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NHS
Leicestershire Partnership
NHS Trust

2022/23

Our Clinical Plan

Creating high quality, compassionate care and wellbeing for all

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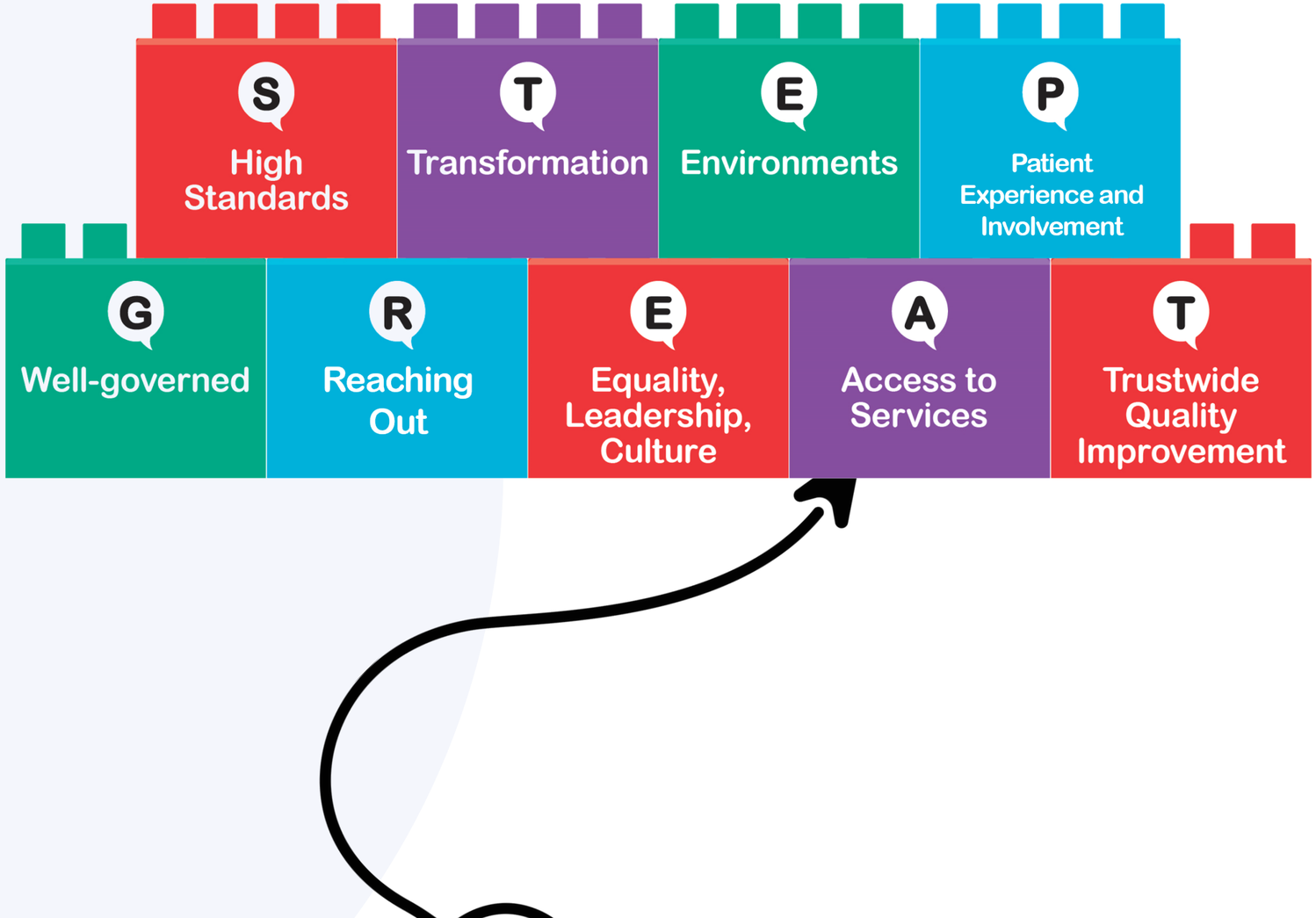

Foreword

We are pleased to present our clinical plan for the Leicestershire Partnership NHS Trust. It has been developed within the context of the area we serve in Leicester, Leicestershire and Rutland and the new Integrated Care Partnership. The plan will continue to evolve in light of the ongoing development of these partnership strategies and further engagement with stakeholders, although the broad direction of travel outlined in this plan is not expected to change. Our plan has been developed at this time to reflect the publication of the Trust's refreshed strategy and the reflection we have undertaken to rebuild following the Covid-19 pandemic.

