

Strategic Plan Document for 2014-19

Lincolnshire Partnership NHS Foundation Trust

SUMMARY FOR PUBLICATION

Section A | Introduction

Lincolnshire Partnership NHS Foundation Trust (LPFT) is an established, high performing foundation organisation delivering high quality mental health, learning disability, substance misuse and specialist inpatient and community services for a population of 724,500 people in Lincolnshire. The Trust strives to ensure that it is Caring, Effective, Responsive, Safe and Well Led and prides itself on ensuring that all key indicators of clinical quality, governance, operational and financial performance are consistently achieved. This is illustrated by the Board of Directors being assured that:

- Effective arrangements are embedded for the purpose of monitoring and continually improving the quality of services provided to patients
- Plans are in place to ensure ongoing compliance with the registration requirements laid down by the Care Quality Commission
- All clinicians providing care on behalf of the Trust have met the relevant registration and revalidation/reassessment requirements to practice
- The Trust is and shall remain a going concern as defined by the relevant accounting standards
- The Trust is compliant with and has regard to the NHS Constitution
- All risks are identified and assessed with timely plans to address them and additionally that the Board of Directors continues to review future risks and plan to mitigate those risks
- Planning, performance management and corporate and clinical risk management processes and plans are in place to satisfactorily deliver the annual operating plan and all audit recommendations
- An Annual Governance Statement is in place and that the Trust is compliant with standards through the Board Assurance Framework
- Plans are in place to ensure ongoing compliance with all existing targets as set out by Monitor and all targets going forward (including level 2 performance on the Information Governance Toolkit)
- The Board ensures that the Trust operates effectively at all times including maintaining the register of interests, ensuring that there are no material conflicts of interest and that vacancies are filled
- The Board executive and non-executive directors have the appropriate qualifications, skills and experience to discharge their functions effectively
- The Board is satisfied that the management team has the capacity, capability and experience necessary to deliver the annual operating plan and the management structure in place is adequate to deliver the annual operating plan

Using the “comply or explain” rationale, self-certification by the Board confirms:

- The Trust has a strong financial position and a current continuity of service rating of 4
- All Monitor targets are delivered in full and subject to transparent remedial action if problems arise
- Operational performance indicators are rated green in 95%+ of cases month on month
- A recent quality governance review indicated strong delivery of robust and clear processes
- Full compliance with Care Quality Commission standards and proactive assessment against the standards on a continuous basis
- An improved position with regard to the staff survey with improvement in 22 of the 29 indicators for the 2013 results

The only Foundation Trust in Lincolnshire, LPFT operates in a diverse provider and commissioner landscape with four clinical commissioning groups, one county council, an acute trust covering three sites and a separate community services provider.

The health and social care system economy in Lincolnshire has a pressurised acute care system with long standing financial and quality challenges. The estimate of the financial gap for the economy as a whole is £186 million over the next five years to 2019. Factors influencing sustainability are increasing demand, workforce pressures, particularly recruitment of medical staff and a long standing need to redesign and reconfigure acute services across the three sites occupied by the acute trust.

The Lincolnshire Health and Care (sustainable services review) programme describes a blueprint for the future of integrated social, acute, community and mental health services. This will start to emerge during 2014/15 as the system strives for transformational changes that improve the quality of care and use the resources invested to best effect. The implications for patients, services, staff and therefore the physical spaces and models of working are far reaching, including reconfiguration of services, downsizing and centralisation of acute care, integrated ways of working to deliver care and treatment and more community based, peripatetic delivery of care that is close to neighbourhoods, communities and people who receive services.

The Board of Directors understands that this will mean long term changes to how and where people access services in Lincolnshire and significant consultation and engagement with the public about the choices for investment. This is simultaneous to a time where demand and expectations for health and social care services are increasing along with the need to deliver high quality services at a lower cost.

The sustainability of LPFT services is underpinned by:

- a refreshed clinical, service development and workforce strategy
- an ambitious, yet realistic business development strategy
- financial modelling and market intelligence in the Integrated Business Plan
- a clear leadership capability and capacity building approach
- robust risk identification, assessment, careful management of risk and escalation/intervention policies

These strategies connect to the two year plan and drive the five year strategic plan. They will be continually reviewed and updated to reflect the changing landscape and the outcomes of the Lincolnshire Health and Care sustainability review.

