

Clinical Services

Strategic Plan 2018 - 2021



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1 Introduction and Trust Strategy 2018-2023

The way we organise our services and the work we do to strengthen the offer we make is critical if we are to achieve our strategic objectives. Currently we provide services across a national, regional and local network and the people we serve across our communities remain the driving force in ensuring we meet their needs.

At the same time as continuing to deliver and develop services, we have been working over eighteen months to ensure that our clinical planning is engaged with:

- what people tell us about their experience and their needs
- what evidence and good practice tells us
- strategic level policy and forecast future changes

Alongside partners, staff and service users we have been establishing how best we achieve the changes needed to make our services fit for the future and equipped to meet the needs of the people we serve. This is an iterative process and complex in its nature due to the changing landscape of the health and care economy, changes expected in the economic and social landscape, the breadth and reach of our services, and as a result this means that some of the content of this plan remains ambiguous and subject to on-going refinement.

Yet it is important that we provide clear intent and clear direction in our activities in line with our Trust strategy 2018-2023. Our strategy sets:

- our strong ambition for our future
- the difference we want to make to the lives of people who use our services
- how we will support and develop our staff
- our values - which we feel are integral to how we go about our business

The tables below set out what we are here to do (our purpose), what we are aiming to achieve (our vision and ambition) and how we go about this (our values).

Purpose	Improving health, improving lives
Vision	To provide outstanding mental health and learning disability services as an employer of choice
Ambition	We support our service users and carers, our staff and the communities we serve to live healthy and fulfilling lives. We want to achieve our personal and professional goals; to live our lives free from stigma and discrimination; and to improve the lives of people with a learning disability and mental ill health.

2 Our values

We developed our values with our staff, members and partners. They define who we are, what we believe and how we will work to achieve the best outcomes for our service users and carers. In 2017 we started to embed them across the Trust as we know they will have a direct impact on the experiences of our staff and service users.

Our values	The behaviours that support our values
<p>We have integrity We treat everyone with respect and dignity, honour our commitments and do our best for our service users and colleagues.</p>	<ul style="list-style-type: none"> • We are committed to continuously improving what we do. • We consider the feelings, needs and rights of others. • We give positive feedback and constructively challenge unacceptable behaviour. • We're open about the actions we take and the decisions we make, working as one team with service users, colleagues and relevant partner organisations.
<p>We keep it simple We make it easy for the communities we serve and the people who work here to achieve their goals.</p>	<ul style="list-style-type: none"> • We make processes as simple as possible. • We avoid jargon and make sure we are understood. • We are clear what our goals are and help others to achieve their goals.
<p>We are caring We always show empathy and support those in need.</p>	<ul style="list-style-type: none"> • We make sure people feel we have time for them when they need it. • We listen and act upon what people have to say. • We communicate with compassion and kindness.

3 Our strategic objectives

Our strategy describes the strategic objectives that we have set ourselves to achieve over the next five years that will enable us to deliver on our ambitions. Our three strategic objectives are:

- 1. We deliver great care that is high quality and improves lives**
- 2. We provide a rewarding and supportive place to work**
- 3. We use our resources to deliver effective and sustainable services**

Strategic objective one, we deliver great care that is high quality and improves lives is integral to our Clinical Services Strategic Plan.

To improve lives we know we have to work with those who use our services and the people who care for them. Great care comes together when we understand peoples' needs, goals and lived experiences, and can draw from a wealth of professional expertise to support them to meet their goals.

Great care is:

- Accessible – people know how to get it, when they need it and it is available
- Engaging and expert-driven – care that engages with the individual and is personalised; it is the best care available as experts draw on evidence and best practice.
- There for the whole journey – we know that handovers and changes of teams can be challenging and we take particular care to learn from and improve these transitions.

To support continuously improving high quality care we need to have the right leadership in place, the right culture and a spirit of continuous learning and improvement at every level of the organisation. The ways in which we are supporting this can be found in our Quality Strategic Plan.

We have identified three priorities that are aimed at supporting both the delivery of our strategic objective, and in shaping how we will deliver services in the future which are outlined below. This supporting plan provides more detail about how we intend to deliver these priorities.

Priority 1: Supporting people in their recovery

Recovery may be both clinical and personal. Whilst we support people in clinical recovery – reducing or eliminating symptoms – we are equally committed to supporting personal recovery. Personal recovery is supporting people to live the lives they want to live alongside, in spite of or because of their lived experience of illness depending on their choices and priorities.

