Coventry and Warwickshire Mental Health and Learning Disability and Autism Inpatient Service Transformation Strategy 2024-2027

Mental Health

"Our Mental Health inpatient services will be welcoming, therapeutic and recovery focused. They will be co-produced, personalised and trauma informed. Care and treatment will feel safe to receive and provided in a nurturing environment. We will value you for who you are, celebrate differences and keep people at the heart of what we do."

Learning Disabilities and Autism

"Work with our partners and stakeholders to become a centre of excellence that supports anyone using our services to receive person-centred, high quality, safe, and compassionate care that supports them to be healthier, happier, and more confident."

Contents

1. Foreword

We will enable people across Coventry and Warwickshire to start well, live well and age well, promote independence and put people at the heart of everything we do.

Putting people at the heart of everything we do is a commitment that we have made to ensure that every person in Coventry and Warwickshire receives the best possible care and access to services. It is a sentiment that weaves through every part of our ICS and forms the underpinning foundation of how we design and deliver our services. We are committed to understanding the changing needs of our population and using that insight to develop strategies that support us to address and reduce health inequalities. With this in view, I am very pleased to introduce the Mental Health and Learning Disability and Autism Inpatient Service Transformation Strategy.

Inpatient services are a core part of the care, treatment, and support for people with mental health requirements. This document sets out our strategic intentions and what we aspire to achieve over the next three years. We have worked together with a wide range of services and organisations across our system to develop this strategy, highlighting our vision for high quality, safe and effective mental health and learning disability inpatient services across Coventry and Warwickshire.

We know that people want to receive the best possible care closer to home and closer to their loved ones. This strategy will guide us to ensure that people are treated in a location which helps them to maintain contact with family, carers and friends, and to feel as familiar as possible with the local environment. One of the ways of achieving this will be reducing 'out of area placements' (OAP), which often admit patients into units outside of their local communities. We want our people to feel a sense of belonging, to build their trust and confidence in our local services and to support them to focus on what matter most to them.

As you will see throughout the strategy, we have drawn upon the experiences of our people to inform our framework. Inclusivity and involvement are key drivers for the ICS, which is why, embedded within our strategy, are two vision statements reflecting our people's voices:

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I hope that you will find that this strategy demonstrates our commitment to deliver an effective whole system approach to tackle inequalities in outcomes, experiences and access to services.

Dr Angela Brady, Chief Medical Officer

2. Introduction

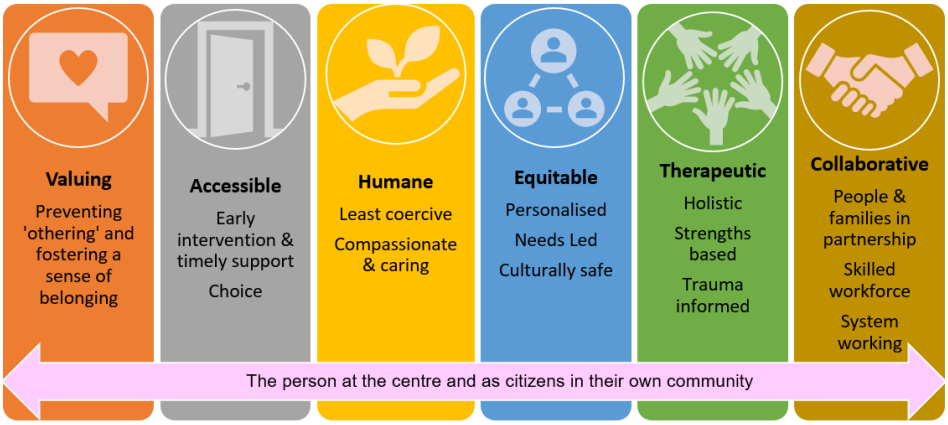
Overview

Inpatient services form a vital part of a landscape of care, treatment and support for individuals who are experiencing mental ill health. They form part of a planned and integrated whole system approach to mental health care that is delivered in conjunction with, community mental health services, social care, primary care, specialist healthcare teams, crisis and home treatment services and other urgent care services.