The ambition of LPFT is to improve services for the people of Lincolnshire and to move to integrated care to ensure sustainability. The Trust is well placed to lead the integration of care across health and social services and recognises its responsibility in the wider system of health and social care to do this.

This combined with the ability to ensure that the current portfolio of services is delivered in a clinically and financially sustainable way, with expert governance processes and risk management means the Board of Directors can make a clear statement that all plans and actions will contribute to sustainable services on behalf of patients in Lincolnshire.

Section B | Market Analysis and Context

As part of its business planning process, the Trust has reviewed the market environment and local health economy to identify the key drivers, factors and risks which could impact on its strategy.

1. External environment

National policy	<ul style="list-style-type: none"> - New NHS England Chief Executive - NHS mandate - Outcomes frameworks - The NHS belongs to the people: a call to action - Everyone Counts: Planning for patients 2014/15 - Closing the Gap: mental health priorities - Prime Minister's challenge on dementia - Seven-day working - New blueprint for urgent/emergency care - NHS constitution: amendments - Equality delivery system for the NHS - refresh - Care and Support Bill - Welfare reform - Vulnerable older people plan.
Quality initiatives	<ul style="list-style-type: none"> - Francis, Keogh and Berwick reports - 6 Cs (care, compassion, competence, communication, courage & commitment) - Making Every Contact Count - Friends and Family Test - Safety thermometer - 15 Steps challenge - Review of NHS complaints system - New National Institute for Health & Care Excellence quality standards - Service-specific guidelines
Finance	<ul style="list-style-type: none"> - Better Care Fund - National tariff payment system - Commissioning for quality and innovation (CQUINs) - Clinical Commissioning Group Quality Premium - Quality outcome framework (QOF) changes
Technology & Innovation	<ul style="list-style-type: none"> - Department of Health digital challenge - NHS England clinical digital maturity index - New mental health and learning disability data set - Three million lives programme - NHS England e-referral service - Health and Social Care Information Centre patient confidentiality guidance.
Regulation	<ul style="list-style-type: none"> - Monitor: NHS foundation trust code of governance - Monitor: Guidance on procurement, patient choice and competition regulations - Monitor: quality governance guidelines - Care Quality Commission (CQC): five questions that will be asked when inspecting services – are they safe are they effective, are they caring, are they well-led and are they responsive to people's needs? - CQC: new approach to regulating and inspecting mental health services - Department of Health: healthy living and social care red tape challenge

2. Commissioning Landscape

Commissioning overview

NHS England	CCGs	Local authorities
<ul style="list-style-type: none"> Specialised services (Tier 4 CAMHS; Low Secure) Offender healthcare Services for members of the armed forces Sexual assault referral services (SARC) 	<p>[Lincs & Derbyshire]</p> <ul style="list-style-type: none"> Community adult mental healthcare services Inpatient adult mental healthcare services (acute & rehab) 	<p>[Lincs and NE Lincs]</p> <ul style="list-style-type: none"> CAMHS services (Tiers 2, 3 & 3+) Adult mental health social care Adult mental health prevention (Managed Care Network) Public mental health services Substance misuse services

Lincolnshire health and social care economy

All Lincolnshire health and social care commissioner and providers have agreed the principle that they will work together in partnership and collaboration to deliver a strategic review of how to deliver optimum care within the resources available, supporting transformation of the health community.

A Joint Commissioning Board has been established with 4 delivery boards

- Proactive care (Recovery, reablement and rehabilitation; Intermediate Care; Tele-health; End of life care; Self-care Enhanced Carer support; Falls Prevention; Wellbeing Network)
- Urgent care (Acute Care; A&E; Integrated Urgent Care; Secure Accommodation)
- Women & Children (Consolidation and integration of specialist services including LAC, CAMHS & SEN; Early Years Services; Education Support Services; Readiness for Adult Life)
- Adult Specialist (Mental health; learning disabilities; autism)

The five priorities for the Better Care Fund focus on delivering the LHAC plans for Years 1 and 2:

- The development of 'neighbourhood teams'
- Intermediate Care layer: pooled budget, jointly commissioned
- Seven-Day Hospital Working
- Prevention (number of short term projects funded by the BCF and developing 'Wellbeing' service. It will also include young people – notably regarding the implications of 'Support and Aspiration'.
- Enablers notably estates and IMT

Other relevant commissioning developments

- Child & Adolescent Mental Health Services (CAMHS): NHS England is reviewing Tier 4 CAMHS services. Concurrently, the Health Select Committee is carrying out an inquiry into Child & Adolescent Mental Health and CAMHS. These two reviews could result in changes to both commissioning responsibilities and services provided.