We know that we need to work to support people to keep themselves well and safe as a central part of the recovery journey. We know that formulating these plans in partnership with our service users and those who care for them is the most effective way of achieving this.

To achieve this with our service users we know that we need to work collaboratively; likewise we will the develop services to support recovery collaboratively.

Priority 2: Supporting people to achieve their agreed goals and outcomes

Recovery plans – and recovery supporting services – may be measured by how well they meet the goals and improve the lives of those we serve.

Being able to judge how well we are achieving peoples' goals and understanding the outcomes that we achieve together is central to learning how well we are doing as a service and where we need grow and improve. We know that outcomes can be hard to measure and we are committed to working together to use and refine the right patient and professional outcome measures to guide us for each service area.

We also need to understand how we can empower people to express their goals and understand their experience alongside what might be possible for their future. We understand that hope for the future is an essential characteristic of services that support recovery.

Priority 3: Supporting staff to promote and coordinate helpful and purposeful practice

We know that the process of supporting people in their recovery journey is complex – and will require that different skills and perspectives are brought together in a joined up, personalised plan. We need to be adept at team working, bringing together different views and perspectives to decide the most effective service offer to each person, each time.

We need to have clarity and accountability in teams; fostering environments which are respectful and safe for people to express differing views and come together to agree the best approach to an individual's care and treatment.

We need to be skilled at understanding the different perspectives that make a well-functioning team greater than a single approach.

4 Our priorities and aims

Our new Clinical Services Strategic Plan has been developed by listening to people who use our services and our staff. We started this process in 2016 by holding a series of workshops which helped shape our plans for the way we should provide our clinical services in the future.

We are proud of the achievements we have made over the last few years; and we know we have much more to do to change our existing approaches to the way we deliver care and support, and the how our system operates.

When developing our Clinical Services Strategic Plan we have made sure that our priorities and aims fully align with national and local strategies. The Five Year Forward View for Mental Health and Transforming Care for People with a Learning Disability publications. Also the regional and local sustainability and transformation plans have all been influential in shaping our future priorities.

The priorities we have set ourselves describe the aims we aspire to for everyone who uses our services. Our priorities have been translated into five work streams for ease of delivery. The details of these can be found at appendix one.

Our nine priorities are described on the following pages, along with a description of what we are planning for our services.

1. People have access to 24/7 services and receive the right care, at the right time and of the right quality

We currently provide a range of high quality services that already go a significant way to support the ambition to provide people with access to the right care, at the right time, with the right quality. Over recent years we have seen demand within our single point of access increasing considerably coupled with an increase in the number of mental health presentations within emergency departments.

We intend to redesign the way we provide support to those in a mental health crisis. We will uncouple our single point of access and advice service from the crisis and assessment service allowing these teams to focus on intervention. We will work with our partners across primary care and third sector to create a combined referral process that better meets the needs of people across the whole system.

We will bring together our crisis team and intensive support teams as a single service providing operational consistency across the pathway. The new crisis service will gate keep all potential admissions and provide intensive support, including home based treatment and will enable our ability to respond to those in a mental health crisis in a timelier way.

This is linked with our intention to work with our community services, Adult Social Care partners and people who use our services and their carers to determine the where we provide some of the therapeutic activities and building based day service. This approach will also release space across our existing estate footprint. Our crisis and intensive support team will better align within the acute care pathway in the future and support our ambition to eliminate the need to send people with an acute need to alternative out of area hospital placement.

We also intend to review our workforce skills across our crisis and urgent care pathways and further develop our available expertise in providing the right care and quality particularly for older people's needs and service users with a learning disability. We will also work more collaboratively with partners in supporting social care and inclusion needs.

In turn we will develop our crisis and urgent care networks and crisis café initiatives with partners' better supporting service users and services to respond in a timelier way. These networks offer a range of interventions based on the multiple needs which will allow our services to focus on those people with the highest complex need. Clinicians will be able to signpost those without an emergency health need to a more appropriate offer of support within a crisis network of agencies and crisis café initiatives with our third sector partners.

These improvements will enable us to increase our specialist triage provision provided by the Assessment and Liaison Psychiatry Service (ALPS) and respond to people who visit the emergency department in crisis within one hour. We will do this by introducing a senior mental health specialist practitioner role providing specialist assessment, advice and support (triage) within the Emergency Department out of hours when demand is higher. We will evaluate this new model and develop areas that are evidenced to work well.