This document sets out our strategic intentions and what we aspire to achieve over the next three years. Our vision is for high quality, safe and effective mental health and learning disability inpatient services in Coventry and Warwickshire Integrated Care System (ICS). The strategy has been co-produced with a wide range of services and organisations in our system.

Reducing inappropriate adult acute out-of-area placements (OAPs) and improving inpatient flow for adult acute mental health care is a key opportunity to improve quality, patient experience, and value for money. As well as improving experience and outcomes, this will support all people to strengthen their relationships, sense of belonging and connection to local services.

The national commissioning framework for mental health inpatient services[1] describes how services should be commissioned to achieve high quality, safe and effective mental health inpatient services. The "what good looks like" principles from the framework visualised below provide a 'scaffold' for the commissioning of all mental health inpatient services and form the basis of our transformation:



Our strategy highlights the importance of working with our workforce from a co-production and trauma-informed perspective. If we consider experience and psychological safety of our staff teams, great care will be easier to achieve.

Underpinning our strategy is a commitment to reducing health inequalities. Addressing inequalities is core to and not peripheral to the work of Coventry and Warwickshire ICS[2] and interventions to address inequalities must be evidence-based with meaningful prospects for measurable success.

Following the publication of the recommendations in the Independent Review of the Mental Health Act (MHA), published December 2018, NHS England agreed to take forward and develop the Patient and Carer Race Equality Framework (PCREF). The PCREF - written for Mental Health Trusts, but with an emphasis on system working – is a commitment to improve access, experience, outcomes of racialised, ethnically and culturally diverse communities. PCREF encourages a

[1] NHS England » Commissioning framework for mental health inpatient services
[2] Health Inequalities Strategy and associated documents - Happy Healthy Lives

collaborative participatory approach which is all age and includes all care pathways. Our plan will reflect this way of working.

Scope

As part of the NHS England Mental Health, Learning Disability and Autism Inpatient Quality Transformation programme[3], there is a requirement for Integrated Care Boards (ICBs) to co-produce a strategic plan to localise and realign mental health inpatient services over a 3-year period.

The scope of the national guidance is mental health rehabilitation, inpatient services for all adults and older adults; that is people aged 18 years and over. This includes anyone who has additional diagnoses and/or needs; for example, people who also have a learning disability or who are autistic, and people who have been given a diagnosis of personality disorder. Children's services are not in scope.

Another key part of the programme is embedding the Culture of Care Standards for Inpatient Mental Health Services[4]. These are aimed at every provider of inpatient mental health services in England.

Coventry & Warwickshire NHS Partnership Trust (CWPT) provide adult and older adults mental health and adult and children's Learning Disability and Autism inpatient services. Due to the breadth and nature of specialisms of inpatient services, the plan has been broken down into four key areas:

- Adult acute inpatient
- Rehabilitation
- Older adults and Dementia
- Learning Disability and Autism

The services and locations that are in the scope of the strategy are:

Area	Name	Gender	Number of Units	Location
Adult Acute Inpatient (Mental Health)	Spencer Ward	Male	8 Bed	Caludon Centre, Coventry
	Hearsall Ward	Male	20 Bed	Caludon Centre, Coventry
	Beechwood Ward	Male	20 Bed	Caludon Centre, Coventry
	Larches Ward	Male	20 Bed	St Michaels, Warwick
	Sherbourne Ward (PICU)	Male	11 Bed	Caludon Centre, Coventry
	Westwood Ward	Female	20 Bed	Caludon Centre, Coventry
	Swanswell Ward	Female	22 Bed	Caludon Centre, Coventry
	Willowvale Ward	Female	20 Bed	St Michaels, Warwick
	Edgewick Ward (PICU)	Female	5 Bed	Caludon Centre, Coventry
	Hazelwood Ward	Male	12 Bed	St Michaels, Warwick

[3] NHS England » Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme
[4] NHS England » Culture of care standards for mental health inpatient services