3. Key themes

General Backdrop

Nationally, the key themes/developments are:

- Quality - Post-Francis service developments: staffing ratios 7 day working; Urgent and Emergency Care pathway
- Finances are worsening more rapidly than previously assumed
Short-term: increasing provider deficit problem, particularly for acute hospitals: Post-Francis service developments, plus Better Care Fund (£2bn shift from acute to out of hospital care, including early intervention, admission avoidance and early hospital discharge
Mid-term: Given that the deficit reduction programme is not yet at the halfway mark and £25 billion budget reductions will be coming in the next parliament, it's very difficult to see how the NHS budget will continue to be ring-fenced
- Integration of health and social care, kick-started by the introduction of the Better Care Fund
- New CQC inspection regime for mental health services
- The new NHS England Chief Executive's priorities:
 - Far reaching changes to NHS funding. An increasing proportion of LPFT payments from NHS England and CCGs will be explicitly tied to prevention, quality of care, and patients' own views
 - New local options to radically redesign the way GPs, local hospitals, social care and community health services work together – ending many of the historical demarcations
 - Putting the NHS at the forefront of the global revolution in personalised medicine, the use of data to drive transparency and proactive care, and the full engagement of patients in their own care

Parity of Esteem – Closing the Gap

The Government's mental health strategy was set out in 2011, *No health without mental health*, followed by its 2012 implementation framework and suicide prevention strategy. These earlier papers had a long-term population focus. *Closing the Gap* seeks to show how changes in local service planning and delivery will make a difference, in the next two or three years, to the lives of people with mental health problems.

Implications:

- ➔ *Closing the Gap* presents a number of opportunities for service development and will support LPFT's future bids for investment
- ➔ Responding to the introduction of choice: from April 2014, adults with mental health problems will be able to choose which provider, consultation or professional will be in charge of their care
- ➔ There will be new sets of guidance and outcome measures for a number of LPFT's services
- ➔ There are a number of new performance reporting requirements, which could have an impact on future funding

Financial Pressures

- Mental health funding, which was already 60% of what the morbidity burden of mental illness dictated it should have been, has been cut by 2.36% in real terms over the past two years (Apr 2012 – Mar 2014)
- Additionally, there appears to be no provision for enhanced mental health services and standards arising from the priorities set out in the NHS Mandate. This means that mental health providers will need to invest themselves in implementing these important changes in this strategy, with no cast iron guarantee that these costs will be retrospectively reimbursed
- Mental health and community services are required to make savings 20 per cent in excess of those expected of acute hospital trusts. This decision risks exacerbating, rather than rectifying, the “institutional bias” against mental health that was highlighted in *Closing the Gap*
- This situation is not helped by the decommissioning of the national survey of investment in mental health services for adults and the continued absence of any reliable indicator of spending on children’s mental health care, when it’s more important than ever to have accurate, consistent data on commissioning spend and allocation between different types of support for different groups of people, in order to identify and rectify trends and hold CCGs to account for how and how much they invest in mental healthcare
- Investment is required to support the aspirations outlined in *Closing the Gap* e.g. development of the new specialist community perinatal mental health teams; patient access targets need to be commensurate with funding

Local Commissioning

In line with the national drive for integrated health and social care, Lincolnshire’s commissioners and providers are working together under the banner of the Lincolnshire Health & Care (LHAC) sustainability review to plan how the funding gap (£186m in 5 years) can be bridged.

The LHAC blueprint for the future delivery of services is setting the entire commissioning agenda in Lincolnshire – a Joint Commissioning Board was one of the first outputs of the LHAC partnership. The LHAC blueprint and Lincolnshire’s Better Care Fund plan are intrinsically linked - if the LHAC is a 5 year plan to transform health and social care in Lincolnshire then the BCF describes the first two years of that plan.

