

Our Clinical Journey to Change

Preface

Welcome to our Clinical Journey to Change. This is our strategy for how we will achieve the overall Our Journey to Change goals of:

1. Co-creating a great experience for our patients, carers and families
2. Co-create a great experience for colleagues
3. Be a great partner

We will achieve our goals through co-creating our clinical offer which will improve care delivery for the people using our services.

Those who use our services includes people in distress who may have a mental health need, a learning disability and/or autism. We also include families and carers when referring to people who use our services.

We strongly favour working collectively with people using our services and pledge to deliver co-created, holistic models of care. We will support individuals, their families and our partners, to help manage fluctuating needs with a responsive approach.

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1. Introduction

Our Journey to Change is about the kind of organisation we aspire to be and the 3 big goals we are committed to achieve. Our Journey to Change was created through our biggest ever listening exercise; it was co-created by staff, patients, carers and partners.

Our Clinical Journey to Change is a more detailed strategy focusing on our aim to provide high quality, safe, effective clinical care to the people who use our services. Clinical care that will be person-centred, timely and kind.

Our Big goals

Our Clinical Journey to Change will support the delivery of our three goals:

1. To co-create a great experience for our patients, carers and families
2. To co-create a great experience for our colleagues
3. To be a great partner

What do we want to achieve?

Our ambition is to improve the overall health and wellbeing of people experiencing mental health issues, learning disability or autism in our region by:

- Providing high quality, safe, timely effective clinical care
- Co-creating holistic and integrated models of care
- Offering a responsive approach to manage fluctuating needs
- Empowering service-users and carers as equal partners
- Ensuring kind, person-centred care
- Enabling individuals to be active members in their local communities
- Working with partners to address barriers in care

We will achieve our ambition by:

- Setting standards overseen by our Strategic Clinical Networks
- Developing Community Mental Health hubs
- Driving Inpatient Improvement work
- Improving crisis management
- Personalising care plans
- Offering evidence-based interventions and outcome measures
- Enabling digital transformation (Electronic patient records & digital access)
- Supporting staff, training and development
- Embedding research in clinical practice

2. Co-creation of this Journey

Extensive engagement has taken place to shape the clinical journey in the form of various formats including workshops, events, *Our Big conversation* – a large scale engagement exercise to gather feedback from service-users, carers, the wider public, partners, staff and other stakeholders. We have listened to the feedback gained and this journey was co-created as a result.

A dedicated clinical programme board was established, which comprised various members including many with lived experience, who were also able to shape the clinical journey and its priority areas. Feedback, from those who participated in engagement events, was collated, themed and evaluated to identify issues and gaps in services. This was then used to inform the write up of the overall journey. Feedback is grouped as follows:

People using our services

- Demand for holistic, person-centred care to support individual goals
- Need for Integrated assessments
- Reduction in waiting times for diagnosis and treatment
- Access to the *right care at the right time*
- Bed usage – mixed views: some want a reduction in beds; others want more
- Community provision better resourced & responsive
- Technology – eager for using technology more
- Need better discharge & aftercare plans from hospital
- No revolving doors

Carers

- Empowered to be equal partners
- Need for holistic support, not all about interventions
- *Triangle of Care* for carers embedded
- Autistic people have their needs met
- Need continuity of care
- Need for support that meets the cared-for person's needs and the carers too

Partners

- Joined up working with other agencies
- Mental health workers embedded in other settings including GP practices
- Better services for children & young people and seamless transition to adult services
- Improve integrated working, treat partners as equals
- Joint clinics (virtual, diagnostic and reviews)

- Shared documentation / clinical records
- Accessing results directly and not through a third party
- Electronic and timely communication
- Public Health promotion important

Workforce

- Empowered on the frontline to make decisions
- Work within a trauma-informed care model and embed this across the organisation in policies and procedures
- Expectations are clear and decisions transparent
- Traditional care coordination maintained: being present; providing validation & support
- Need better prevention of a crisis before it happens
- Manageable caseload numbers & job plans
- Working in a holistic way and in partnership with service-users (and family) in decisions
- Skill mix: better understanding of the role of other professionals and the support they offer

3. The Current State

Tees, Esk and Wear Valleys NHS Foundation Trust (referred to as TEWV in this document) is a sizeable mental health, learning disability and autism NHS foundation trust with 8,000 employees serving a vast geographical area, said to be equivalent in size to Cyprus. TEWV provides community and inpatient services to approximately 2 million people of all ages living in County Durham; Darlington; the Tees Valley boroughs: Hartlepool, Stockton, Middlesbrough, Redcar and Cleveland; Scarborough, Whitby, Ryedale, Hambleton, Richmondshire, Selby and Harrogate areas of North Yorkshire; the City of York; the Pocklington area of East Yorkshire; and the Wetherby area of West Yorkshire.

4. PESTLE Environmental Analysis

External Environment (PESTLE) analysis

This Journey, and the others produced by TEWV, includes an examination of the external environment. The analysis below is a list of those external environmental changes that are considered most important for this journey. We have used the PESTLE tool which comprises the headings of Political, Economic, Social, Technical, Legal (including regulation) and

Environmental and is designed to explore wider influences that affect the overall organisation.

Political

There have been three different Prime Ministers during the period in which this Journey was developed. Looking forward, we know that there will be a general election by January 2023. This may or may not lead to a change in government. It is possible that one or more of the major political parties could develop proposals for change in NHS funding or structures, but it seems more likely that there will be a continuation of the current direction of mental health and learning disability national policy.

Economic

The cost of living crisis is having a significant impact on residents within the communities served by TEWV (especially lower income people/deprived communities). Real wages have fallen significantly during 22/23 and interest rates have risen back to historically normal levels. An increase in unemployment rates is forecast. Past experience suggests that economic difficulties increase the demand for mental health services. There has been some government intervention to mitigate higher energy costs caused by the Russian invasion of Ukraine, but it is uncertain how long these mitigations will be in place.

Social

The need for urgent Mental Health services is increasing with greater demand for responsive and flexible care and treatment. Society at large has greater awareness of mental health issues and people are more likely to seek help than in previous years. Wider media campaigns have resulted in greater take up of services, thus people in general have greater awareness of the need to look after their own wellbeing and seek help when it is needed.

Technological

The government's ambition is to make the NHS a world leader in technology. Aspects of this approach include the new Genomics Strategy and attempts to make better use of data. Advances in technology such as Artificial Intelligence (AI) and robotics are yet to make a significant impact on mental health services. Self-care Apps are opening up increased opportunities for self-care and self-monitoring. New treatment options are also emerging such as the use of Ketamine or Psilocybin in the treatment of severe depression. The first partially effective pharmaceutical treatment for Alzheimer's is likely to be approved in the next couple of years.