We will also work with our community partners to review the future suitability of the Trust providing a section 136 facility for children and young people from the Becklin Centre.

2 People have access to acute mental health services based on their need and across the age range

Over the last year we have undertaken extensive work to understand whether we have the correct number of acute mental health inpatient beds for the size of our city. This work was completed by an independent external consultancy and concluded that we provide the right number of acute mental health beds for the population of Leeds. This analysis has allowed us to focus on the continuous improvement of our adult, older peoples, and rehabilitation and recovery inpatient units across Leeds and we plan to maintain the current number of acute beds that we provide.

Our main areas of focus over the next three years are:

- We aim to further develop our women's service by exploring the feasibility and viability of offering a women's Psychiatric Intensive Care Unit as we are unable to offer gender specific care within our current psychiatric intensive care model.
- We aim to develop a tier 4 inpatient personality disorder service for women with personality disorder and highly complex needs for our regional population. We have identified gaps in tier 4 inpatient service provision for women with personality disorder and as such we are often required to make out of areas placements which bring a range of quality and financial complications for the individuals and also for aftercare support. We are also committed to exploring alternatives to locked rehabilitation care for people with a personality disorder.
- We will continue to evaluate and monitor the success of our new Rehabilitation and Recovery service model and support further innovations in thinking as we aim to explore future inpatient rehabilitation models involving our third sector partners.
- Through bed modelling and patient flow analysis we have identified further future development for our recovery centre model. We aim to progress work that supports and shortens the service user length of stay through our locked rehabilitation units into open and community

rehabilitation. In addition, we will explore feasibility of introducing both a male and female locked rehabilitation facility.

- We have recently completed a review of our Older Peoples Services that supports new service models and newly defined Royal College of Psychiatry's ageless, needs based criteria. We intend to implement a new community based model for older people as we start the work of this strategy which will enable extensive evaluation to take place which in turn will enable us to review our older peoples' inpatient provision. The implementation and evaluation of these models in conjunction with our Purposeful In-Patient Admission continuous improvements and Accreditation Programmes should aim to reduce unnecessary admissions for older people, and particularly men with dementia.
- Closely linked with our Estates Plan we aim to explore options for better co-location of our acute and intensive inpatient units for those that are provided across several sites. This will support our initiatives to reduce clinical variation and implement our clinical quality improvement measures more effectively and consistently.

3 People have access to learning disability services based on their need and across the age range

The national programme to transform the care for people with learning disabilities sets out clear improvements for people with learning disabilities and/or autism who display behaviour that challenges (including those with a mental health condition). These improvements are to drive a system-wide change to enable more people to live in the community with the right support and close to home.

To support this national programme of work our areas of focus will be:

- We will reduce the number of Leeds based learning disability assessment and treatment inpatient beds at Parkside Lodge. Alongside this we will explore opportunities to co-locate a new inpatient assessment and treatment learning disability service with mental health services to bring cross service support. In addition, we will review the need and develop provision for a locked rehabilitation intervention for people with learning disability.
- The planned reduction in inpatient beds will allow some reinvestment within our community learning disability service model. We have recently revised our current skill mix across our community services ensuring more efficient and effective service delivery and better joined up working. As part of our commitment to quality and continuous improvement we will explore future social enterprise models for the provision of our Specialised Support Living Service, Respite and our Involvement team. This will build on our strong foundations established through awareness of our easy read material for people with learning disability and will provide opportunities for future income generation.

4. Improving right time and right intervention access to community services

Our community mental health services have undertaken significant redesign work that focusses on criteria and needs based intervention supporting the Mental Health Framework outcomes and co-produced model, utilising rapid improvement methodologies.

In support of this we will work on commonly understood clinical criteria, thresholds for complex, very severe and serious needs and support a highly skilled workforce to deliver complex, evidence based interventions. Our criteria work will ensure that service users can access the right part of the mental health system earlier. This will in turn release clinical time spent on assessments that

do not progress and add no value to service users leading to clinically appropriately sized caseloads.

We will prepare our services and expertise for new models of care taking a future lead role in next steps, consider team sizes, location and estates to support better deliver outcomes, develop new roles using the Calderdale framework, review our assertive engagement service, review and develop our pathways with partner agencies and improve outcomes, social recovery partnerships the flow through system and implement and refine our psychological intervention.