Section C | Strategic Plans

1. Strategic approach

Overview

The strategic objectives of Lincolnshire Partnership NHS Foundation Trust are to improve service quality, use resources efficiently and develop the business. The Trust has clinical, business and organisational development strategies that are incorporated into the Integrated Business Plan. These strategies are driven by a definition of quality that services must: -

- Be safe
- Be clinically effective
- Provide an experience of dignity and respect for patients, carers and families.

The clinical strategy identifies a number of priorities for the short to medium term, and takes into account a number of factors including the changing evidence base, patient expectations, benchmarking data, the financial environment, commissioner intent and government policy.

Putting Patients & Quality First

QUALITY PRINCIPLES

The Trust's clinical strategy is underpinned by LPFT's commitment to delivering high quality clinical and support services, which are:

- Improving health and quality of life **outcomes** for our service users, promoting independence and resilience
- **Safe and responsive**, able to evidence robust safeguarding practice, responsiveness to feedback including complaints; and the willingness to acknowledge failings, with proactive willingness to put things right and learn lessons.
- **Person-centred**, equitable, accessible and tailored to individual need
- Developed in **partnership with service users** and, where appropriate, their carers
- **Evidence-based and effective**, increasingly benchmarking Trust services against available local and national data
- Aligned to **LPFT values**
- Delivered by staff who embrace and fulfil the **6 Cs** - care, compassion, courage, communication, competence and commitment
- Delivered within a **culture of openness** where staff have a duty to speak out if they have concerns about standards of care
- Delivered in **well-led** services that support and develop strong accountable leaders at all levels; and ensure all staff understand the Trust's values and required standards of practice

FRAMEWORK FOR DELIVERY

The key elements underpinning all clinical service strategies are:

- One single referral route into LPFT, ensuring quicker access to assessment and treatment
- Streamlined care pathways, which are delivered by a fully integrated, highly skilled and knowledgeable workforce
- Emphasis on prevention/early intervention
- Community-based care, as close to home as possible
- Supporting admission avoidance and facilitating hospital discharge
- Active involvement of patients and carers in decisions about treatment and care
- Carer support
- Strong clinical leadership
- High quality environment for care
- Integration of services, both internally and externally
- More and more collaboratively working across the wider determinants of health and wellbeing

2. LPFT’s prioritised set of service line initiatives

Cross-cutting Services

Single Point of Access	
Strategic Vision	<ul style="list-style-type: none"> • Have a fully operational single point of access across the whole county of Lincolnshire taking new referrals for all LPFT clinical teams from all referring agencies. • Work closely with our wider community health and social care colleagues to provide a fully integrated approach to connecting care, with the SPA becoming the vehicle to connect the right care for the individual thereby aiming to avoid an admission to an inpatient area or A&E attendance.
Service Plan Priorities	<ul style="list-style-type: none"> • Working with 111 providers to facilitate direct referrals to LPFT via the SPA • Expanding LPFT’s SPA platform to other services in Lincolnshire and beyond

Personality Disorder	
Strategic Vision	<ul style="list-style-type: none"> • Developing a NICE-compliant PD service for adults of all ages, which can be delivered through all LPFT services, who are supported by a specialist PD team
Service Plan Priorities	<ul style="list-style-type: none"> • Establish commissioner support and investment • Developing 4-tiered model: <ul style="list-style-type: none"> - Tier 1: short-term treatment in a primary care setting and access to psychological therapies for specific-co-morbid problems such as PTSD or Anxiety - Tier 2: To ensure appropriate assessment, treatment and case management in community and prison settings for those who do not pose serious risk to others - Tier 3: To ensure appropriate assessment, treatment and case management for people whose levels of risk to self and severity require more intensive community-based treatment or offenders with personality disorder who present limited risk to others - Tier 4: To ensure appropriate assessment and treatment for diverse population groups with severe and complex personality disorder, who may need to be treated on a 24-hour basis or away from home