Legal

The wider landscape is changing with the establishment of Integrated Care Boards and Partnerships now legally in place following the Health and Care Act 2022 now tasked with

producing an Integrated Care Strategy by the end of March 2023, this could have an impact on our priorities and on current partnership commissioning governance.

The new Mental Health Act reforms mean services will need to adapt to this legislative change resulting in improved rights for those with a learning disability and autism. Also, the changes to the Mental Capacity act with the new Liberty Protection Safeguards (LPS) will result in changes to practices.

Environmental

The NHS has a big role to play in sustainability. This links to the government's aim to be net zero in line with the United Nation's 17 Sustainable Development Goals (SDGs) of which the government has signed up to achieve. As a result, the NHS has a part to play in meeting the SDGs by becoming net zero in reducing carbon footprint, emissions and tackling inequalities. The net zero target for the NHS, set in October 2020, is:

- for the NHS Carbon Footprint (emissions under NHS direct control), net zero by 2040, with an ambition for an interim 80% reduction by 2028-2032, and
- for the NHS Carbon Footprint Plus, (which includes our wider supply chain), net zero by 2045, with an ambition for an interim 80% reduction by 2036-2039

TEWV will need to adapt and come up with new ways of working to deliver significant carbon emission reductions by 2028.

5. Our Clinical Ambition

Everyone using our services matters

Our ambition is to improve the overall health and wellbeing of people experiencing mental health issues, learning disability or autism in our region. We will deliver co-created, holistic models of care, supporting individuals, their families and our partners, to help manage fluctuating needs with a responsive approach.

We will offer personalised co-created care tailored to individuals and their carers across pathways so that all receive high quality care and expertise when they need it. We will focus on what matters to those using our services, carers, our workforce and the wider community through co-creation, treating people as equal partners in all that we do.

We have focused on key speciality areas in the co-creation of our clinical journey which comprise 11 chapters in this document.

Transformation across the life span is at the heart of our ambition to significantly improve the mental and physical health of people who use our services.

Community Mental Health Transformation is at the heart of our ambition to significantly improve the mental and physical health of people who use our services. This is clearly laid out in the NHS Long Term Plan and other key national strategies. One of the key objectives of the Community Mental Health Framework for adults and older adults is to develop new and integrated models of primary and community mental health care to support those with Severe Mental Illnesses. (SMI)

We will do this via the development of Community hubs co-created with service-users, carers, GPs, Local Authorities, the voluntary sector and other partners. We will enable people with mental health needs to access mental health care where and when they need it and be able to move through the system easily. We will support them to manage their condition better together with their families, carers and social networks. We will address health inequalities in collaboration with our partners taking a population health approach. Lastly, but not least, we will support them to be active participants in their communities.

We recognise the importance of having beds available when needed. We will admit people to local beds as far as is possible. We will focus on inpatient transformation to include greater physical, psychological, sexual and social safety. We will ensure a multidisciplinary therapeutic approach that enables swift recovery and reduces length of stay in hospital, to prevent people becoming institutionalised and deskilled in terms of their ability to function independently in their communities.

We value carers and will work together to provide kind, safe and effective care to ensure carers' own health and wellbeing is understood and supported. We will work in partnership with local authorities so that carers receive support they are entitled to. We will ensure the concerns and worries of carers and families are heard. We will listen and act promptly.

Method

How we are going to fulfil our ambition

Each specialty area will produce a work plan detailing the projects, programmes and action plans needed to achieve our goals which will be monitored using the Trust's programme framework. A dedicated governance group will oversee the transformational change emerging from this clinical journey.

We will co-create new models of care that meet the needs of those using our services. We will offer high-quality personalised care planning for everyone. This will be done in collaboration with carers and partners.

We will work together on our strategic journeys of Co-creation, Empowering Infrastructure, People, Quality and Safety to deliver our ambitions.

We will analyse the evidence-base and skill-mix trends as we move to a model where we have effective clinical leadership at all points right from the start of the person's journey.

We will provide a full range of evidence-based outcome-focused interventions, appropriate to the needs of the individual. We will empower our clinical networks to undertake research, service evaluation and identify best practice and introduce innovation.

Standards

The cornerstone for care provided day to day

We will ensure that our standards of clinical care and patient experience are consistently high. We will draw upon the evidence base, best practice and regulatory requirements to ensure that care offered is safe, effective and of high quality. We will use our Clinical Networks to set our clinical standards.

The Trust's care group boards will oversee the operational delivery of our services, and the way we work with our partners. The clinical journey to change will inform operational decision making at all times. We will be clinically led and operationally enabled.

Research and development will play a key role in ensuring our standards are high. We will work together with staff, service-users, carers and our partners to undertake meaningful research. We will grow the next generation of clinical researchers and develop research careers.

What will this mean for people?

When this Journey is complete....

For people using our services this means that

Whenever and however, I contact services, I am warmly greeted by a caring and assured individual. I only need to tell my story once. They understand what has happened to me and what is important to me, and work towards my goals. I am a full partner in my care. I am offered genuine choice in interventions that will make a difference to my life, and I feel in control, safe and respected. I can see the progress I am making. People work with me in a way that makes me feel comfortable to include my family and friends in my care. At all stages I am asked what is working and what could be better with my care. When things are better, I am supported in living well. I know that if I need help in the future, or am in crisis, that people will be there for me. I can contribute to improving services to any level I feel happy with.

For carers and families this means that

I trust the staff working with my loved one to provide kind, safe and effective care. Wherever possible, I am involved in my loved one's care to the degree which I feel comfortable and able. I will understand what is happening and feel I can always contribute to discussions and provide advice to staff. My own health and wellbeing is understood and supported.

For staff this means that

I am clear what is my role, and I have the necessary clinical skills and support to carry this out. I am given sufficient time to apply my skills to meet the needs of my patients and their families. I can confidently navigate the increasingly complex world of mental health, learning disability and autism services. When I need extra help, I know how to access this both within TEWV and with our partners. I am kept up to date regarding best practice and supported in learning to prevent recurrence of negative outcomes. I am supported in my training and professional development. I fully contribute to improving the quality of services I work in.

For our partners this means that

I am respected and valued for the expertise and experience I bring. I am confident TEWV will work closely with us in the design and delivery of services to improve quality, safety and responsiveness. This includes working together to make every contact count. I know TEWV will go that extra mile to be helpful and understanding.

6. Impact upon our three strategic goals

Measuring impact helps us realise our ambition

Outcome measures are important to the delivery of high-quality clinical care. These enable services to be responsive to demand and need. TEWV's new electronic record system will incorporate outcome measurements once it goes live in 2023. We will embed outcome measures routinely in clinical practice to ensure high quality and effective care.