Rehabilitation (Mental Health)	Hawkesbury Ward	Male Female	12 Bed 8 Bed	Hawkesbury Lodge, Coventry
Older Adults and Dementia (Mental Health)	Stanley Ward (Dementia)	Male	12 Bed	Manor Site, Nuneaton
	Pembleton Ward (Dementia)	Female	12 Bed	Manor Site, Nuneaton
	Woodloes Ward (Older Adult)	Female	15 Bed	Woodloes House, Warwick
	Ferndale Ward (Older Adult)	Male Female	16 Bed 5 Bed	St Michaels, Warwick
Learning Disability and Autism	Amber Ward (Assessment ward)	Mixed	12 Bed	Brooklands, Marston Green
	Sapphire Ward (Individualised Package of Care Ward)	Mixed	2 Bed	Brooklands, Marston Green

An 'out of area placement' (OAP) occurs when a person with acute mental health needs who requires inpatient care is admitted to a unit that does not form part of the usual local network of services. This means that the person cannot be visited regularly by their care coordinator to ensure continuity of care and effective discharge planning. Patients should be treated in a location that helps them to maintain contact with family, carers and friends, and to feel as familiar as possible with their local surroundings. The commissioning framework highlights the importance of minimising OAPs and notes that provision across the NHS and Independent Sector needs to be balanced, achieving the right outcomes for local people and represent good quality.

3. Our Approach

Guiding Principles

Coventry and Warwickshire Integrated Care System partners commit that:

- We will engage consistently with our stakeholders throughout the process.
- We will use the voice and language of our unique population.
- We will be transparent about why we do or not do things.
- We will review and evaluate and give space for changing direction based on the evidence.
- This strategy will validate staff showing we have built this with them.
- We are governed and informed by our population.

Vision Statements

From our stakeholder co-productions sessions at the instigation of this strategy, we have developed two vision statements which reflect our people's voices. We are being true to our stakeholders – using the words and language our population wanted included from our co-production sessions. This is a guiding principle of the strategy.

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To achieve these aims, we know that we need to provide implementation support simultaneously at different levels of an organisation – from wards to Boards. This transformation is supported by the CWPT People at our Heart[5] strategic direction which has been developed with staff and patients and sets out to nurture and embed effective leadership at every level across the organisation with the aim of ensuring the organisation is truly inclusive, well-led and proactive.

Enablers

Data	We plan to refine data collection and analysis, to identify those most at risk in our population
Governance	We will establish structures which are inclusive of our system partnerships and people who use our services
Co-production	We will involve our patients, staff, and stakeholders in the design, delivery, and monitoring of our services
Workforce	We will develop workforce plans (capacity and capability) to enable delivery of strategies and service plans.
Finance	We will invest in our inpatient service transformation

As part of the national Mental Health, Learning Disability and Autism Inpatient Quality Transformation programme, NHS England have allocated fair-shares Service Development Funding (SDF) to ICBs to deliver 3-year strategic plans to localise and realign care totalling £7.78m per year for the Midlands ending 2027/28. In Coventry and Warwickshire, SDF will be utilised to:

- Create peer-support workers and Expert by Experience (EbE) roles
- Small/modest amount to backfill current frontline staff to contribute to transformation tasks
- Funds for project initiatives
- Team Development Days
- Training
- Investment into working with the Housing Associations' Charitable Trust (HACT) to support a Housing strategy
- Investment into the Voluntary, Community and Social Enterprise (VCSE) Cultural Inclusion Network