Eating Disorders	
Strategic Vision	<ul style="list-style-type: none"> Developing a fully integrated, properly resourced eating disorder service, encompassing both anorexia nervosa and bulimia, which are currently hosted in separate divisions
Service Plan Priorities	<ul style="list-style-type: none"> Pull together anorexia and bulimia services under one line management in one division Anorexia <ul style="list-style-type: none"> Develop day services to improve eating disorder symptomology in those patients experiencing the most intensive problems from anorexia nervosa. This will lead to a reduced need for inpatient care, preventing or delaying admission and enabling patients to return to a community setting more quickly, and therefore reducing the overall use of out of county hospital beds Evaluate the effectiveness/proposal of a Halfway House to prevent admission to Tier 4 and facilitate earlier discharge from specialist eating disorder units

Lincolnshire Assessment & Reablement Service (LARS)	
Strategic Vision	<ul style="list-style-type: none"> The LARS service, which helps maintain people's independence through short term social care to reduce the need for hospital admission or length of stay, was transferred from LCC to LPFT in April 2014. LPFT's priority now is to create a more integrated rehabilitation and recovery service in partnership with the wider health community. This integration of health and social care will provide easier and faster access to better quality services, particularly for those suffering from a combination of health and social care conditions
Service Plan Priorities	<ul style="list-style-type: none"> Implement a new model of working following the transfer from LCC to LPFT Embed the LARS service and its staff within LPFT and develop partnership working with other health and social care organisations

Managed Care Network	
Strategic Vision	<ul style="list-style-type: none"> Extending the network so it caters for all ages and all presentations, linking with all services as appropriate. Key areas for development include dementia, learning disabilities, physical disability, substance misuse and children's services. The aim of such networks is not just about supporting discharge, but also about managing demand, preventing admissions and improving experience.
Service Plan Priorities	<ul style="list-style-type: none"> Establish proof of concept – impact evaluation Extend the managed care network to adults of all ages and develop specific support for people with dementia Implement wave 4 of the Mental Health Promotion funding

General Adult Services

steps2change	
Strategic Vision	<ul style="list-style-type: none"> • Provide comprehensive primary care psychological therapy services across Lincolnshire and Derbyshire • The service will meet the needs of the adult population aged 18+ with no upper age limit • The service will be locally available and easily accessed by all sections of the community (including people with a serious mental illness, plus older adults and the BME population who are known segments of the population which under-use IAPT services) • A key priority is to improve the service's ability to operate within an AQP environment and be the provider of choice
Service Plan Priorities	<ul style="list-style-type: none"> • Review of service provided across the county to ensure consistency of service whilst meeting commissioning requirements • Rebrand Lincolnshire's IAPT services as <i>steps2change</i> • Sustain/develop a Patient/Service User Group to inform and support development of the service, and ensure meaningful engagement • Expand the range of NICE approved psychological treatments available within the current contract • Increase range of access and appropriate accommodation facilities • Reduce waiting times • Derbyshire: ensure a clinically & financially viable service under AQP • Lincolnshire: plan for the potential introduction of Any Qualified Provider

Integrated Community Teams	
Strategic Vision	<ul style="list-style-type: none"> • A fully integrated, Policy Implementation Guide-compliant, multi-disciplinary team covering psychological, medical and social aspects of care as well as assertive outreach and early intervention in psychosis and EI treatments and approach, tailored to provide a planned and joined up pathway of care • Further improve the support for carers of service users with serious mental illness • Better joint working with voluntary agencies to develop pathways through and out of statutory services, promoting recovery and inclusion • Have in place a fully operational Recovery College
Service Plan Priorities	<ul style="list-style-type: none"> • Reorganisation of the medical and psychology workforce to ensure integrated service delivery • Training of all staff in early intervention ethos, interventions and treatment in order to maintain the EI service model • Increasing the numbers of non-medical prescribers • Implementation of OO-AMHS & the Recovery Star to support a move towards improved health and well-being and independent living • Increased use of technology and support mobile working capabilities • Develop Service User and Carer groups • Opening and continued development of the Recovery College which will support service users to better understand mental health and well-being, develop life skills including problem solving, returning to learning and resilience. This will be focussed on promoting recovery and inclusion, working in partnership with a wide variety of organisations and linking closely with the Managed Care Network • Ensure 7 day follow up in all cases that the team are responsible for