By being able to measure clinical practice and everyday care we can identify what is working well and what needs to stop or be amended. By doing so this will allow us to monitor if we are meeting our three strategic goals of: providing a great experience for our patients, carers and families; co-creating a great experience for our colleagues and being a great partner.

7. Our Guiding Principles

The right principles will drive forward our overall ambition

We will offer timely and easy access for those who require support by working in collaboration with primary care, local authorities, the voluntary sector and other partners to achieve this.

Personalised care planning is at the heart of our principles. We will focus on the individual's strengths as well as their needs and will include carers appropriately. We will co-create care plans that are meaningful, compassion focused and include evidence-based interventions.

Trauma-informed: we recognise that people's experiences of services can sometimes unhelpfully hinder healing. We capture a person's trauma experiences to understand what has happened to them. We will train our workforce to recognise trauma and be empathetic, understanding and non-judgemental to prevent re-traumatisation and assist in healing and recovery.

Rights-based: we will empower people with the key question of, 'how are we respecting your basic human rights and freedoms?' We will ensure the best interests of those using our services to find the least restrictive and appropriate option.

Recovery-focused: we will be recovery-focused, meeting the needs and goals of individuals aligning to CHIME factors. (Connectedness, Hope, Identity, Meaning and Empowerment) We will work together and offer personalised care and choice.

Inclusive: we will be inclusive. Diversity will be welcomed and valued as people will be able to access person-centred care which takes account of protected characteristics which support people to lead meaningful and satisfying lives.

8. Delivering Our Clinical Journey to Change

Our Approach

Adult Learning Disabilities

Our Ambition for Adult Learning Disabilities

People with the most complex needs have the same rights to live fulfilling lives as everyone else.

We are driven to meeting the priorities outlined in the NHS Long Term Plan to improve the health and well-being of people with learning disabilities recognising the causes of lower life expectancy in this population.

This includes extending current service models to create a comprehensive offer for 0–25-year-olds that reaches across mental health services for children, young people and adults

We will use the research evidence available (LeDeR "Learning from Lives and Deaths" leder.nhs.uk) to inform our service provision and to identify factors associated with lower expectancy.

We will use our clinical expertise and the best clinical evidence to ensure that people with learning disabilities have the best possible quality of life. This will be in the community wherever possible, and we will ensure that there will be a rapid response to any problems. A range of environments will be made available as alternatives to admission, such as safe spaces and respite care. Seamless, wrap around support will be provided in every environment for those who need it, and this will move with the person as they transition between services.

We will achieve this in collaboration with people who access our services and other stakeholders to achieve the most positive outcome possible for everyone requiring our support.

Key elements of our Ambition

- Co-Creation
- Enhanced Community Support
- Continuity of Care
- Case management
- Respite
- Safe space
- The Hub
- Outcomes

“Complex systems are driven by the quality of the interactions between the parts, not the quality of the parts” (NHS Horizons; 2022)



Our Approach

- Co-creation and co-production at the heart of our care and service delivery for stronger connections
- Improved access to care; make it clear, simple, quick to get support when & where it's needed. Place based & needs-led.
- Take a holistic, personalised approach, putting the person at the centre of their treatment plan.
- Reduce unnecessary transfers between services & reduce number of times service users need to re-tell their story
- Confident staff able to deliver high quality, evidence-based care, with greater role clarity and skill development
- Use of new technology while spreading good practice and innovation.

To support this, we will:

- Sustain an effective adult learning disability Clinical Network, tasked with detailing a workplan to support the clinical journey and cross specialty workstreams.
- Ensure the Clinical Network drives the clinical journey and links the journey to the other programme boards, to the benefit of our patients, families, staff and partners, namely
 - Workforce – ensuring that as we move towards transforming services and models of care, we also look at transforming our staffing models.
 - Infrastructure (Estates/Digital) - we will utilise technology to ensure timely access to services & good standards of documentation, care planning and information sharing. We will continue to develop new ways of working to maximise use of time and space.
 - Quality and Safety – we will have clear standards set out with local solutions for delivery & real time review/monitoring owned at team level
 - Co-creation and Communication – we will co-create with our service-users/staff/partners to produce clear, simple, brief communications, available in a wide range of formats that are suitable for the target audience.

We will include the following major policy drivers to inform our journey:

- [Valuing People](#)
- [Winterbourne View](#) and [Concordat](#)
- [Building the right support](#)
- [Transforming care](#) and origin of [Care Treatment Reviews](#)
- [Enhanced health in primary care](#) and [Annual Health Checks](#)

Adult Mental Health

Mental health trusts across England are facing growing demand and expectations, often with increased acuity and complexity, with the pandemic having a clear and significant impact. In August 2021 the number of people being referred for mental health services increased by 12.4% compared to the same month the previous year (<https://www.england.nhs.uk/statistics/statistical-work-areas/>).

Prior to the pandemic, the demand mental health trusts were facing for their services was already far outstripping their capacity, despite the substantial progress made in recent years with new services and higher levels of investment. This makes current trends even more concerning as mental health trusts will need to factor in a new and unknown level of mental health need because of the pandemic.

Patients have told us that services are not always easily accessible and responsive, it is difficult to step care up and down, and there are waits in the system which means that people do not receive the right support at the right time. Clinical information does not flow well across teams or agencies leading to duplication and omission. Teams feel that they cannot keep up with demand and there seems to be insufficient time to care, think or plan. Staffing pressures and vacancies compound the impact on wellbeing.

The North of England, and particularly the North East, has worse health (e.g., 2 years lower life expectancy than the rest of England) and higher health inequalities than the rest of England. Those living in the North East of England are more likely to have a shorter lifespan and to spend a larger proportion of their shorter lives in poor health, as well as being more likely to die prematurely from preventable diseases.

The North East also has one of the highest rates of suicide in England and whilst there are many varied and complex reasons why someone might want to end their own life, we know from research that deprivation is a particular driver.

Our Ambition for Adult Mental Health

- Improved access to care; making it clear, simple and quick to get support when it is needed and where it is needed i.e., place based, and needs-led.
- Taking a holistic, personalised approach, putting the patient at the centre of their treatment plan.
- Reduce transfer of care and therefore the number of times service users need to re-tell their story
- Staff are confident in delivering high quality, evidence-based care, with greater role clarity and skill development
- Demonstrate learning across adult mental health and the wider organisation/system

- Strong connections with primary care, local communities and partner agencies
- Use of new technology while spreading good practice and innovation

Our Approach

- Establish an effective Adult Mental Health Clinical Network, with strong links to the Trust's Care Group Boards
- Develop an Adult Mental Health Clinical Network workplan which details Adult Mental Health as well as cross specialty workstreams which will support the overall clinical journey
- Ensure the Clinical Network drives the clinical journey but also links to the Trust's other programme boards, namely:
 - Workforce – ensuring that as we move towards transforming services and models of care, we also look at transforming our staffing models, creating new ways of working and appropriately skilled staff capable of delivering a range of evidence-based care
 - Infrastructure (estates / digital) – through the transformation agenda we will look to utilise of space in the community (including trust and non-Trust places) to facilitate place based needs-led care.
 - We will utilise technology such as remote working and the new electronic record (CITO) to ensure timely access to services and good standards of documentation, care planning and information sharing. We will continue to develop new ways of working to maximise use of time and space to the benefit of our patients, families, staff and partners.
 - Quality and Safety – we will have clear standards set out with local solutions for delivery and real time review/monitoring owned at team level
 - Co-creation and communication – we will work with people using our services to develop and deliver co-created services as well as producing clear, simple, brief communications, available in a wide range of formats that are suitable for the target audience.