The work to redesign our community model includes:

- We will develop our community mental health service pathway to operate with two groups of service users: those that require shorter time-limited interventions to be discharged on completion; and those that require longer term evidence-based interventions, care co-ordination for more complex needs and safeguarding concerns and ongoing risks associated with severe and enduring mental illness.
- We will support our community services to work collaboratively and efficiently with third sector partners who will focus intervention that support the wider determinants and social inclusion interventions. We aim to build intervention programmes that offer the right skills within a holistic care package.
- We will implement our complex needs criteria for community services with clear entry and exit criteria. At the same time we will also support the mental health system with appropriate expertise and consultancy to ensure that we prevent unnecessary re-assessment for people whose needs are best met in primary care with appropriate support.
- We will review our assertive outreach engagement service criteria in light of increasing complexity and engagement need increases in our local population. We will also ensure the service better aligns with the acute care pathway and support our ambition to eliminate the need to send people with an acute need to alternative out of area hospital placement.
- With investment we will develop and evaluate primary care mental health liaison roles and pilot sites that we host and will develop the role of primary trusted assessors, expert navigators offering brief intervention. This model will prevent unnecessary secondary care assessment while also supporting people transferring from secondary care intervention to primary care.
- The release of the national guidance and new Royal College of Psychiatry criteria on the move away from ageless criteria towards needs-based criteria further supports our new model for older people in the local community. Working with our partners within the integrated neighbourhood teams, we will re-establish specialist older people's mental health services in the community that lead to improved outcomes and higher quality care. We will implement and evaluate our new needs based community model that improves access for people under 65 who are physically frail and improves the physical health of people with mental health problems. We will train and develop our workforce to have the specialist skills that are needed to supports the needs of older people. In addition, we will develop a rapid access and diagnostic memory service.
- We will redefine and implement a new forensic community outreach model (including in-reach) which best meets local needs. Our new service model will provide specialist community support and intervention for service uses with ongoing significant/complex mental health needs leaving secure care, and/or who present a significant potential risk to others or exhibit serious offending behaviour.

- We will expand our Leeds perinatal community services with the intention to submit a bid for funding from the Perinatal Mental Health Community Services Development Plan as a priority area within the Five Year Forward View for Mental Health. We will also develop a clear referral pathway and access for psychological therapies for Leeds service users within the perinatal community service. Moreover, we will work with colleagues across the region to ensure an agreed perinatal pathway across the spectrum of perinatal mental illness.
- We will review and redefine our eating disorders community model for the delivery of local Leeds based services. Our increased community model will support and promote an integrated approach to sharing expertise and learning throughout our core mental health community pathways.
- Our Personality Disorder Service will continue to deliver its current activity and support to service users. We have identified potential growth across Yorkshire and Humberside Personality Disorder Probation Service and Pathway Development Service on a regional footprint. In Leeds we will redefine the Personality Disorder Managed Clinical Network **Service** and realign, supporting both community mental health services and also primary care for young people.
- We will integrate both the Leeds Autism Diagnostic Service and the Attention Deficit Hyperactivity Disorder Service into a single neurodevelopmental service. This will bring greater efficiencies in the way the teams work and enable the service to introduce new technologies and look to explore future opportunities to expand the service through the development of new pathways with other agencies and geographically.
- We will support our Addiction service to continue to review and redesign local provision within the Forward Leeds framework. We will review our dual diagnosis pathways and expertise across the Community Mental Health Services pathway, including group intervention programmes and support the training needs analysis and provision across mental health and learning disability services that support an evolving training strategy.
- Our Rehabilitation and Recovery Service will support the Recovery College project that will link vocational and educational needs of service users across the whole mental health system. As a large component of the mental health system we will support the further development and evaluation of our city's information portal for mental health, branded as MindWell [<http://www.mindwell-leeds.org.uk/>]
- We have also been successful in winning the contract to provide a veterans mental health intensive service. We will mobilise our plans to implement this service from April 2018 in line with the specification.

5. Working with partners to improve access to holistic care that recognises people's mental and physical health needs

Our local Mental Health Framework, providers and commissioners recognise the need to extend the primary care mental offer beyond Improving Access to Psychological Therapies (IAPT) for those with common mental health needs as an enhanced complimentary offer. This will recognise the barriers that those with social complexities experience with talking therapy by involving our partners in an integrated offer. We will support and lead on the development, with appropriate funding, to bring and enhance access points, stepped care intervention and introduce new roles for primary care mental health liaison.