Crisis Resolution & Home Treatment	
Strategic Vision	<ul style="list-style-type: none"> • Have in place a responsive 24/7 crisis resolution and home treatment service that meets the national standards set out in the Crisis Concordat • Greater emphasis on home treatment, ensuring better coordination with the Integrated Community Teams
Service Plan Priorities	<ul style="list-style-type: none"> • Review Crisis & Home Treatment Service and its interface with the A&E, Rapid Response and Emergency Duty Team services • CRHT to focus on supporting earlier discharge to help reduce bed occupancy, aiming for an average length of stay of below 28 days • Pilot triage car

Acute Inpatient	
Strategic Vision	<ul style="list-style-type: none"> • Have standardised pathways and develop alternative community-based provision to reduce occupied bed days with improved health and well-being outcomes • Delivering acute services in a fit-for-purpose environment • Increase LPFT's bed complement to the Joining Forces consortium
Service Plan Priorities	<ul style="list-style-type: none"> • Achieve AIMS accreditation for all inpatient services • Improve the overall acute environment for patients at Lincoln and Boston • Offer a third bed to the Joining Forces consortium • Ensure safe service provision is the key focus for all staff

Rapid Response	
Strategic Vision	<ul style="list-style-type: none"> • Provision of 'Out of Hospital Care' as an integrated Rapid Response team in conjunction with LCHS and EMAS to support complex elderly patients closer to their homes and prevent admission into acute care when not clinically indicated
Service Plan Priorities	<ul style="list-style-type: none"> • Implement provision of 'Out of Hospital Care' as an integrated Rapid Response team • Work in partnership with LCHS to develop the service to meet service user needs across Lincolnshire

Perinatal	
Strategic Vision	<ul style="list-style-type: none"> • A specialist community perinatal mental health service, linked to all birthing units in Lincolnshire, with a multi-disciplinary team, which is embedded within the local area, with clear referral pathways from universal health services, and other mental health teams.
Service Plan Priorities	<ul style="list-style-type: none"> • Implement the newly designed and fully-compliant perinatal service model • Plan, develop and initiate the service ensuring focus on high quality, evidence based practice

Specialist Services

CAMHS - Lincs	
Strategic Vision	<ul style="list-style-type: none"> • Tier 2-4 CAMHS service, which includes interventions for children with emotional well-being concerns that stem from behavioural problems as well as specific diagnosable mental illnesses • This comprehensive service will include a home crisis and treatment service including out of hours support and a Tier 3+ service • The service will include a wide scale single point of access to all children's services (including CAMHS, social care & community paediatrics), facilitating single assessment, multi-agency case working and integrated delivery
Service Plan Priorities	<ul style="list-style-type: none"> • Tiers 2 & 3 <ul style="list-style-type: none"> - Design a new service model for Tier 3 and Tier 3 plus - Single point of access for children's services - Further develop the CAMHS Therapy Service for young people presenting with Harmful Behaviours and CAMHS forensic psychology - Work with the criminal Justice Service and Youth Offending Service (YOS) to develop forensic clinical psychology into YOS and the offender pathway • Specialist Psychology Support ULHT's current bid to extend the paediatric psychology service for children and young people with diabetes so that ULHT is able to meet the Best Practice Tariff (BPT) by providing <ul style="list-style-type: none"> - psychology input into all diabetes review clinics - structured education for all children, young people and their family - psychological assessment & ongoing support to users of insulin pumps - intensive clinical psychology assessment and interventions for children with diabetes where significant psychological concerns are identified • Tier 4 <ul style="list-style-type: none"> - Collaborate with commissioners on Tier 4 review - Transform Lincolnshire's Tier 4 inpatient provision in light of local need, Tier 2/Tier 3 redesign and the change in commissioning arrangements - Facilitate the repatriation of children being treated outside of Lincolnshire

CAMHS - NEL	
Strategic Vision	<ul style="list-style-type: none"> • Have in place the new service model • Remain as the provider of choice for CAMHS service in North East Lincolnshire
Service Plan Priorities	<ul style="list-style-type: none"> • Complete the rollout of the new service model • Evaluate performance of new service model to inform future provision • Build on the relationship with Hull and York Medical School, generate income and prestige from students coming to NEL CAMHS for placements • Develop a seamless CAMHS service working with partner agencies • Develop a service to Out of Area young people who are placed in NE Lincs • To develop early involvement and preventative work • Develop enhanced training packages for schools • Undertake an in depth evaluation of the current provision

