Our Clinical Strategy
2020-2025
The pandemic has had an enormous impact on mental health services, and will shape the future of services. We do not know what the lasting legacy of the pandemic will be. We will remain agile and adapt our strategy to meet these changes.

We have largely achieved many of our goals in our current Clinical Strategy, including putting expert mental health teams into GP practices and developing our specialist services for people with specific illnesses in order to strength our offer of evidence-based interventions. It is therefore a good time to refresh and evolve the strategy. The ultimate goal is to deliver on our vision and our priorities with everything we do underpinned by our cultural pillars (see next diagram).
Our two main priorities that we will focus on over the next few years are:

1. Developing a model of integrated core community mental health services
2. Improving patient flow and experience

This clinical strategy is the central strategy that guides the wide range of the Trust’s work how to work together to progress these two priorities. All other strategies and plans must demonstrate how they support and deliver the requirements of clinic strategy.
Our service users and carers

Key messages from our service users and carers are that they want services to be more responsive, accessible and tailored to individual needs with a focus on overall wellbeing. They want to have an active role in their care and the delivery and running of the organisation. They want continuity of care from clinicians and teams that they get to know. If admitted, they want to spend as short a time as absolutely necessary in hospital. They want a skilled workforce that is representative of the community. They want services to be delivered in good quality environments and integrated with other services.

Our staff

Staff members told us that integrated, population based mental healthcare is a good idea, but only with additional investments because we cannot spread our current services more thinly. The relentless pressure to keep patients moving through our hospitals is stressful. Reducing violence and aggression must remain a priority. To function efficiently and effectively we need a digital infrastructure that works everywhere and is fast and reliable. We must reduce administrative tasks. The new buildings must provide spaces that respect the integrity and identity of teams because close teamwork is fundamental to good and safe mental healthcare.
National guidance
The funding earmarked for community mental health services in the NHS Long Term plan gives us a once in a generation opportunity to evolve our community services to deliver population based healthcare as described in The Community Mental Health Framework for Adults and Older Adults (NHSE, NHSI, National Collaborating Centre for Mental Health, 2019). All health, Local Authority and voluntary sector services working with people with mental health problems should come together as multiagency, multidisciplinary services in a truly integrated way to support co-produced, patient-centred care.

Our partners
We operate in a complex system of many organisations that work with people with mental health problems. As partner organisations in North Central London we agreed that we want care to be organised around our communities with integration of our services. We want care to be proactive, flexible and responsive to needs. We all promote a strengths-based clinical approach and a holistic approach to wellbeing.

We agreed to pay attention to all the ambitions in the NHS Long Term Plan for mental health, however, we devote greatest attention and resources to our top three priorities that will have the greatest impact on the lives of people with mental health conditions and the wider system are:

- Stabilisation, expansion and development of core community services for people with complex needs due to serious mental illness in partnership with expanded primary care mental health and VCSE (Voluntary, Community and Social Enterprise) services
- Delivery of Early Intervention in Psychosis (EIP) services in line with national standards
- 100% coverage of 24/7 children and young people’s crisis services
Our population
We have a high percentage of people between the ages of 20 and 40 years, who are relatively transient, which is related to having major transport hubs, universities and employment opportunities in the area. We have large Black and Minority Ethnic, student, LGBT communities and many tourists. We have high rates of alcohol and drug use. We have of the highest prevalence of mental health problems in the country so there is great demand for services. This demand will increase with a growing population, greater awareness of mental health, a reduction of many Local Authority and Voluntary services, and higher public expectations.

National benchmarking
The main message from NHS National Benchmarking is that we have an average number of beds compared to other mental health trusts which means we probably have enough to meet the needs of our community. We have the smallest community teams in the country for working aged adults with serious mental illness. A much higher percentage of the people we admit to hospital have a psychotic disorder and are detained under the Mental Health Act than other mental health trusts demonstrating that our inpatients more complex needs. We spend most of our resources on hospital care whilst most of our activity is in the community.

Our problems to solve
So much of what we do is highly valued and respected, but there are problems to solve. Many of the problems our services users, carers, staff and partner organisations raised are related to access to and waits for our services. This is in the context of small community services, an over-reliance on acute mental health services, rising demand and increased expectations from the public and our partner organisations. We need to make our services feel right and accessible for all the communities we serve.

Our culture needs to feel fair and just for all our staff. Our digital technology and systems are not mature enough to deliver robust solutions to improve clinical quality, communications and efficiency.

Our challenges
The CQC (Care Quality Commission) is our regulator and we welcome their robust approach to inspections even though it adds a burden on services in meeting the standards and preparing for inspections. Our CQC inspection report published in January 2020 issued the trust with six regulatory breaches, which we must address. National access targets and waiting time targets must be delivered and sometimes have unintended consequences. This is all in the context of being in the most financially challenged Sustainability and Transformation Partnership area in the country. The main things that may limit our success are: difficulties recruiting and retaining staff; not securing the money allocated to mental health in the NHS Long Term Plan; and the inability to share information digitally between organisations to facilitate integration.