Building on the work within the Mental Health Framework and community redesign consultation and projects we will support primary care in the development of primary care mental health liaison roles and consultation expertise with appropriate funding. As our community mental health services develop and offer criteria based multi-disciplinary intervention for those with serious, severe and complex needs, we will also offer, subject to an appropriate funding model, a primary care mental health liaison workforce who can draw on appropriate, specialist expertise when required as part of a consultancy model. These roles will support the mental health anti-stigma agenda ensuring mental health is everyone's business thus supporting GPs within primary care.

Working with our Improving Access to Psychological Therapies partners we will extend the primary care mental health offer to include common Triage, navigation, brief assessment and brief intervention through the development of primary care mental health liaison roles. We will ensure that through common triage and trusted assessor agreements that people can access the right person in the right place and prevent unnecessary secondary care assessment. This will in turn release clinical time spent on assessments that do not progress and add no value to service users leading to clinically appropriately sized caseloads. This expertise supporting primary care will support people in the transition from secondary care intervention to primary care ensuring that their physical and mental health is supported in an integrated offer.

In addition, within our Personality Disorder Service we will look to secure funding to support primary care particularly around young people with a personality order and supporting long term needs.

Within our Liaison Psychiatry service we will develop our non-acute outpatient care and their interfaces with other services, in addition to moving towards an outpatient model that is more integrated with acute Trust specialisms. We recognise a growing need and demand within primary care for people with medical unexplained symptoms and the tension this creates of spreading our expertise across all areas in equal need of support. We will therefore scope this need with commissioners and work with our primary care mental health partners to determine future requirements.

6. Children have access to high quality mental health care

Our Deaf Child and Adolescent Mental Health Service will consolidate its clinical model in order to maximise the impact across the regional area creating efficient and effective intervention delivery through the use of different IT solutions. In addition, alongside national colleagues, we will build a case for extending the service upper age limit to 25, which is being piloted currently via the central England service. We will also develop our evidence base further for assessment/intervention for deaf children and young people with mental health problems and build links with NICE to develop supplementary advice/guidance for deaf children.

Within our Child and Adolescent Mental Health tier 4 service, we will work with our regional partners to agree our specialist offer within the sustainability and transformation footprint and plan with the ambition to maintain our provision for children and young people in the region. We will develop our partnerships for future procurement plans which may include offering specialist intervention within a wider service offer.

Our future skill mix and expertise opportunities include developing closer liaison with paediatric services particularly for those with eating disorders. We will also scope outreach models that provide continuity and intervention for our children, young people and families.

We will further develop robust partnership with our colleagues in York District hospital, Adult Social Care and with community partner's building effective transitions and pathways for our service

users. We will scope potential future need for crisis beds in particular for looked after children and will review our skill mix and workforce needs for our future models and consider our current geographical separateness within our estates plan.

With our partners at Leeds Community Healthcare we have an agreement to build a new regional child and adolescent mental health unit on the St Mary's Hospital site in Leeds.

7. Improving right time and right intervention access to highly specialised services

We provide a number of highly specialised services for the people of Leeds, Yorkshire and Humber and nationally. Over the next three years our areas of focus are:

- We will further develop and grow our Gender Identity service, as a highly specialised intervention, to meet national growing demand. This will include developing an outreach model across the North West. To support our work we will streamline our processes, explore and develop digital technologies and alternatives to meet our proposed trajectory to reduce waiting times.
- Our Addictions Services highlight a gap in current service provision for those with problem gambling, locally in Leeds and nationally. We will develop a joint clinical model with Gamble Aware for a Problem Gambling Service with a view to piloting this across the north of England.
- We will maintain our Perinatal mother and baby unit as an eight bedded regional inpatient service and explore the potential to expand this across our regional footprint. We also intend to submit a bid for funding from the Perinatal Mental Health Community Services Development Plan. We will also develop a clear referral pathway for psychological therapies for Leeds service users and work with colleagues across the region to ensure an agreed perinatal pathway across the spectrum of perinatal mental illness.
- Our Personality Disorder Service intends to plan for continued delivery of all current activity, with potential growth across Yorkshire and Humber Personality Disorder Probation Service and the Pathway Development Service. We will also develop with a range of commissioners and implement a protocol for Pathway Development Service to work collaboratively with forensic inpatient low secure services, particularly around managing pathways for women with a personality disorder.
- We will review, adapt and balance our eating disorder inpatient model to reflect need while supporting an outreach model and our Leeds place based community service. The Five Year Forward View for Mental Health supports the view that effective recovery is predicated on receiving timely diagnosis and treatment where early intervention is crucial in optimising prognosis and the likelihood of achieving recovery.
- We will identify future estates needs for our eight bedded inpatient unit for the National Inpatient Centre for Psychological Medicine that's support a future scoped model.