Mental health rehabilitation	
Strategic Vision	<ul style="list-style-type: none"> • Providing inpatient that promote a model of recovery in the least restrictive environment • Offering a comprehensive care pathway from locked services through to step-down accommodation
Service Plan Priorities	<ul style="list-style-type: none"> • Deliver mental health rehab services in line with the new regional spec • Achieve AIMS accreditation for all wards • Implement the Productive Ward approach • Rehabilitation pathway development <ul style="list-style-type: none"> - Review the unlocked rehabilitation wards - Continue to develop step down accommodation options for people leaving LPFT's inpatient services, working with partners including district councils, charities and housing associations

Drug & Alcohol Recovery Team (DART)	
Strategic Vision	<ul style="list-style-type: none"> • The provider of high quality and innovative care to people in Lincolnshire who experience problems with either drug or alcohol. • A service for all who consider that they are experiencing problems and wish to access treatment • The service will assist individuals achieve recovery from problem use on a sustained and long term basis providing individuals with the skills and resources not to return to problem use, thereby promoting integration • DART will be the provider of choice within Lincolnshire
Service Plan Priorities	<ul style="list-style-type: none"> • Work with Public Health to support the review of drug and alcohol services in Lincolnshire • Work with the Dementia & Specialist Older Adult Mental Health Services to review a dementia pathway for Korsakoff's Syndrome with a view to creating the specialist input for this condition • Expand the skills and expertise to work with all types of substance and complexity of use, and to respond to changes in drug culture. • Have a workforce that can market their knowledge as well as their skill within this specialist field. • Continue to develop service user involvement

Dementia & Specialist Older Adult Mental Health	
Strategic Vision	<ul style="list-style-type: none"> • The provider of high quality, innovative and person-centred community and inpatient based assessment and intervention services for people of all ages experiencing dementia with complex needs, and older adults with complex mental health needs, that: <ul style="list-style-type: none"> - Is the single point of referral/service of choice for all people with a possible diagnosis of dementia and complex MH needs - Provides specific environments for functional and organic conditions - Has more primary care based services as part of a broader integrated community team • To provide appropriate, high quality inpatient provision and community assertive support for complex cases BPSD evidencing best value

Dementia & Specialist Older Adult Mental Health	
Service Plan Priorities	<ul style="list-style-type: none"> • Community service redesign: <ul style="list-style-type: none"> - Development of nurse led clinics in GP practices and care pathways - Development of CCG-aligned community teams with functional mental health/dementia specific clinical pathways & skills; Integrated team working & enhanced CPNs to support primary care frailty agenda - Nursing Home support • Improving the quality of older adult inpatient services, with a view to: <ul style="list-style-type: none"> - ensuring that people with functional illness and organic illness who are over the age of 65 are cared for in separate ward environments - incorporating evidence-based environmental design for dementia - relocating dementia ward at Pilgrim Hospital to ground floor - developing behavioural, psychological support services in the community for people with complex behavioural needs • Develop Shared Care protocol/Follow up reviews with GPs • Extend the Managed Care Network to support service users over 65 • Collaborative work with St. Barnabas Trust for end of life care • Collaborative work with LCC, Carers Partnership and Carers Connect around quality information and education • Increase in psychological mindedness/treatment for dementia; <ul style="list-style-type: none"> - Community CST provision & delivery (linking to carer education) - In-patient 'therapeutic tool-box' clinical pathway implementation
Offender Healthcare	
Strategic Vision	<ul style="list-style-type: none"> • Delivering an integrated offender health pathway that aligns LPFT's community forensic services, low secure inpatient unit and offender personality disorder services
Service Plan Priorities	<ul style="list-style-type: none"> • Offender Personality Disorder (PD) pathway <ul style="list-style-type: none"> - Continue to work with Lincs Probation Trust and HMP North Sea Camp to deliver the offender PD pathway commissioned to date - Participate in the next stages bidding to secure funding to develop Psychologically Informed Planned Environments in Lincolnshire • Low secure inpatient service <ul style="list-style-type: none"> - Review environment to ensure compliance with NHS England standards • Community forensic team <ul style="list-style-type: none"> - Service redesign & integrate into broader offender health pathway
Learning Disabilities	
Strategic Vision	<ul style="list-style-type: none"> • Delivering integrated health and social care for people with learning disabilities • Facilitating access to mainstream health services • Providing specialist community and inpatient support for those who require it • Supporting providers of residential care to look after people with challenging presentations and help maintain community placements • Be the provider of choice for learning disabilities