Autism

Autism is a neurodevelopmental condition that affects 1-2% of the population. It has been widely acknowledged that the needs of autistic people are not well met by existing Health and Social Care structures, and these often go unidentified and unsupported for prolonged periods of time. Autistic people have far poorer health and social outcomes than their non-autistic peers. In 2009 the UK Government committed to ensuring the needs of autistic people were considered in all areas of life through enshrined into law the Autism Act. The

National Autism Strategy which followed this in 2014 was subsequently updated in 2021. This guidance sets out various obligations for Health and Social Care providers, including staff training in autism awareness and making reasonable adjustments for autistic service users. The Trust responded to the national position via the work of the Trust-wide Autism Project which began in 2016

To meet the needs of our autistic population, the Trust intends to take a whole system and mainstreamed approach. There is a need for further targeted training and more specialist advice and support for staff working with autistic patients. Building capacity within clinical and corporate teams to embed these skills as core clinical practice will benefit all. Feedback from teams and managers indicates more of this resource would be welcomed, alongside direct in person support and modelling of autism informed practice to support staff development and increase quality of care.

Our ambition for Autism

An autistic person accessing TEWV services experiences mental health and/or learning disability support and interventions that are reasonably adjusted and autism informed. People receive rapid assessment and accurate diagnosis, identifying any co-morbidity and associated needs. Where treatment is required, it is safe, evidence-based, and personalised.

We will be known as an exemplar autism trust

We will co-create a great experience for our patients, carers and families by providing training, support, and intervention to enable all staff at all levels to show respect and compassion, to feel empowered and to be clinically skilled to provide mental health interventions for autistic people.

Patients, families, and carers can expect

- A service that is compliant with the Autism Act 2009 and associated strategies
- Co-creation with autistic people and their families to improve services
- Staff that are autism aware across specialities and localities and understand how autism links with the mental health interventions we provide.
- Equitable access to services for autistic people including co-produced autism informed care plans with appropriate reasonable adjustments.
- Access to a timely autism diagnostic assessment within individual teams (where this is commissioned from TEWV)
- Access to evidence-based interventions that are both autism informed and the provision of both reasonably adjusted and adapted interventions

- Trust physical environments that can offer appropriate reasonable sensory adjustments.

Partners will see

- A clear point of contact and leadership in the Trust in relation to autism.
- Strong collaborative relationships with external and internal bodies
- TEWV demonstrating commitment and activity, working with all stakeholders for the benefit of our autistic patients and our staff.

Staff can expect

- To work in an environment that recognises and accepts autistic people and their individual strengths within the workforce.
- Adequate training and easy access to clinical expertise and clinical supervision structures to provide skilled mental health evidence-based interventions and support for autistic people.
- Access to clinical expertise, knowledge, experience and a 'wrap around' resource for localities supplementing locality provision where needed, supporting the delivery of high-quality services including modelling good practice to develop clinical skills within teams.
- Timely access to autism specific complex case consultation and advice
- Access to bespoke autism training (including diagnostic assessment training)
- Access to Understanding Autism training across the localities and specialties in line with national standards.
- Dedicated specialist autism advice support and consultation for inpatient staff
- Access to autism reasonably adjusted work provisions.
- Strategic oversight, risk mitigation, performance improvement and benchmarking in relation to autism
- Support for autism research initiatives both within the Trust and in collaboration with other agencies.
- To feel empowered to live the Trust values and provide quality evidence-based care. That autism related initiatives take staff expertise and knowledge into account.

Our approach

To provide mental health interventions to meet the needs of our autistic population, the Trust will need to take a whole systems and mainstreamed approach. There will be timely access to a specialist autism resource with the Trust which is adaptive, flexible, and responsive. It will be accessible Trustwide from the community (primary to tertiary) to inpatient teams (acute and rehab) across the individual localities. This can be delivered using direct and indirect clinical, team based, and system level approaches. Service-users and carers are an integral part of the team make up and there will be consistent active collaboration and engagement with wider user and carer groups.

To achieve the ambition and model of care, we will bring together the current Trustwide Autism Project resource and the Durham Tees Valley Adult Specialist Autism team resource into a Trustwide specialist autism service. This will provide long term, sustainable training to support all community and inpatient teams to meet the needs of all autistic people accessing mental health services. It will inform and guide the provision of all trust services for autistic people and their carers in line with Trustwide values, procedures and processes providing 'wrap around' support, consultation, and supervision to all clinical teams across all specialities as well as providing patient facing clinical time flexibly if required. Strong collaborative relationships with external and internal bodies will be developed via this service and there will be an increased focus on autism research in collaboration with our Research and Development Team. There will also be Trustwide strategic input and oversight from this service across all Clinical Networks in relation to autism ensuring that we can genuinely become an 'Autism Trust'.

Child & Adolescent Mental Health Services (CAMHS)

CAMHS offer services for an individual young person and their parent/carer, up to a child/young person's 18th birthday. We interface with many other specialities within the trust including adult mental health (Psychosis, Affective, Perinatal) and adult learning disabilities, and the wider external system of Health and Social Care, which includes working with Local Authorities, the Voluntary Community Sector, Paediatric Services and Emergency departments, Education and GP practices.

Nationally there is increasing recognition that there is huge unmet need for children and young people with mental health problems, with access to mental health services and improving the quality of care identified as a priority for NHS England (NHSE.) Over the last decade this awareness has led to significant national policy development and investment to support transformation.

This was evident pre-Covid but has been exacerbated by the impact of restrictions placed during the pandemic. There has been limited research published to date about this, however most studies undertaken to date have found that on average children's mental health has worsened during the pandemic, although most children remained well. Assessment of NHS data has shown that rates of referrals to child mental health services have now returned to pre-Covid levels and of all specialities were the fastest to do so,

referrals for some services within CAMHS are now at record highs. Evidence suggests that those at greatest risk of poor mental health during the pandemic include children with previous mental health or learning difficulties and those at socioeconomic disadvantage.