8. Improving the quality and scope of our secure services

Our forensic and specialist services intend to develop specialist low secure provision within our regional footprint that includes a range of needs currently in demand. These include locked **rehabilitation** and alternative offers with our Recovery Centre and low secure provision as a local and regional offer with specialised low secure service for women with personality disorder as a local and regional offer with our Personality Disorder Service.

We will redesign our low secure model at Clifton House, York to include two male and female assessment and treatment wards and a male low secure rehabilitation and transitional ward. The latter offer will help men who are preparing to leave secure care.

9. We support our workforce to deliver evidenced based interventions

We will consolidate our capacity within our Northern School of Child and Adolescent Psychotherapy (NSCAP) provision both on and off site. This includes the development of cross organisational structures to support NCS development and embedding the service within internal Trust governance structures. Income generation will be targeted around tender applications, clinical innovation delivery and design and developing and delivering training for new clinical services.

Our vision is to provide outstanding mental health and learning disability services as an employer of choice. We have achieved a number of key accreditations and kite mark awards across our services and will continue to work towards these becoming a core part of our clinical work.

5 Making our changes happen

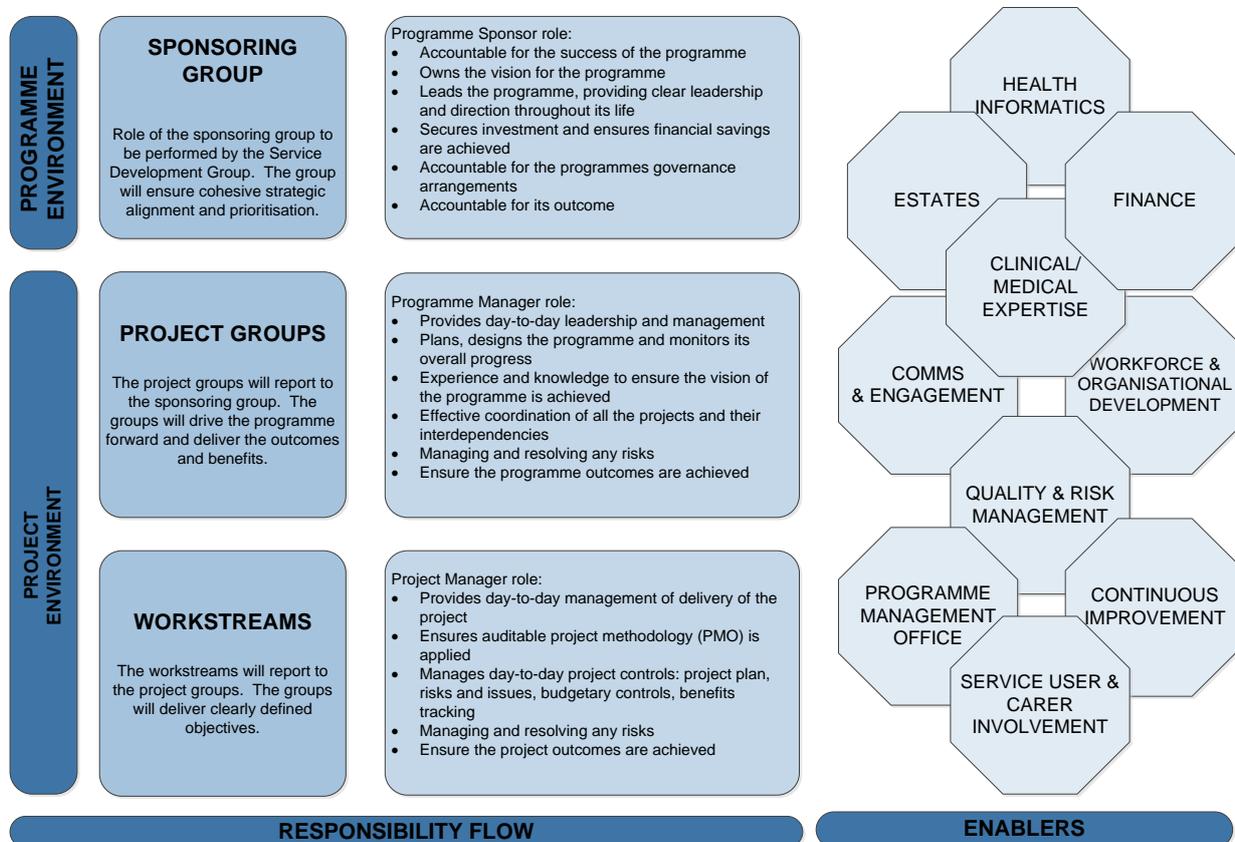
We have recognised that in order to fully achieve our ambitions we need to completely refocus the method in which we deliver change. We need to have a shared understanding of the direction of travel, breadth of work to be undertaken and that our clinical plans are the focus for the organisation over the next three years.