Learning Disabilities	
Service Plan Priorities	<ul style="list-style-type: none"> • Reviewing all LD services (assessment & treatment plus rehabilitation and community provision) with regard to providing quality services in the least restrictive environments • Inpatient Services <ul style="list-style-type: none"> - Offering respite beds for people who challenge services and cannot be managed in the community with CAST support - Scoping out expansion of inpatient services to admit people on lower end of autistic spectrum who present with mental health needs but are difficult to manage in mainstream inpatient settings • Community services <ul style="list-style-type: none"> - Reviewing of the acute liaison nursing service with a view to providing a 7 day, 8am-6pm service. This will enable more people with a LD to be supported by the service in all 3 acute hospitals in Lincolnshire - Expanding Linkage enhanced psychiatry service to deliver psychology - Work with partners towards developing an integrated health and social care service for people with a learning disability - Exploring the viability of integrating CAMHS LD with adult LD services into an ageless LD service - Integrating CAST & Psychology into the 4 community locality teams to be part of integrated community teams delivering healthcare for people with a learning disability - Developing non- medical prescriber roles in Liaison nursing and CAST - Lowering the age of service users who can be referred to CAST to 14 years of age. This will allow young people with behaviours that challenge services to receive specialist behavioural interventions which could improve their health outcomes and reduce the need for inpatient care. This will require a business case to commissioners - supporting residential providers to include supported living providers (particularly as this aligns with the default providers of choice for the LA) - Psychology to be aligned to CCG areas - Greenlight working toward establishing collaborative working relationships with Probation to support offenders with LD from Lincolnshire , this will help identify offenders leaving the prisons
Specialist Psychology	
Strategic Vision	<ul style="list-style-type: none"> • Provide specialist psychological support for people with Medically Unexplained Symptoms (which would include CFS, Fibromyalgia) and long term conditions (e.g. diabetes)
Service Plan Priorities	<ul style="list-style-type: none"> • Developing a Medically Unexplained Symptoms model of care, covering Fibromyalgia and Chronic Fatigue Syndrome • Enhancing integrated community teams to improve support for people with long term conditions

Section D | Financial Projections

1. Financial & Investment Strategy

The Trust's financial and investment strategy is to manage its resources effectively and accumulate a cash surplus in order to support the delivery of its clinical strategy and subsequent estates requirements. In so doing, the Trust aims:

- To meet all quality and performance requirements
- To meet all financial governance and quality governance requirements
- To maintain a recurrent financial balance position
- To manage cost pressures and deliver efficiency targets
- To create financial headroom for recurrent investment in the clinical strategy.
- To grow the future business with sufficient EBITDA returns for recurrent investment
- To provide a fund for contingency and any unforeseen problems that may arise in year
- To achieve a Monitor Continuity of Service Rating (COSR) of 4.

2. Financial Position

The Trust's income statement over the next three years is summarised below:

	2013/14 £m	2014/15 £m	2015/16 £m	2016/17 £m	2017/18 £m	2018/19 £m
Operating income	(99.7)	(106.4)	(97.2)	(96.4)	(95.5)	(94.6)
Operating expenses	95.1	102.1	92.9	92.1	91.1	90.2
GROSS OPERATING (SURPLUS) / EBITDA	(4.6)	(4.3)	(4.3)	(4.3)	(4.4)	(4.4)
Non-operating items	4.3	4.2	4.2	4.1	4.4	4.3
NET (SURPLUS)	(0.3)	(0.1)	(0.1)	(0.2)	0.0	(0.1)

Underpinning the financial position are the following financial components:

Financial Area	2013/14 £m	2014/15 £m	2015/16 £m	2016/17 £m	2017/18 £m	2018/19 £m
CIP Target	3.7	3.6	3.3	3.2	3.2	3.2
Capital expenditure	4.1	5.1	3.7	3.3	3.2	3.2
Total non-current assets	47.0	49.3	50.0	50.1	48.3	48.7
Year-end cash balances	14.6	11.7	9.9	8.5	8.3	6.7
Monitor COSR Rating	4	4	4	4	4	4