One in six school-aged children has a mental health difficulty. This is an alarming rise from one in ten in 2004 and one in nine in 2017. (NHS Digital, 2020) Common mental health issues, such as depression and anxiety, are increasing amongst 16–24-year-olds, with 19% reporting to have experienced them in 2014, compared to 15% in 1993. Half of all mental health problems are established by the age of 14 years, with three quarters established by 24 years of age. Prompt access to appropriate support enables children and young people experiencing difficulties to maximise their prospects for a happy and healthy life (NHS Long Term Plan.)

Our ambition for CAMHS

Our services will be aligned with Trust's 3 goals below and support the implementation of the i-Thrive framework:

- To co-create a great experience for our patients, carers, and families
- To co-create a great experience for our colleagues
- To be a great partner

National and local drivers acknowledge that we need a whole family and whole child approach to prevention, early intervention, and recovery, with a focus on the following 5 themes:

- Promoting resilience, prevention, and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

These principles are fundamental for the transformation of children and young people's mental health services supported by the NHS Long Term Plan. The emphasis is on services moving to a whole systems framework, which focuses on getting the right support at each stage, from early intervention to managing more severe, risky presentations.

The i-THRIVE Framework is an integrated, person centred, and needs led approach to delivering mental health services for children, young people and families which conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on the promotion of mental health and wellbeing, and for children, young people, and their families to be empowered to be actively involved in decisions about their care through shared decision making.

"If we keep on doing what we have been doing, we are going to keep on getting what we have been getting." i-THRIVE.

Input offered



Description of the i-THRIVE-groups



Our approach

- Co-creation and co-production at the heart of our care and service delivery
- Take a holistic personalised approach, putting the young person at the centre of their plan of care
- Reduce transfers of care and therefore the number of times a young person needs to retell their story
- Improved access to care; make it clear, simple, quick to get support when and where needed. Place based and needs-led
- Confident staff able to deliver high quality, evidence-based care, with greater role clarity and skill development
- Stronger connections with Local Authorities, the Voluntary Community Sector, Paediatric Services and Emergency departments, Education and GP practices
- Use of modern technology to engage with young people, spreading good practice and innovation
- Establish and sustain an effective CAMHS Clinical Network, which details a work plan to support the clinical journey, cross-speciality, and cross-partner organisational workstreams to deliver the NHS LTP.

- The Clinical Network will set the standards for care, provide clinical thought leadership, engage in research and innovation aligned to strategic goals and transformation priorities and promote the work of the speciality nationally
- Ensure the Clinical Network drives the clinical journey and links to the Clinical Journey Programme Board to the Trust's other programmes:
 - Workforce: transforming our workforce in conjunction with partners to deliver within i-Thrive framework
 - Infrastructure (estates and digital): as part of our transformation journey work with partners to ensure best use of estates (own and partners) to meet needs of young people. Utilise technology including development of CAMHS website
 - Quality and Safety: we will have clear standards set out with local place-based solutions for delivery of care, review, and monitoring at team level
 - Co-creation and communication: we will work with our young people and their families as well as system partners to develop co-created services that have impact and are meaningful within the i-Thrive framework

Drivers

- <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf>
- The [i-THRIVE Framework for system change](#) (Wolpert et al., 2019)
- <https://www.centreformentalhealth.org.uk/sites/default/files/2021-02/CYP%20mental%20health%20fact%20sheet%202021.pdf>
- [Centre for Mental Health](#). 2021. <https://www.centreformentalhealth.org.uk/sites/default/files/2021-02/CYP%20mental%20health%20fact%20sheet%202021.pdf> 9 Mental Health for All. 2021 <https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people>

Forensic Services

Forensic services provide assessment, treatment and support for individuals with a range of mental health, learning disability and autism conditions who have committed serious offences, or who present a serious risk of harm to others, and who cannot be safely treated in a non-forensic setting. One of its main roles is close liaison with the Criminal Justice services and screening, supporting and diverting individuals with mental health and learning disability conditions from criminal justice services.

There are two distinct, but interfacing and interconnecting, forensic services within the Trust. Firstly, the Health & Justice Service provides liaison and diversion services with police custody, mental health and learning disability in-reach services within prison custody, and specialist community services for those discharged from medium and low secure care. In addition, we provide a number of specialist services within national and regional Ministry of Justice and Home Office departments.

The Secure Inpatient Service provides medium and low secure care to individuals aged 18 years and over with a mental health, autism or learning disability need and includes those who have received hospital orders at court, transferred prisoners (including those individuals on remand) and also people detained under a civil section within the Mental Health Act whose presentation cannot be safely contained within a non-forensic environment.

Our Ambition for Forensic Services

Our co-created mission statement is to *help people to lead safer, healthier, meaningful and hopeful lives*. The forensic service user population comprises of people who have a diagnosis of mental illness, autism or learning disability and who have had direct contact with the criminal justice system, meaning that they are more susceptible to health inequalities and stigma and making them some of the more vulnerable and marginalised group of people in society.

Therefore, our pledge to our service users is to support and care for them with respect and compassion by listening to them and involving them in the planning of their care.

We vow to support our service users to lead a healthy life whilst in our care and upon discharge. Through co-creation and collaboration with our service users, carers and partners across health and criminal justice services, we aim to give hope and support individuals to make goals for the future which help them to make improvements to their wellbeing and reduce the level of harm that they may pose to themselves and/or others.

We aim to do this by supporting people to:

- Build a meaningful and satisfying life, as defined by the person themselves
- Recognise that recovery does not occur in isolation but through social inclusion

- Discover a personal identity that is separate from illness, disability and association of past criminal behaviour

Overall, we are committed to improving the outcomes and experience for all our patients, their carers and families.

Our Approach

Aligned with the Trust's Journey to Change, we have defined a clinical model of care and professional practice in Forensic Services that recognises the unique needs of our staff, patients and their families and carers. This model of care sets out how teams will continue to deliver a great experience for patients, carers and families and the actions staff need to take to make sure that's everyone's experience of the service. It has been created by engaging staff and patients and has allowed us to develop a clear vision for how we deliver care to our service users and how we will care for our staff.

The Model of Care assists with effective, evidence-based models of working. It allows for a range of patient needs to be met, including physical health. It is also aligned to NICE guidance, Royal College of Psychiatry recommendations, quality network standards and the Trust's values and direction. It is recovery focused, patient-centred and supports Our Journey to Change. In addition, the model embraces the principles of trauma informed care, positive behavioural support and allows us to create an appropriate clinical and therapeutic environment to deliver this care in response to clinical need and risk.