As part of the new Trust governance arrangements we have established a Service Development Group that is responsible for leading and directing the overall programme of work underpinning our Clinical Services Strategic Plan. This group will set the distinction between leading and directing the overall programme of work and act as the linchpin between objectives and projects.

Our Clinical Services Strategic Plan has identified a combination of service specific developments, and cross-cutting programmes that will require support and leadership from across the organisation. In many cases we will need to think about and support the creation of matrix managed programmes of work that are exclusively focused on achieving our vision for Care Services.

It is essential that staff are able to understand the rationale for changes we are proposing and for them to be able to feel they can make a genuine contribution. Our underpinning principle of our plan has been to involve staff from the beginning and we will continue to provide full transparency on all of our proposed changes to the way we provide our services.

All our plans will rely heavily upon having strong leadership in place to support staff through the changes, develop a common vision and shared sense of purpose. We therefore need to ensure that at an early stage of each service redesign, our new leaders are supported in developing the skills and confidence to enact any change plans. Our governance structure is set out below.



Appendix 1 - our aims and plans

Workstream 1: community		
Vision	Aim	Scope
Quality community care that is outcome focused with purposeful interventions and provides a stepping stone to support beyond statutory services.	With our partners aligned with the integrated neighbourhood care teams provide innovative community based treatment interventions that support recovery for people with serious, severe and complex needs.	<ul style="list-style-type: none"> ▪ Working age community review ▪ Older adults community review ▪ Rehab and recovery ▪ Forensic community ▪ Personality disorder ▪ Assertive outreach

Objective		Timescales
1	We will implement a dedicated working age service that will combine crisis resolution, intensive support, advice and liaison (CRISS). In addition, we will have community mental health teams that are locality based, multi-disciplinary and specialising in the assessment and management of people with very severe and serious mental health needs.	January 2019
2	We will implement a new model for older people's community services that will see the development of dedicated, locality based, multi-disciplinary teams specialising in the assessment and management of older people with mental health problems, dementia and complex frailty presentations.	January 2019
3	We will implement a new forensic community outreach model (including in-reach) that provides specialist community support and intervention for service users with ongoing significant/complex mental health needs leaving secure care, and/or who present a significant potential risk to others or exhibit serious offending behaviour.	September 2018
4	We will expand our offender pathway services and in partnership with commissioners look to increase the Pathway Development Service. We will also redefine and realign the Leeds PD Network.	March 2019
5	We will mobilise our plans for a veterans mental health intensive service	April 2018

Workstream 2 children and young people		
Vision	Aim	Scope
Outstanding provider of mental health and deaf mental health services for children's and young people	<p>In partnership with Leeds Community Healthcare provide an evidence-based, multi-specialist service, from a purpose built unit for the children and young people of Leeds and regionally.</p> <p>Across our York services provide a Deaf CAMHS service for children and young people up to the age of 25. Across our mental health service expand the breadth and reach of specialist services provided.</p>	<ul style="list-style-type: none"> ▪ Deaf CAMHS ▪ Leeds CAMHS ▪ Tier 4 CAMHS ▪ S136 contract ▪ NSCAP

Objective		Timescales
1	We will consolidate the Deaf CAMHS clinic model across the geographical area served and explore a proposal to extend the service upper age limit to 25.	January 2019
2	We will with our partners at Leeds Community Healthcare to support the development of a specialised regional CAMHS service	TBC
3	We will ensure robust partnerships with local CAMHS providers that support service users transitions and pathways	Quarter 4 2017/18 Rollout during 2018/19
4	We will review options for the future delivery of S136 provision	TBC
5	Through the NSCAP model we will identify and action opportunities to develop and deliver new clinical services	TBC