Our plan has been developed through a comprehensive programme of engagement with our staff and stakeholders, commencing in Autumn 2021 and we would like to thank everyone involved for their valuable input and support. Oversight has been provided through a combination of the Clinical Leadership Team and Strategy and Partnerships function with leadership from our Medical Director.

This is an exciting time for the Trust and a great opportunity to deliver real benefits for our patients, citizens and our staff and we look forward to continuing to work with all our stakeholders to support this.

Angela Hillery
Chief executive

Cathy Ellis
Chair

About our Trust

We work alongside schools, local hospitals, GP practices, social services and other local authority departments such as housing and education, as well as working with voluntary organisations and local community groups, in order to achieve our goals and to ensure that anyone we care for is treated to the highest possible standard.

We want our population to have the best experience of their care, regardless of which set of organisations deliver it. Delivering integrated care helps to ensure our local communities have the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care.

We are committed to ensuring we have joined up services within LPT and between us and other organisations, to create high quality, compassionate care and wellbeing for all. There will be a system wide plan (called an Integrated Care System or ICS) that we are contributing to and developing with others. To aid our thinking about our wider role in the system and within our communities and to be clear about how this connects to our Step Up To Great Strategy we have described 4 goals (Great outcomes, Great care, Great place to work and Part of the community) that support us to achieve our vision and strategy in partnership with these wider stakeholders.

LPT in numbers

6.8k
staff
(including bank staff)

216,657
active caseload

1.2m
community contacts

100+
premises

300
active
volunteers

163k
bed days

82%
positive FFT ratings

£356m
income

2469
members representing
the population we serve

Services

We provide care and support in three key areas of focus:

Mental Health Services

Our services work to deliver high quality care for adults with acute and enduring mental health conditions across Leicester, Leicestershire and Rutland. Services range from acute inpatient care, acute assessment and home treatment, mental health services for older people, day care, psychological therapies, community-based mental health care and assertive outreach, day care and prison healthcare. We are also a teaching trust, which means we conduct research and provide training and education for medical, psychology, nursing and therapy students.

Families, Young People and Children's Services and Learning Disability Services

We provide universal and specialist support including child and adolescent mental health services, complex learning difficulties, health visiting and school nursing, paediatric medicine, nutrition and dietetics services, eating disorder services, speech and language therapy, occupational therapy and physiotherapy. This is along with locality-based learning disability teams, short break homes, specialist inpatient care, autism and outreach services. Our learning disability teams also offer specialist advice and support to others involved in caring for someone with a learning disability.

Community Health Services

Community health services includes adult nursing and therapy services. We deliver services in inpatient wards, in clinics, and in patients' own homes.

Our services include general and stroke rehabilitation, end of life care, physiotherapy, occupational therapy, speech and language therapy, podiatry and falls prevention.

Performance and challenges

We are a Trust which is working hard to make improvements in our CQC ratings and credit goes to all our staff on the ground together with our leadership in making significant improvements in the quality of our care and services. We know we have more to do but we are confident in the progress we've made and the plans we have in place to address our challenges.

Staff engagement is also an improving picture. Our staff survey response rate is the highest we've had in five years, and is higher than the national average of 49%. The results are an important way for us to hear staff views on how it feels to work in LPT, what they think works well and what they think needs to improve. We are pleased that compared to last year, staff have reported a more positive experience of working in LPT across all the indicators, with significant improvements in staff engagement, morale and safety culture.

We are committed to partnership working and we are a leading partner in establishing the East Midlands Mental Health Alliance, which has enhanced our work around provider collaboratives. Notably, we are the regional lead for the adult eating disorders provider collaborative. We have also been successful in receiving funding for enhanced perinatal mental health services, and have launched our CAMHS Beacon Unit – ensuring care is provided closer to home for our young people. Our out of area placements for adult mental health services has reduced to being consistently at zero - a great success story we are proud of and very much aligned to what we are stating in this plan as mattering most to patients and staff.

The last year has been one of the most challenging years in the NHS' history, however, we are proud of our staff and the way they have continually stepped up to great in achieving our Trust's vision throughout the pandemic: "creating high quality, compassionate care and wellbeing for all."

Strategic context

Our population and their healthcare needs

The county of Leicestershire faces the challenge of an ageing population. The population in Leicestershire is expected to grow by 20.3% between 2020 and 2043 with the biggest increase expected in the 60+ age group. With our ageing population we need to consider what plans that need to be put in place to manage future health and care needs and demands in the longer term, with a focus on preventable ill health, particularly in working age adults. Leicester is the ninth largest city in England and the most populous urban centre in the East Midlands. Leicester's population is relatively young compared with England; a third of all city households include dependent children, 20% of Leicester's population (72,600) are aged 20-29 years old (13% in England) and 12% of the population (42,300) are aged over 65 (18% in England). The large proportion of younger people in Leicester reflects the student population attending Leicester's two universities and inward migration to the city.