The model describes the key components of our clinical and professional practice approach to the delivery of high-quality care and forms the basis of consistent care that can be expected by patients across the health and justice, medium and low secure services. It strengthens professional practice and outlines how we support, motivate and develop staff to deliver the best possible care through:

- relational working
- continued professional development
- supervision
- reflective practice

Below are diagrammatical representations of the models of care within the health and justice and secure inpatient services:

Health and justice



Secure Inpatient Services



There are three specific features that are central to our service delivery, aimed to enhance patient, staff and carer experience:

Safety – reducing the risk of harm that someone may pose to themselves or others

Effectiveness – ensuring delivery of treatments is needs led and responsive to these needs

Efficiency – providing treatment in a timely fashion so as not to delay discharge and create long waiting lists and costs

Our Drivers

The clinical model of care is delivered by close adherence (and adaptation where possible) to The Royal College of Psychiatrists Standards and Quality Network for Prison and Mental Health Services, through working within the framework of the Human Rights Act, Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards (moving to a Liberty Protection Safeguards). We embed CHIME (Connectedness, Hope, Involvement, Meaning and Empowerment) through working within the standards of Physical, Procedural and Relational security standards and by addressing the social and psycho-socio-spiritual determinants of ill-health.

Forensic services rightly receive additional scrutiny as the nature of our work at times could appear to come to conflict with Human Rights and application of the Mental Health Act and Mental Capacity Act. Our clinical strategy described is in the above context and aims at delivering the business plan set out for both arms of the service and meeting the core business commitments of the Provider Collaborative principles of prevention, care closer to home and in the community.

Our clinical model defines how we deliver patient centred, needs led (diagnosis informed when justification is necessary for the application of the Mental Health Act), risk informed, trauma informed and compassion focused, recovery, ensuring that the care our service users receive is holistic and encompasses mental, emotional, physical and spiritual needs. We are committed to co-creation and collaboration with carers, partners and stakeholders to inform and support our clinical journey and delivery of care.

In line with the NHS Long Term Plan, service users within forensic services will have improved access to evidence-based therapies and these will be delivered by individuals with appropriate competences and supervision. We will provide evidence-based care and availability of consistent, boundaried and non-judgemental support.

We have a clear understanding of medical and psychosocial therapies recommended by NICE, have identified pathways of stepped-care and also have an evidence base for addressing offending and risk behaviour, again with clear pathways articulated and ensuring effectiveness and efficiency and alignment to length of stay.

Mental Health Services for Older People

Our ambition for older people

To deliver high quality, holistic care to older adults with mental health needs and memory difficulties.

To support older adults with mental health needs in line with the community mental health framework goals and ambitions.

To support people with memory difficulties in line with the dementia strategy and the ten-year plan.

Co-creation is central to the way the Mental Health Service for Older People (MHSOP) specialty area translates national drivers and evidence into trust wide standards which then guide care delivery. The MHSOP clinical network has robust links to patient and carer groups in both care groups and co-creation is guaranteed in planning, goal setting, evaluation of services, campaigns and awareness raising.

Our approach

1. Reducing waiting times for assessment, diagnosis, and treatment
2. To deliver timely evidence-based interventions and see a positive impact in the clinical outcome scores of older adults receiving care in community mental health teams in line with CQUIN CCG10b.
3. Focus on the quality of physical health for older patients with both mental health and co-morbid physical health issues. Additional focus on the governance and assurance and oversight of physical health monitoring and interventions in conjunction with the acute care forum and physical health leads in the nursing and governance team.
4. The clinical network has developed a plan in response to pressures on in-patient beds and patient flow thorough services.
5. To deliver care in line with evidence based clinical pathways.
6. To maximise flexibility in recruitment and offer maximum support to staff in induction and in their ongoing work to optimise retention of staff. To ensure staff have the necessary skills and training and management to offer the care needed by our service users.
7. Utilise a collective leadership model via multidisciplinary team huddles and via supervision to ensure clinical care is to the right standard.
8. The clinical network oversight of the task and finish groups and the delivery of the outcomes agreed in the action plans for those task and finish groups.
9. Robust links to patient and carer groups for co-creation.
10. Links to external stakeholders and networks for benchmarking, horizon scanning, innovation, Research and Development and professional discussion.
11. Maximising use of data and IT resource.

Physical Health

Good physical health is one of the core building blocks of good mental health, whilst poor physical health can be both a cause and consequence of mental health problems. In turn, mental health problems can worsen the impact of poor physical health leading to poorer overall outcomes. The conditions and places we live in determine our ability to make choices about health.

Right now, too many of those who use our services have barriers to improving their physical health, such as disjointed mental and physical health care and prescribing, diagnostic overshadowing, poor access to good food, limited access to environments for physical activity, addictions, living conditions and financial worries which make their physical and mental health worse, and the impacts of past trauma.

These barriers make a significant contribution to the higher levels of early death and long-term conditions amongst those who access our services.

Those who use our services are also more likely to be living with multiple long-term conditions and juggling the care, medication and quality of life impact of these conditions. Profiles for one of our areas show 1 in 6 of those on primary care registers for severe mental illness, for example, had 4 or more long term conditions in addition to their mental health diagnosis, with almost half of those with any long-term condition also experiencing anxiety or depression.

Our ambition for physical health

People's physical health will be supported as robustly as their mental health. People will be physically healthier and live longer. Our long-term ambition is to eliminate the current health disparity. We will work with partners to support people with long term physical health conditions, providing holistic care at both primary and secondary care levels.

We will work alongside those who use our services, their families and carers and our partners to consistently support them to address:

- How does my physical health and wellbeing affect my mental health?
- How does my mental health affect my physical health and wellbeing?
- How do I work with both, to achieve the best quality of life I can?

Our Approach

To tackle this health inequality, we will:

Build leadership and workforce capacity

- Identify clinical and executive leadership and map workforce skill

- Increase the number of staff who have physical health expertise and embed physical health skills in recruitment, appraisal
- Ensure clear governance and decision-making structures for driving forward the ambitions in this journey

Deliver consistent standards in screening intervention, monitoring and review of physical health

- Identify and address differences in practice/physical health workstreams across the Trust and model best practices to ensure consistent standards of care aligned with NICE guidance
- Utilise IT to make it clear and accessible for staff what needs to take place and when
- Embed “Making Every Contact Count” at scale
- Support social prescribing interventions at community level delivered by CVS
- Ensure self-management programmes are accessible and co-created
- Co-create shared outcomes so ensure that Trust is accountable for the things that most matter to those who use our services
- Recognise and respond to how trauma can affect a person’s physical health and ability to access healthcare
- Develop effective hospital and community-based offers on high impact areas such as tobacco dependency

Address physical health issues associated with mental health interventions

- Actively address the physical health impact of our mental health interventions, especially the medication we prescribe
- Have robust physical health plans in place
- Work with our partners to provide high quality end of life care for those with who require our care during a terminal illness
- Create and develop environments that make healthy choices accessible

Support partners in delivering physical health care including prevention

- Develop multidisciplinary working and joint care reviews with our partners for the management of long-term conditions

- Support access to welfare and annual checks, including contributing to them directly
- Facilitate people's access to health screening, vaccination programmes
- Support and encourage attendance at physical health appointments. Advocate for accessible and (where needed) adjusted care across the system
- Contribute to pain management services and approaches
- Encourage and support access to physical activity and wellbeing support
- Provide timely expert advice to our colleagues in physical health care, social care and community voluntary sector so those who use our service can get the maximum benefit from their offer
- Maximise the opportunity of community transformation
- Develop a coordinated Trustwide approach to ensure effective Integrated Care System (ICS) engagement on physical health across all relevant workstreams.