Workstream 3 inpatients		
Vision	Aim	Scope
Integrated, outcomes focused and using evidence-based clinical interventions that are delivered by a highly skilled workforce	Our inpatient journey is built around clearly defined pathways and criteria and delivered from a centralised inpatient care hub that improves outcomes in a more efficient manner.	<ul style="list-style-type: none"> ▪ Acute inpatients ▪ PICU ▪ Locked rehab ▪ Forensic inpatients ▪ Older peoples ▪ Out of area placements

Objective		Timescales
1	We will explore the potential to develop a range of locked rehab provision and pathways (including some specialised provision)	June 2018
2	We will explore the feasibility and viability of a female only PICU	June 2018
3	We will aspire to co-locate inpatient services	March 2019 options appraisal developed
4	We will explore new models of inpatient rehabilitation provision involving third sector partner organisations.	March 2019
5	We will review the Older Peoples Service community model impact and potential to reduce the number of beds.	2018/19 complete analysis 2019/20 full implementation
6	We will ensure achievement of an agreed out of area placement trajectory for acute and PICU.	April 2021

Workstream 4 access and crisis		
Vision	Aim	Scope
<p>We offer the least restrictive appropriate care for people. We provide a response that is local and delivered by a workforce with the right skills. It is flexible, providing advice and consultation to other services.</p> <p>We are part of a seamless network with a clear role for services, accessing appropriate further care depending on need. We have a shared assessment process and the same standard regardless of point of access.</p>	<p>Shared approach to access and assessment across primary care, secondary care and third sector provision for people initially accessing care or presenting with urgent or intensive need. There will be a variety of provision and approach reflecting the variety of need and personal preference. Our services will be evidence based, innovative services and well evaluated.</p>	<ul style="list-style-type: none"> ▪ Crisis Assessment Service ▪ ICS ▪ ALPS/liaison in-reach ▪ LYPFT liaison workers in primary care ▪ Community interface WA/OPS

Objective		Timescales
1	We will review our single point of access provision to determine whether it is meeting the needs of service users, referrers and our partners and whether a separate mental health single point of access continues to offer the best value for money.	Timescales for city-wide SPA not yet identified
2	<p>We will implement a new urgent care pathway for working age adult service users in line with the CORE fidelity standards which will:</p> <ul style="list-style-type: none"> ○ Respond quickly and appropriately to people in mental health crisis ○ Minimise the need for inpatient admission ○ Offer a choice of evidence-based interventions delivered in an appropriate environment that is consistent across the city 	January 2019
3	We will respond to people who visit the emergency department in crisis within 1 hour with an agreed trajectory in place.	March 2019

Workstream 5 Specialist & Learning Disability		
Vision	Aim	Scope
Unique, nationally recognised, integrated provider of choice with a brand that is nationally known and respected	<p>Working collaboratively with our STP partners to provide the best specialised services across a local, regional and national footprint.</p> <p>Our streamlined specialist services are provided from a newly created specialist service centre for non-forensic services and specialist secure care centre.</p>	<ul style="list-style-type: none"> ▪ YCPM ▪ Gender ID ▪ Addictions ▪ Eating disorders ▪ Neurodevelopmental ▪ Perinatal ▪ Tier 4 PD/probation ▪ Learning disabilities ▪ Liaison outpatients ▪ Forensic

Objective		Timescales
1	We will clarify the future delivery of NICPM	April 2019
2	We will develop and grow the gender ID service to meet national demand (including developing an outreach model across the north west)	February 2018
3	We will explore the potential to develop and deliver a gambling addiction service	TBC
4	We will implement new models of care for adult eating disorders across STP footprint	September 2018
5	We will redesign our low secure model at Clifton House, York	September 2018
6	We will explore the opportunity to further increase our perinatal bed base	March 2019
7	We will continue to develop the regional community perinatal service	March 2019
8	We will reduce LD assessment and treatment beds in line with Transforming Care Plan and explore options for co-location	March 2019
9	We will implement a new community LD model	Evaluate May 2018 TCP fully implemented March 2019
10	We will review our current Specialised Supporting Living model and explore social enterprise opportunities	Engagement work

Objective		Timescales
		April 2018 Alternative models March 2019
11	We will explore opportunities to expand our specialist liaison outpatient model with LTHT specialisms and identify growth opportunities in non-acute outpatient care.	April 2019