Leicestershire is home to a diverse range of faiths and communities and residents come from over 50 different countries. Leicester is also a National Asylum Seeker Service (NASS) designated dispersal city. A quarter of Leicester households in which at least one person has a long-term health problem or disability. Leicester also has a high level of deprivation compared to England.

Our clinical plan

Our staff and the people who access our services tell us that our clinical plan needs to support our wider Trust strategy by focussing on providing value-based care. Through our engagement with staff and review of patients' experiences, we have identified a number of key themes that the clinical plan needs to incorporate;

Value-based care requires the clinician and those who support them to consider:

1. Person centred care (including experience and outcome)
2. Clinical effectiveness (evidence-based practice and captures quality and high standards)
3. Sustainability
4. Multi-professional and Triumvirate Leadership

Our clinical plan explained

Patient experience and outcomes

Patient experience and their satisfaction encompasses the range of interactions that patients have with the health and care system, the care they received, and the challenges they had during their interactions. Health outcomes may reflect a number of areas such as function, pain, and quality of life and are captured in many ways. Health outcomes are often influenced by factors outside of the treatment provided, including…

One of our Trust goals is to be ‘part of our community’ and that is because we know that patients who report good experience with their care also have better short and long-term outcomes. The Marmot review, published in 2010, raised the profile of wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes. Variation in the experience of wider determinants (i.e. social inequalities) is considered the fundamental cause of health outcomes, and as such health inequalities are likely to persist through changes in disease patterns and behavioural risks so long as social inequalities persist.

LPT will work with partner organisations in developing outcomes that are codesigned, shared and meaningful to the patient. The outcome will form the basis for further changes and/or redesign of services.

We are also committed to improving access to our services and we will utilise technology to enhance the positive experience of patients and carers where appropriate in areas such as for improved and easy access to services, digital consultations, leaflets that will aid in self-monitoring and aid in recovery and prevention.

Our clinical plan explained

Person-centred Care

Person-centred care is one of the ways in which we ensure we are delivering our goal of ‘great care’ by providing care and services for patients (and their families) in ways that are respectful of, and responsive to, individual patient preferences, beliefs, needs and values. It also ensures that patient values guide clinical decisions. Person-centred care is framed around the moral obligation to care for patients in their social and environmental context, while meeting their needs. Person-centred care goes beyond the clinician-patient encounter and is designed to promote collaborative/shared decision-making.

Clinical effectiveness

One of our goals as a Trust is to ensure patients have great outcomes. Evidence based practice and clinical guidelines are recommended interventions developed over the years through evaluations, clinical trials and research. They aim to reduce clinical care variability and improve the likelihood that the patient receives a treatment that has a measurable clinical effect and ultimately a better patient experience.

Care provided will be of high standards and based on QI philosophy to continuously improve the services based on co-production and continuous feedback from patients/cares, ensuring that patients have great care.

Our clinical plan explained

Sustainability

Being part of our community means that we must be sustainable over time. We define sustainability as our capacity to deliver healthcare, with consideration to future generations. Sustainability can be considered as a domain of quality in ¬healthcare because the aim is to extend the responsibility of health services to patients not just today but also to our patients of the future. We need to have a longer-term perspective because we know that we have an impact on our healthcare system and on our environment and the communities we serve.

We have a responsibility to consider the wider population health. A sustainable approach to our clinical interventions will therefore enable us to expand the healthcare definition of value to measure health outcomes against environmental and social impacts alongside financial costs. We will set out to develop a practical framework for including these new dimensions in our value-based healthcare framework. We believe that the goals of meeting immediate healthcare needs, conserving resources and promoting wider wellbeing are not at all in tension but may be mutually reinforcing of our wider Trust Strategy.

We already know from learning of what is happening in other areas that there are some ways of achieving improved sustainability such as;

- integrated care
- appropriate use of technology
- co-working teams and rationalised estate
- improved skills mix and developing the workforce
- avoid duplication by working better with our partners
- lean methodology in terms of our systems and processes and QI principles
- tackle health inequalities through the provision of services that are appropriate to the needs of different groups of the community
- active participation on health promotion and prevention
- Making Every Count Contact (MECC) to bring parity among mental health and physical health patients

Our clinical plan explained

Triumvirate/ Multi-professional Leadership accountability

The definition of triumvirate is “a group of three people who are in control of an activity or organisation.” The triumvirate model of nurse, operations manager and senior clinician exist in most NHS provider organisations, who work together to deliver services to patients. This model does offer challenges but has been shown to be effective and productive for service lines. The reasons why it is so challenging to work as a trio are a mixture of clarity, personality, relationships, power, capabilities and ownership of resources. Every triumvirate will be different, however there are ways to help deliver to allow them to work effectively. The core values are set below:

- Define the unique reason to exist
- Set expectations
- Challenge performance
- Be human
- Manage the tri-brand
- Take time out together

Strategic context

Our approach

Focus #1 Patient Experience & Involvement : Incorporating person-centred strategies of care

This involves focusing on patient and carers needs, understanding the resources they have for continued self-management and matching their care preferences. In situations involving indecision, patient-decision making support tools should be used to allow the patient and the clinician to negotiate a treatment approach which they each finds valuable. The aim is to empower the patient towards taking responsibility and self-management of their condition.

Focus #2 Access to Services & High Standards : Improving processes of care

If the right providers give the right care at the right time, outcomes are improved and it will also reduce future costs that occur when the condition is less able to be managed conservatively .

Add in something here about reducing duplication and false barriers to pathways.

Focus #3 Reaching out : Work in partnership and reaching out

We must consider whether we are the best service for that patient. Placing the patients' needs first will always drive value-based care. This might mean that we need to bring other partners into the patient's care plan or may even mean that we need to introduce them to another care area. We can only achieve this through better partnership working and engagement with local communities.

Next steps

Our clinical plan will focus initially on the coming year in order to get the fundamentals in place and create an environment for success. Conversations with our staff and feedback from our patients and carers demonstrates what we need to focus on first and how we must continually involve people in our plan as it develops. Our first year will focus on 3 key deliverables;

1a) Develop a shared understanding of value-based care.

- Set up working groups which are representative of our professional and service areas as well as patients, carers and the people who use our services to develop an agreed description of what is meant by value-based care at LPT.

By end of Quarter 3 of 2022/23

- Develop a core triumvirate group structure across all service lines

By end of Quarter 4 of 2022/23

1b) Co-produce a value-based care framework

- We will create a framework (structure) intended to serve as a support or guide for services and the people working within them to identify ways in which they can evolve to provide greater value-based care.

By end of Quarter 3 of 2022/23

Next steps

Our clinical plan will focus initially on the coming year in order to get the fundamentals in place and create an environment for success. Conversations with our staff and feedback from our patients demonstrates what we need to focus on first and how we must continually involve people in our plan as it develops. Our first year will focus on 3 key deliverables;

2) Co-produce a **value-based care assessment tool**

- An assessment tool will be created which will include the following components:
  - the context and conditions for the assessment
  - the tasks to be administered
  - an outline of the evidence to be gathered
  - the evidence criteria used to judge the quality of performance

By end of Quarter 3 of 2022/23

Next steps

Our clinical plan will focus initially on the coming year in order to get the fundamentals in place and create an environment for success. Conversations with our staff and feedback from our patients demonstrates what we need to focus on first and how we must continually involve people in our plan as it develops. Our first year will focus on 3 key deliverables;

3a) Conduct baseline assessments

- Services will conduct baseline assessment in order to provide information on the situation in relation to value-based care. It will provide a critical reference point for assessing changes and impact, as it establishes a basis for comparing the situation before and after an intervention, and for making inferences as to the effectiveness of the change

By end of Quarter 4 of 2022/23

3b) Review assessments and make recommendations

- There will be a review of all assessments undertaken and the working group will make recommendations for priority improvements

By end of Quarter 4 of 2022/23

Summary

A clinical plan is important for Leicestershire Partnership NHS Trust that will be fundamental to STUG strategy. Leicester, Leicestershire and Rutland has a growing and aging population and the communities we serve are diverse and have a number of needs which require innovative and well planned approaches. Health inequalities disproportionately impact the populations we serve, leading to high numbers of emergency admissions and un-planned care.

It is estimated that 1 in 6 people in the past week experienced a common mental health problem and 1 in 4 people will experience a mental health problem of some kind each year in England. The overall number of people reporting mental health problems has been going up in recent years making it even more important that the care we provide is collaborative, person-centred, effective and accessible.

Our clinical plan will ensure the delivery of effective patient-centred care through supporting the delivery of our goals of delivering great care, great outcomes, creating a great place to work and reaching out. We have developed a new Clinical Plan to re-set our clinical vision following learning from the COVID-19 pandemic, taking into account the NHS Long Term Plan, and building on the strategic vision and goals set out by our refreshed strategy STEP up to GREAT.

Our Trust developed the clinical themes in this strategy following extensive engagement with clinical teams and departments, listening to staff, patients and carers, and it will continue to evolve in light of the ongoing development of the Leicester, Leicestershire and Rutland system-wide clinical strategy, and further engagement with stakeholders.