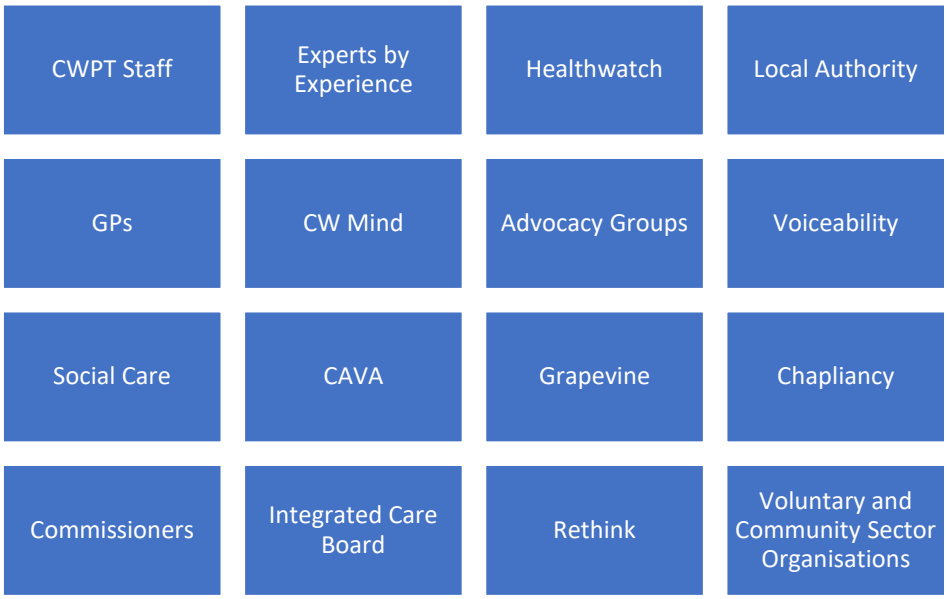
There is also nominal funding for providers to participate in the Culture of Care Programme.

Our Engagement Journey

"We have done the engagement this way because we know the only way to bring about change is to engage with staff. You cannot be what you cannot see – staff need to be involved in the process from start to finish. People have given up their time, moved around clinics, etc and pulled out the stops to be part of the process even with very tight timescales."

The strategy and vision statements have been co-produced with stakeholders, including but not limited to:

[5] People at our Heart - CWPT's Vision pdf / 1 document (covwarkpt.nhs.uk)

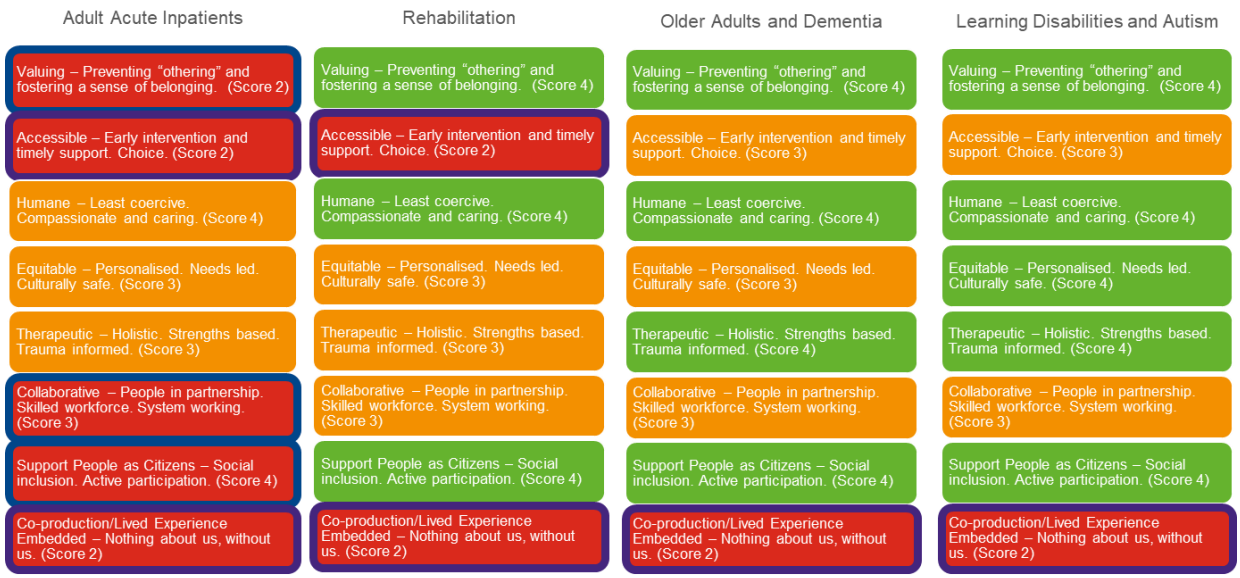


Feedback from our stakeholders shows that they enjoyed this process, felt accommodated and engaged with the work. This has enabled the development of a vision which is representative of the values of our population. Engagement sessions will continue for the duration of the strategy.

