young people mental health and eating disorder services in a more centralised location
- To remodel forensic beds
- To provide local assessment, treatment and recovery and rehabilitation services for people with a learning disability

What does success look like?

- Reduction in out of area placements
- Improved access
- Improved relationships and communication
- Reduced fragmentation of services for people with a learning disability and autism
- Care is provided in the least restrictive setting






Enabling Priority Four

Delivering better, integrated care, closer to home

Our Pledge

We will deliver high quality services as local as possible to facilitate easy access and avoid unnecessary travel

We will see and treat the whole person



Delivering better,
integrated care,
closer to home



Priority Four

Key Objectives

- To develop models of care in relation to children and young people, collaborating with partners in relation to the Thrive model and inpatient beds, enabling care and support to be provided close to people's homes
- To create local beds for assessment, treatment, recovery and rehabilitation, and expanding community-based support, to improve the care and experience for those with a learning disability and/or autism

What does success look like?

- Trust CQC rating 'Good' with an increase to 'Outstanding' across domains and services
- Improved recovery and relapse rates
- National and local targets achieved





Enabling Priority Five

A focus on population health

Our Pledge

We will plan and deliver services based on the needs of local populations to reduce inequalities



A focus on
population
health



Priority Five

Key Objectives

- To focus on physical health services, integrating with mental health services in order to provide a more seamless service
- We will understand our populations through engagement and deep dive into relevant data
- To target in partnership prevention and early intervention approaches

What does success look like?

- Those most in need of health care are identified and support targeted at them
- A reduction in health inequalities, especially in ethnic minority communities
- Improved outcomes especially those with mental health, learning disability and/or autism
- Increased self care and recovery rates
- People have more control over their own health



Success Factors? Delivering our strategic priorities and principles



Safe

- Suitable, good quality working environments, resources, tools, equipment
- Enough safe, secure locations in the right places, including single-sex accommodation



Service users

- No wrong door/equitable service tailored to be responsive to local and individual needs
- Timely, clear, accurate, accessible information
- Multidisciplinary trusted assessments to reduce duplication
- Emphasis on prevention, early intervention/self care



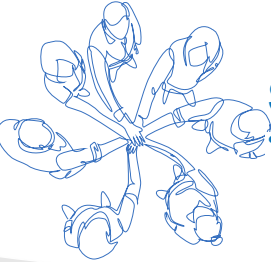
Standards

- Evidence based interventions to improve clinical outcomes
- Integrated care pathways
- Digital approaches to the fore
- Make better use of data to check impact and outcomes



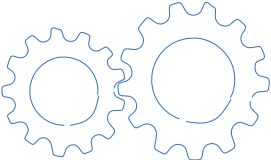
Staff

- Support staff to do their best work via supervision, coaching and mentoring, CPD and career progression
- Well led teams, compassionate leaders
- Understand population needs
- Right numbers & skills
- Focus on staff health & wellbeing



System

- Seamless service delivery to prevent gaps as people move through services or organisations



Sustainable

- All clinical principles are aligned to this strategic priority

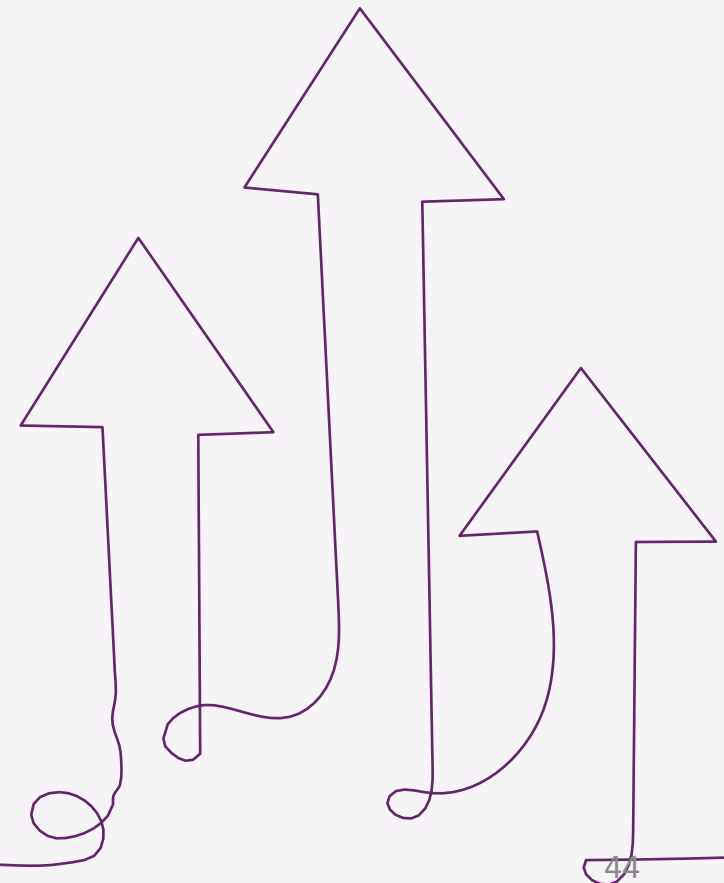


Delivery of the Clinical Services Strategy

The Trust will establish a Clinical Senate to oversee the design and delivery of this transformation, including identifying and sharing the NICE quality standards and the list of pathways that will require development. It will be supported by a range of enabling strategies. It is essential that service users and carers co-design the changes with staff and wider stakeholders across the ICPs and ICS and therefore they will be an integral part of this group.

This new Senate will develop a five year delivery plan which will ensure that wider enabling strategies (e.g. Digital, Estates strategies) are used to support decision making by staff and the creation of care plans firmly based upon the various NICE pathways, and allowing outcomes to be measured routinely.

A programme of service transformation will be undertaken to simplify and digitally enable the pathways, ensuring both physical and mental health care is integrated and based upon the latest evidence. This will focus initially on major service developments such as the Initial Response Service (IRS) and Long Term Plan developments.



6

Equality Assurance





Equality Assurance

Equality Impact Assessment

LSCft puts equality, inclusion and human rights at the centre of the design and delivery of inclusive services for the diverse communities we serve and the empowering culture we create for our staff.

The legal case is set out in the Equality Act 2010 and the practice is embodied by our staff every day, without exception. We are stronger together.

Potential Impact

Multiple listening and engagement sessions across networks, localities, and among protected characteristics groups has enabled the Clinical Services Strategy team to gather quantitative as well as qualitative data and experiences to help shape the Trust's commitment to become a great and safe place to work and learn.

The work with the Trust's Staff Networks and analysis of WRES, WDES and gender pay gap data, as well as employee relations cases has identified ways in which the Trust can improve its approach to attract, recruit and develop a talented and diverse workforce in line with the NHS People Plan which calls for a culture of inclusion and belonging.



**Lancashire &
South Cumbria**
NHS Foundation Trust

**For more information of accessible formats
please contact communications@lscft.nhs.uk**

