Avon and Wiltshire Mental Health Partnership NHS Trust

# Clinical Strategy 2016-21

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## Contents

## 1. Introduction

This is a strategy not a plan. It is a statement of our intent and provides a direction of travel for the coming years.

The clinical strategy is our primary strategy and both drives and is supported by our enabling strategies, annual plans and specific business cases. These will describe the detail with clearly set out milestones for achieving specific aims.

This strategy is for:

- service users, carers
- staff
- our PCT and Clinical Commissioning Groups (CCGs)
- NHS England
- our local authority and other partners
- and all communities we serve

## 2. About our Trust

Avon and Wiltshire Mental Health Partnership NHS Trust (the Trust) is a significant provider of mental health services across a core catchment area covering Bath and North East Somerset (BaNES), Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire.

The Trust also provides specialist services for a wider catchment area extending throughout the South West.

Delivering services across this wide geography requires us to meet differing health needs across diverse communities.

This geography includes densely populated urban areas, with a large ethnic diversification, and more sparsely populated rural areas with growing ageing populations. All these elements combine to make a unique population group accessing the services we provide.

In response to this, the Trust offers a locally focused service in each area, with local business plans aligned to commissioner intentions and strategic development opportunities within the local area.

As a partnership trust, we have important responsibilities to work at a local level with other public bodies, such as local authorities; the police and the criminal justice system including prisons; and also with the voluntary sector. This ensures we provide a joined up service for the people we serve.


## 3. Our services

Our Trust provides services for people with a range of mental health needs including those relating to drug or alcohol dependency. We also provide Child and Adolescent Mental Health Services (CAMHS), mental health services for people with learning disabilities, and secure services working closely with the criminal justice system.

Increasingly, we provide treatment and care in people's own homes and other community settings, reflecting the preferences of service users. Our community services are supported by high quality inpatient services providing short term assessment, treatment and care.

Our services are explained under three headings as presented below.

### Local (services provided specifically to and within the local area)

- Specialist community-based assessment and treatment services for drugs and alcohol including specialist prescribing and community detoxification
- Rehabilitation inpatient service
- Recovery services
- Psychological therapies in primary and secondary care
- Psychiatric intensive care
- Primary care liaison
- Place of Safety service (Bristol)
- Mental health liaison, based in acute hospitals
- Memory assessment services
- Later life therapies teams
- IAPT
- Intensive services
- Inpatient assessment and treatment services for functional and organic illnesses, aged 18 upwards
- Early intervention in psychosis
- Day services – day hospitals, supported day care (inreach), therapy centres, specialist centres for younger people with dementia
- Complex interventions teams
- Community drug and alcohol services
- CAMHS Community Services
- Care home liaison
- Ageless adult CMHTs
- Acute hospital liaison

### STP (services provided across several localities but within the Trust footprint

- Electro-convulsive therapy (ECT)

### Regional (services provided within the region and which could be outside of the Trust boundary)

- Attention deficit hyperactivity disorder (ADHD) service
- Autism spectrum services
- CAMHS In-patient services
- Community and forensic learning disability services
- Inpatient drug and alcohol services
- Community and in-patient eating disorder services
- Court assessment and referral service (in courts and police custody suites)
- Deaf mental health service
- Forensic consultancy, discharge and aftercare services
- Forensic intellectual developmental disorder services
- Forensic Pathfinder personality disorder service
- Inpatient stabilisation and detoxification service with therapeutic programme
- In-patient perinatal mental health services for mothers and babies
- Medium and low secure inpatient services
- Mental health and substance misuse services in prisons
- Mother and baby service
- Prison mental health services
- Specialist eating disorder services, inpatient, community and primary care
- Specialist input to secure children's homes
- Specialist mental health learning disability community services
- Pathfinder (specialist personality disorder services)
- Treatment programmes in prisons (12-step prison partnership programme and alcohol-related violence programme)
- Veterans mental health services

## 4. Our structure

The Trust has placed the clinical voice at the centre of its decision making through a devolved, locality focused and clinically led structure designed to bring decision making closer to the communities we serve.

From July 2017, the Trust will have established a divisional management structure, working to the Chief Operating Officer.

This structure will consist of three Clinical Directors, one assigned to each STP footprint (BSW and BNSSG) and one to head up the Specialised, Secure and CAMHS services grouping. Each Clinical Director will be supported by an Associate Directors of Operations. Below this structure are six Local Delivery Units (LDUs), organised to correspond to local authority and CCG areas (shown below) and three Service Delivery Units (SDUs), which operate across local authority and CCG areas. These units are led by an Operations Manager, each supported by a Clinical Lead.