How we will know we are succeeding
At the peak of what we want to achieve are four broad outcomes:

- Good clinical outcomes for our service users and carers
- A satisfied workforce
- Being a centre of excellence in equality, diversity and inclusion
- Financial sustainability
What we have chosen to act on
We have listened to what our service users, carers and staff have told us and also took into account the ambitions of our partner organisations and national guidance to come up with our clinical approach, our priorities for all our services and how we will improve and innovate.

Our approach to clinical care will be:
- A recovery approach
- A trauma informed approach
- Offering evidence based interventions
- Addressing drug and alcohol problems

Our service priorities are:
- Co-production
- Equality, diversity and inclusion of all protected characteristics
- Integrating mental health, physical health and social care
- Using outcome measures that matter to people
- Early intervention and prevention

Our two main vehicles for improving and innovating are through using Quality Improvement methodology and research.

Our clinical model
We will continue to provide the range of services that we currently deliver. What will change is how our services relate to each other and those of our partner organisations so that more work is done in an integrated way in the community.

Our proposed model requires investment to grow our teams in primary care to create core community mental health teams that are aligned to Primary Care Network populations. A detailed analysis of each Primary Care Network population will enable us to tailor services so that they are right for that population. Everyone who works with people with mental health problems in a Primary Care Network population will function as a member of a multiagency, multidisciplinary team or network.

Mental, physical and social support and interventions will be holistic and joined up. We will use a strengths-based approach that will require detailed knowledge of community resources that people can be linked into.

Evidence-based mental health interventions will be protected by having clinicians that specialise in interventions for people with particular conditions.

The model also includes borough-wide intensive teams to work with people with very complex needs. There needs to be strong co-operation and easy flow between the intensive and core teams with an emphasis on population based healthcare. The model requires newly designed community services operating longer hours and a stronger focus on prevention and recovery which will deliver more out of hospital care.
We will reorganise the way our organisation is structured so that we naturally facilitate population-based healthcare.

**Proposed model of core community mental health teams**

Our services will operate at three population levels; Primary Care Networks, Borough-wide and cross-Borough or wider. The main entry points will be through the core community mental health teams, the community acute and hospital liaison services, and directly into some teams who offer a service to well defined groups. The bulk of our work will happen in the community teams. Please see the flowchart below.
Suicide
Health, Local Authority and Voluntary services in North Central London take a joint approach to reducing suicide and its impact that includes: adopting a trauma informed approach; training; a suicide bereavement service; learning from deaths; and better collection and use of data.

Carers
We recognise the positive contribution that carers make and that they also need support themselves. We remain committed to using the ‘Triangle of Care’ as our framework for improving their experience and support. We want carers and staff to feel confident about sharing information with carers and including them in care planning.

Patient experience and involvement
We will bring together our work on patient and carer experience and involvement and ensure it includes addressing equality, diversity and inclusion. Patient involvement must include a range of activities on the ladder of co-production from education to co-production and be accessible, with appropriate support, to everyone who wants to take up opportunities. We will use service user and carer experience feedback in a way that empowers them and they see that their input results in change. We will have simple ways of collecting this data and feeding it back to teams so that they can use it to adapt and plan their services. We want people from all communities to feel that services are accessible to and designed for them.
**Medicines optimisation**

Medicines have the capacity for great health benefits, but also harms and costs. We will use medicines optimally and holistically so that the health and wellbeing of the population we serve is improved. We will provide more support to service users in understanding and managing their medicines. We will build the expertise and resilience in our pharmacy team so that they can actively drive medicines optimisation. We will make greater use of digital technology to make prescribing safer and more efficient.

**Digital**

We will develop a strong digital infrastructure and capability that will enable us to deliver high quality, safe patient care and the ability for our staff to work in a flexible and agile way. We will handle patient information in a way that is safe, secure and protects individual privacy, whilst also allowing the sharing of information between clinical teams in order to provide high quality and safe care. We will actively participate in the implementation of Health Information Exchange across North Central London that will enable sharing of clinical information across organisations. Cyber security will be central to all our digital systems and ways of working.

**Our workforce**

Our staff are our greatest asset and without them we could not deliver the high quality services we provide. Our ambition is to be the centre of excellence with regard to equality, diversity and inclusion that inspires working, thinking and learning together to co-produce services which are recovery focused. The key things we want to deliver for our workforce is a fair and just culture; training in the skills needed for the Clinical Strategy; new roles; career pathways; and flexible and agile working opportunities.
Our estate

We will build a new hospital and new integrated care community health centres that are welcoming, comfortable and safe. They will facilitate integrated working, both internally and with our partner organisations. The design of our buildings will have a positive impact on staff wellbeing by being comfortable environments that have enough space to work, relax and interact. They will draw in the public to reduce stigma and be valued community resources.