Psychological Therapies

As a mental health, learning disability and autism trust, we work with people who are experiencing common mental health conditions, as well as severe mental illness, and also people with learning difficulties and autistic people.

With the right care and treatment, it is possible to alleviate distress and to help people to live well and psychological therapies are a core element of our service. The evidence base for psychological therapies is strong and yet many of the people who use our services do not have access to these treatment approaches. We want to improve our services so that there is an increased access to psychological therapies.

Our ambition for psychological therapies

Where the evidence base exists (informed by NICE guidance), we will offer interventions that are known to have benefits, and to measure these changes in ways which are meaningful and helpful. Where people have co-occurring difficulties (such as complex trauma) and who require an individualised treatment pathway, we will provide care that is informed by the evidence base by combining the information from more than one NICE guidance.

We will therefore work with people who use our services and their family carers to undertake a thorough assessment to develop a shared understanding (formulation) which will be used to guide treatment options. These options will be discussed and agreed together with people who use our services and their family/ carers.

We recognise that the most influential aspect of someone's care is the working relationship (therapeutic alliance) with clinicians and the service. We therefore endeavour to promote a beneficial alliance. We may not always agree, but we will approach these discussions with warmth, openness and compassion.

We recognise the value of seeking feedback and the process of negotiating helpful goals. Developing these principles of care is supported by a clinically meaningful approach to track and enhance therapeutic alliance.

Our Approach

To support us to be able achieve these ambitions, we will invest in our staff and utilise the training and professional development opportunities there are available through our services as well external sources. We need to develop staff at all levels of the profession to enable our vision to increase and sustain access to psychological therapies.

We are closely aligned with the national Psychological Professions Network and share their vision. [PPN - Home](#)

Public Health Approach

The conditions in which we are born, grow, live, work and age play a huge part in our health and wellbeing. Our context shapes our health outcomes and our ability to make decisions and choices about our health. Important factors for health and wellbeing include, being financially secure, having a safe warm home, someone to love, the ability to use our skills and protection from violence and discrimination. These things affect our expectations of care and influence our ability to seek help in a timely way and to secure good outcomes.

The area covered by the trust contains some of the most deprived neighbourhoods in England, and so has some of the country's poorest social, physical, and mental health outcomes. Deprivation creates additional stress and exacerbates any health condition (mental and physical) and our services therefore need to meet increased and more complex demand.

Playing a strong role in prevention is an essential part of the holistic approach to mental health. Preventing the deterioration of health and wellbeing, identifying/intervening early and minimising the impacts of poor health leads to better outcomes for those who use our services and their families whilst utilising resources effectively (ours and our partners).

Our ambition for a public health approach

We view mental health as more than the absence of mental illness; it is a state of mental wellbeing leading to enjoyable activities, fulfilling relationships and the ability to adapt to change and cope with adversity. We play a role in promoting positive mental wellbeing, working in partnership to ensure we support prevention and early intervention. By recognising difficulties and ensuring people have access to appropriate care helps to minimise the impact of mental illness on people's lives.

All our service developments and policies will be viewed through an equality and equity lens. Not only will we make sure they do not have a negative impact on health inequalities, we will use them to actively reduce the current disparities and maximise positive impact.

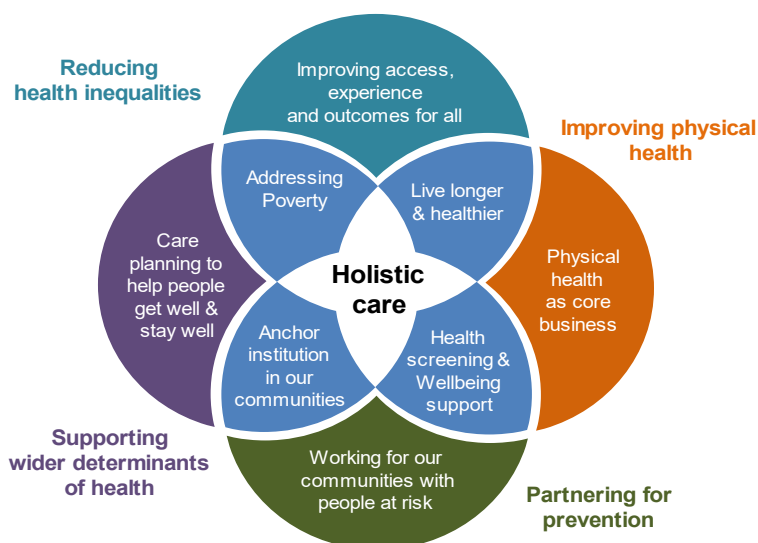
We will achieve this through implementation of 'Advancing Mental Health Equity' (AHME) key principles and the NHSE/I Core 20+5 model. Our responses will be built into planning and accountability process across the organisation.

We will know we have been successful when

- People from all our communities have equitable access, experience and outcomes.
- Services are designed to meet the differing requirements of communities.
- We actively call out inequalities, stigmatisation and prejudice and this leads to positive change.
- All clinical pathways and services ensure the promotion of access, experience and outcomes for communities who may experience forms of exclusion¹ through co-creation and partnerships.
- We have a robust approach to reduce physical health inequalities for people using our services, so people can live happier, healthier and longer lives.

Our Approach

- Adopt a whole person, whole life approach to mental health delivering a universal offer whilst working hardest for those who need us most
- Develop a deep and rich understanding of the issues and level of need locally and how these impact on people and communities – data and insight. Use this to manage resources and make decisions



¹ Including for example, Certain ethnic minority groups, Gypsy, Roma and traveller communities, Carers (including young carers), People with physical disabilities or long-term conditions, Lesbian, gay, bisexual and queer people, Transgender people or people going through the process of transitioning, Refugees / asylum seekers, People who are homeless, People with communication or sensory barriers, Veterans and their families, Adults who have experienced the care system, Children who have experienced adversity and/or safeguarding concerns.

- Develop strong partnerships for collective action and be clear on where it is our role to lead, support or advocate
- Put co-creation at the centre of all we do
- Apply community-centred approaches to action and build on existing assets valuing connection as key to recovery
- Measure what matters consistently.