Our Trust's central support functions add value to our locality management teams, making sure that Clinical Directors and Clinical Leads have the support required to be accountable and responsible for our services in each locality.

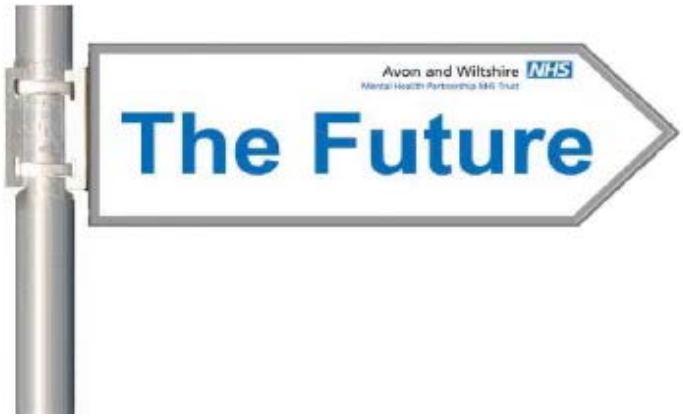
| **Clinical Director** - BNSSG<br>**Associate Director of Operations** – BNSSG | | | **Clinical Director** – BSW<br>**Associate Director of Operations** - BSW | | | **Clinical Director** – Specialised<br>**Associate Director of Operations** - Specialised | | |
|---|---|---|---|---|---|---|---|---|
| **Operations Manager** – Bristol<br>**Clinical Lead** - Bristol | **Operations Manager** – N.Som<br>**Clinical Lead** - N.Som | **Operations Manager** – S.Glocs<br>**Clinical Lead** – S.Glocs | **Operations Manager** – BaNES<br>**Clinical Lead** - BANES | **Operations Manager** – Swindon<br>**Clinical Lead** - Swindon | **Operations Manager** – Wilts<br>**Clinical Lead** - Wilts | **Operations Manager** – Specialised<br>**Clinical Lead** - Specialised | **Operations Manager** – Secure<br>**Clinical Lead** - Secure | **Operations Manager** – CAMHS<br>**Clinical Lead** – CAMHS |

Divisional management structure from July 2017

## 5. Principles for delivery

We have six overarching principles which drive the implementation of our clinical strategy. These also guide the implementation of all AWP strategies and our approach for delivery of care.

1. Flexibility, adaptability and innovation
2. Service users and staff as partners
3. Setting the clinical direction for all strategies to follow
4. Collaboration and system integration
5. Extending our reach
6. Recovery focused




### 1. Flexibility, adaption and innovation

The clinical strategy is intended as a framework for service delivery initiatives and operational priorities, not a tool for creating more meetings and committee driven papers.

The clinical strategy underpins the quality of the service we deliver and results in tangible outcomes which will be experienced by those who use our services, their carers and families, partners and staff.

In response to local and national challenges and the ever changing healthcare 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.

## 2. Service users and staff as partners

Our patients and staff are our priority. We will:

- encourage a culture of co-production, both internally and externally to the Trust.
- develop our people; collaborate with partners and strive for continuous learning to make sure our services are the best they can be and that our patients, staff and other stakeholders have the best possible outcomes and experience of care.
- configure our services so that we provide care that is 'closer to home' for patients.
- invest in community services to make better use of our inpatient beds.
- instill clinical leadership at all levels of the organisation and strike a balance between central and local approaches to service delivery.

## 3. Clinical direction

We will:

- focus on more community based care, making the most of every opportunity for prevention and to promote recovery.
- aim to empower those who use our services to manage their own care, reducing the need for acute health interventions and inpatient care.
- focus relentlessly on improving quality and efficiency at the same time by working on integration between physical and mental health, between primary and secondary care, between acute providers and mental/community providers, and social care and third sector providers.
- increase use of innovative approaches and technology to allow our staff to be mobile and flexible in their response.

## 4. Collaboration and system integration

With a network of partners and a significant track record of multi- agency working, AWP is well placed to engage in the local and regional health and social care agenda and to play a leading role in shaping the future service delivery across the geographical boundaries.

We will expand the range and scope of services we provide to create 'whole system healthcare' integrated around the service user ensuring that care maximises service user pathways, outcomes and experience.

## 5. Extending our reach

With our experience and expertise in delivering healthcare and system leadership, we aim to take our services and abilities into new areas of growth.

This will include broadening our portfolio beyond core services to support sustainable system integration and expanding our existing services into new geographical areas where there is a clear benefit to the Trust and patients.

## 6. Recovery focus

We are committed to recovery based approaches across our services. We believe recovery is about a person taking control and staying in control of their life despite having a health problem. We believe in supporting and building the resilience of people with mental health conditions.

We accept that recovery does not always lead to a lack of ill health. It is not the same as a 'cure', and may mean a person taking control of their symptoms and it is for the person to choose whether to enter recovery.

There are three constituents which make up a recovery based approach;

### *Hope*

The person will need to develop hope in them being able to take control and stay in control of their life. In the initial stages of recovery, this comes from staff instilling hope through their communication, approach and support. At a later stage, the person will internalise this hope, further strengthening their recovery.

### *Control*

Giving the control of their life back to the individual is essential, while supporting the individual to make the right choices by providing information and continuing to be a source of support.

### *Opportunity*

The person will also need to have the opportunity to have social relationships, education / training, as well as work experience, to gain the skills needed to function as a valuable member of society.

We will deliver a focus on recovery based approaches by:

- working in partnership with people who use our services enabling them to take the lead in their own recovery and management of their illness, and involving carers in shared decision making.
- promoting independence, choice and control through self-directed support as part of ensuring that those who use our services attain the most fulfilling lives possible.
- helping people to achieve their own aims, to manage their condition and be sufficiently recovered to receive their care in a primary care setting.
- understanding that a person will recover more quickly when:
    - hope is encouraged, enhanced and/or maintained;
    - life roles with respect to work and meaningful activities are defined;
    - spirituality is considered;
    - culture is understood;
    - educational needs as well as those of families/significant others are identified;
    - they are supported to achieve their goals.

## 6. Our clinical priorities

### We will remain a specialist mental health service provider

We are experts in developing and providing mental health services and this will remain our purpose as we move forward.

We want to extend the services we provide both in terms of broadening the range of core and specialist mental health services we offer, and by expanding our service footprint.

### We will deliver mental health care for people of all stages of life

We will develop and provide mental health services for children and adults of all ages including women during pregnancy and after birth.

Specialist services may be provided to patient groups with certain personal characteristics to achieve equality in outcome.

### We will provide community services locally

We will deliver services as close to the point of need as possible. Most mental health services including assessment, recovery, early intervention and crisis services will be provided locally.

We will rationalise the use of estates to make sure we make best use of our resources whist providing easily accessible care in a range of community settings. Some specialist services will be provided regionally to ensure the highest quality of service.

### We will provide regional specialist inpatient care

As the range of services in the community has developed, more people can be treated at home without the need for hospital admission. However, some people with the most complex mental health needs will require highly specialist inpatient assessment and care.

This will be supported by the development of regional inpatient units which can deliver cutting edge treatments on a short term basis.

### We will play key roles in regional network developments

We will take part in regional service development and provision as network leads and expert advisers. We will continue to be active partners with the wider health community developing and delivering Sustainable Transformation Plans for our population.

### We are committed to services being developed and delivered in partnership with the service users and carers

We will promote and support co-production at all levels from strategic service design to joint care planning with individuals.

### We will promote mental health and wellbeing

We will support and enable the healthcare system to promote mental health and wellbeing, and initiatives aimed at preventing mental ill-health.

### We will enable and support improved physical health for people with mental health problems

We will promote good physical health working within the wider healthcare system.

We will support health promotion initiatives and work in partnership with primary and secondary healthcare providers to achieve improved outcomes for people with physical and mental health problems. We will champion the principles of Parity of Esteem.

### We will foster integrated working

We will work with partners in social care and physical healthcare to enable the delivery of integrated services to our communities. Where possible, we will co-locate with our partners to facilitate co-ordinated service delivery, team working and intelligent use of resources.

### We will be at the forefront of research and development

We will drive forward our intention to become a University teaching organisation. We will support and encourage staff to engage in research initiatives, and increase opportunities for patients to take part.

## 7. The future

### What will be different by 2021?

Whilst we cannot be exact about the configuration of our services, we can be clear on some changes and outcomes that will occur as a result of the clinical priorities set out in this strategy and what difference these will mean.

The following list is not exhaustive or immune to change, as we know the next five years will present challenges and opportunities unknown at this time. However, it gives a view on what our services are likely to look like if our clinical strategy is fully realised.

### Care pathway change

There will be a shift in when services are initiated, allowing support and interventions to be delivered earlier in the care pathway.

The care pathway will have moved away from inpatient first to a community focus of outpatient/ community/ primary care/ self-management crisis management first and inpatient as a final resort.

### Use of estate

Community services will co-locate with partners as larger integrated teams enabling our estate to be used efficiently on a reduced footplate.