To achieve these improvements, we will:

- Develop capacity, expertise and models of care to better meet the needs of underserved groups.
- Address barriers to access including literacy, practical, cultural and economic considerations.
- Ensure clear gateways to mental health services which are recognisable and accessible to those with sensory deficits
- Develop effective hospital and community-based offers on high impact areas such as tobacco dependency
- Deliver a clear plan on the prevention of suicide in partnership
- Develop our model of care for physical health (see physical health section). Partner with primary and secondary care in the delivery of health checks and long term conditions management
- Partner with public health and social care teams in delivering support for multiple needs including addictions, homelessness, domestic abuse and financial insecurity. Embed support for social and economic issues in care planning and intervention
- Mitigate the impact of poverty across the organisation
- Make every contact count
- Benchmark our practice against the national “Advancing Equity in Mental Health” standards
- Intervene early and in partnership to give every child the best start in life
- Create and develop environments which make healthy choices accessible, and which maximise accessibility and experience for those with sensory deficits or sensitivities

- Capitalise on our role as an employer and purchaser to benefit local health, wellbeing, and economy. This includes providing a good employment experience for those who work for us, recruiting from within our local communities and through this benefitting the health and wellbeing of our 8000 staff and their families
- Build leadership and workforce capacity on inequalities and developing mental health, learning disability and autism skills and knowledge in the wider system
- Advocate for the needs of those who access our services.

Drug & Alcohol

It is common for people to experience problems with their mental health and alcohol/drug use at the same time, as there is often a common root cause - trauma. A history of alcohol or drug use is also recorded in 54% of all suicides in people experiencing mental health problems. Other evidence tells us that people with co-occurring conditions have a heightened risk of physical health problems and early death.

Substance misuse can be very common in socially marginalised communities (for example those involved in the criminal justice system), further adding to difficulties they have in traditional services engaging with them. Despite the shared responsibility that NHS and local authority commissioners must provide treatment, care and support, people with co-occurring conditions are often excluded from each other's services².

Our ambition for Drug and Alcohol

We will work with people with co-existing substance misuse issues, and not exclude anyone from accessing mental health services based on concurrent substance misuse. Staff will have the confidence and competence to support people who misuse substances including those with addictions and have access to expert advice when needed. Services will respond effectively and flexibly to presenting needs. We will work together with partners in primary care, local authorities and the voluntary sector to improve access to services which can minimise harm, improve health and enhance recovery (and be guided by those with lived experience).

Our approach

We will adhere to the following principles.

- ***This is everyone's job.*** Substance misuse is not someone else's job. We will work jointly with alcohol and drug use services to meet the needs of individuals with co-occurring conditions. We will support and treat substance misuse, guided by

² [Better care for people with co-occurring mental health, and alcohol and drug use conditions \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/714441/better-care-for-people-with-co-occurring-mental-health-and-alcohol-and-drug-use-conditions.pdf)

expertise (internal and external) when needed. Equally, we will support drug and alcohol agencies in understanding and managing mental illness.

- **No wrong door.** People with co-occurring conditions often endure a lot of uncertainty, repeat traumatisation and chaos in their lives. This requires us to adopt a flexible, trauma informed and attachment-focused approach. We cannot be rigid about when we see people or what we are seeing them for. It takes time to build trust, and so we accept that individuals may contact mental health services at multiple and unpredictable points in their lives and care journey.
- **Making every contact count.** Treatment for any of the co-occurring conditions is available through every contact point, as is support for physical health or social concerns. This will also help build trust.
- **Consultation to the system approach.** Where direct intervention by either mental health or substance misuse services is limited or not possible, a joint working and consultation stance will be held, with a focus on advice, consultation and support to each other with the person held at the centre of their care.

To support our principles, we will

- Develop a network of expertise in dual diagnosis across the Trust.
- Develop local substance misuse clinical networks, linking key stakeholders at place.
- Ensure Community hubs incorporate easy access to substance misuse services through partnership, co-created at place.
- Educate staff in core skills in substance misuse, use of the dual diagnosis pathways, appropriate interventions, motivational interviewing and harm minimisation (including other family members, and in particular children).
- Have access to dedicated workers, including substance misuse peer workers, in our hospitals and as part of our crisis response.
- Develop and embrace harm minimisation and harm reduction practices, such as making naloxone available to those at risk of opioid overdose.

Trauma Informed Care

Individuals and families accessing mental health support are more likely to have experienced adversity and trauma. Childhood trauma is a significant risk factor for serious mental illness, with research evidence showing that people with histories of childhood trauma are around three times as likely to be diagnosed with serious mental illness in adulthood as those without such histories.

Trauma and adversity are linked with mental illness

Trauma informed practice makes the assumption that individuals are more likely to have trauma in their history than not. It also assumes that there is a power imbalance inbuilt in our society, health and social care as well within mental health services. These imbalances are associated with differences such as those due to expertise, resources, ethnicity, history, and gender.

Our Ambition to be Trauma Informed

No healing relationships can be formed on a foundation of harm and mistrust. All of our work will start with an acknowledgment of past potential harms and a commitment to promote healing. Experience of trauma changes the way we relate with each other, and trauma informed care starts with an understanding of these changes.

We will consider all aspects of our work to ensure that we are trauma aware and trauma informed. We will ensure that we work to build trust with people who have been harmed and to help people to feel safe while they are in our services. We will be skilled in handling intense feelings of frustration and anger as we understand why these feelings are present. We will work to develop and maintain relationships based on mutual trust and well-being.

‘What happened mattered and what happens matters’

Trauma informed care is about how we think and how we are with each other, always.

Our Approach

Trauma Informed practice also offers Trauma Specific interventions and treatment pathways: where trauma has been identified the person who is accessing our services and their family/ carers will be offered trauma specific evidence-based interventions.

Trauma-specific pathways include psychological therapies which will be matched with the persons needs and preferences through respectful discussion, and to respond to any changes as they occur. The relationship stays at the centre of any trauma intervention therefore consistency of clinician is key and when this is requested, a clinician will stay with the client through their recovery journey. We will all agree clinical staff are to work with someone at their pace and this will be agreed throughout the organisation. Our shared ambition is to provide the right environment for recovery to occur. We will understand there will be times when change can happen and also times when people need to settle and feel more stable before feeling ready to face more therapy/ change. Being able to trust and feel safe makes this process easier.

Every interaction is an intervention, understanding, building trust by being trustworthy, pacing change and recognising the need for times of stabilisation as well as times for active therapeutic change.

Thank you

For taking the time to read this document.

We hope you endorse our *Clinical Journey* ambition and join us in this dynamic journey of change to improve our service offer to everyone who needs safe, compassionate, and effective care from us.