Our inpatient sites will have a much reduced spread across the geography and will be fit for purpose and future focused.

There will be no stand alone units. All inpatient services will have optimum bed bases and are likely to be based on as few as two sites, with all services concentrated to serve the whole of AWP geography.

### Inpatient services

Our inpatient services will be configured differently, given the focus on significant community redesign. Inpatient services will admit fewer people and only those with the most complex needs.

This will reduce if not remove, the distinction between 'acute' versus 'PICU' care.

Our inpatient units will be single sex in configuration. Our average length of stay will be between19 to 21 days in total in recognition of the pathway change of caring for and keeping people in the community.

### Community services

Our community services will have undergone a significant redesign. This will include:

- 24/7 crisis services working in the community
- alternatives to admission such as overnight stays, crisis houses, resource centres
- teams focused on parts of particular care pathways
- open access to specialist housing and accommodation
- integrated working with primary care
- working with communities on prevention
- training local community group leaders to become mental health practitioners
- community services that take no longer than five working days to respond to referrals/ requests for assistance.

### Equal partnerships

Service users and carers will be equal partners and service models will be co-designed with them and their families and sense-checked against patient experience.

As equal partners, service users and carers will be central in developing and delivering their own plan of care. Through this approach we will maximise opportunities for prevention and early intervention.

### Training and evidence base

All health professionals will be up-to date with training and knowledge to deliver the care they are expected to. All direct care employees will have a certificate of competence to practice in their specialist areas.

Care will be designed on the basis of evidence based pathways and care bundles, and there will be equitable access to best practice, with no inappropriate variation in care.

### Efficiency

Unit costs will have been relentlessly reduced through waste reduction and lean processes (whilst maintaining health outcomes).

Care pathways will be designed to reduce wasteful activities for those using our services, carers and staff; such as unnecessary duplication of tests appointments, recording of information.

Care will be further enabled by technology. Information about patient history and treatment plans will be shared electronically and accessible to professionals involved and the service user/carer to ensure the best possible decisions are jointly reached.

### Staff

Staff will be:

- treated with respect, and supported to develop their skills and ability to deliver excellent services.
- enabled to take part in improving services, for and along with those who use our services, their carers and families.
- innovative ideas from individual staff on improving how we work will be encouraged, welcomed and applied.

Working as part of an integrated team will be the norm whichever service staff work in.

Where, when and how staff work will increasingly be designed around the needs of patients.

### Integration

As system leaders or expert advisors, AWP will have a greater co-ordination and enable integration of care across all care settings.

We will be at the forefront of working with partners, as the norm, to develop integrated service provision to improve the health and wellbeing of the communities we serve.

### Overall

There will be:

- measurable assurance that every personal episode of care will be safe effective and person centred.
- increased care at home and in community settings
- safe, timely admission and focused discharge for those who do require inpatient care
- increased focus on maintaining existing health
- increased actions to anticipate health problems and prevent or minimise them

- the opportunity to be involved in research affecting service improvements
- increased focus on mobile and IT technology to support service users at home for longer and help them to manage their own health conditions.
- a business focus in our approach to organisational advancement at the same time as being professionally focused on the populations we serve.

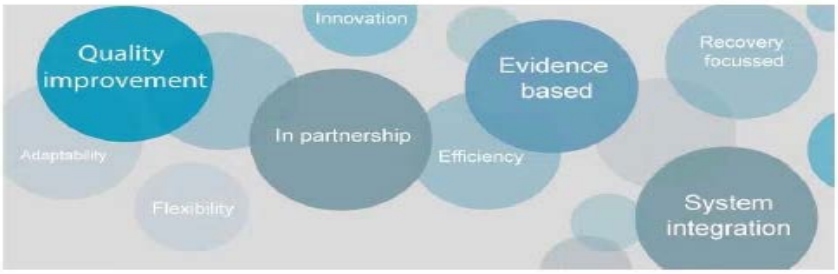
## 8. How will we know we have achieved our goals?

Our success will be quantifiable by clearly articulated clinical outcome measures; by our Board through regular performance management information, including: reports required by regulators such as the Care Quality Commission, NHS Improvement and feedback through our Patient and Staff Survey results; and our financial rating.

Our Board will continue to scrutinise the performance of the organisation every month and to hold the Executive to account for service quality.

In the Annual Quality Account we will publish data which enables the public to hold us to account too.

We will provide our staff with the information they need to monitor and improve their performance in delivering high quality services.



## Version History

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| 2.0 | 28/07/2017 | Approved by Trust Board | RE | Approved |