During our engagement, staff groups carried out self-assessments for each service are according to the "I" and "We" statements for each principle in the framework – Valuing, Accessible, Humane, Equitable, Therapeutic, Collaborative, Support People as Citizens, and Co-production. The tool uses a Likert scale which is then adapted to reflect a red-amber-green (RAG) scoring system as below:

1	Limited evidence that principles are embedded. Scope for improvement is identifiable
2	Emerging and growing evidence of principles within the system, but they are not embedded and improvement work can be identified
3	Evidence of principles within the system, but not consistent/embedded. Plan in place, or in active development to embed.
4	Strong evidence that the principles are evident within the system, but do not yet feel fully embedded into culture and business as usual
5	Strong evidence that the principles are fully embedded within, and across the system and are part of business as usual

The results of the self-assessment are summarised visually below:



Note on the Use of the Term Citizens

The national commissioning framework uses the term "citizens" and "citizenship" when referring to individuals, community, and a sense of belonging. We plan to explore this term with our patients, their loved ones, and our workforce by working with our EbE and voluntary sector partners to ensure that our services are inclusive and accessible and this may see a change in the terminology used to be more responsive to our population's identity.

Managing Change

COVID-19 has undoubtedly had a profound impact on organisations across healthcare, with levels of change being achieved in days and weeks what may have ordinarily taken years to do. As a result, COVID-19 has highlighted how that there's an appetite for change, that people are more open to trying change. There is now a driver and impetus for organisations to change far more fundamentally and quickly than they've ever dreamed of before. Unless that is, the problem of change fatigue kicks in.

Through our conversations to date, we have acknowledged that not all staff have been as enthusiastic – there is fatigue around change, promises have been made before, and therefore some staff are slightly hesitant about this strategy.

How we are going to tackle change fatigue in inpatient service transformation:

- Ensure we incorporate engagement activities with all staff.
- Set clear boundaries for staff to effectively manage workload to balance service delivery and transformation.
- Have clear and consistent messages around the strategy – make sure everyone is working to the same goals and managers are clear and consistent in their ask of the teams.
- Being honest about risks and issues – checking effectiveness of projects and raising risks in real-time.

4. What Does the Data Tell Us?

Service Activity and our Population

The intelligence we currently have available to us from CWPT and national datasets tells us that:

- Bed utilisation stays at similar levels throughout the year.

- There are more people who identify as male in adult acute inpatient services than there are those who identify as female
- Approximately a quarter of CWPT patient ethnicity data is unknown, not stated or blank.
- We capture information about a patient's location which will enable us to analyse need by areas of deprivation
- Out of Area placements – the number of bed days has decreased over time since 2021/22 and have remained low however there are ongoing anti-ligature works which have reduced the system capacity
- Length of Stay in adult acute wards of 60 days – in March 2024 this was 9% (above the national standard of 8%)
- Length of Stay in older adult wards of 90 days - in March 2024 this was 9% (above the national standard of 8%)
- Length of Stay in Rehabilitation and Learning Disability and Autism wards has increased greatly between years 22/23 and 23/24
- Patient experience reported through I Want Great Care shows that on average the experience as an inpatient at CWPT is positive and rated above 4 out of 5 stars which is over 90% reported positive experience
- National benchmarking for Patients Friends and Family show that CWPT are usually above National average- the most recent score is a recommended score of 94% vs national average of 87%.

Mental health inpatient experience data (taken from I Want Great Care) from January-March 2024 tells us:

Positive Themes:	**Negative Themes:**
Kindness and Compassion: Many users praised the kindness and compassionate nature of the staff. Terms like "kind," "compassionate," "caring," and "supportive" were frequently mentioned. Service users appreciated the respectful and dignified treatment they received. **Support and Assistance**: The feedback emphasized the supportive nature of the staff, mentioning that staff members were always there to listen and help with their needs. The assistance provided with daily struggles and personal challenges was appreciated. **Communication and Interaction**: Positive comments often highlighted effective communication and interactions between staff and patients.	**Communication Issues**: A significant number of users reported poor communication, especially regarding care plans, treatment decisions, and medication. Some felt uninformed about changes to their care and desired more clarity and involvement in decision-making. **Staffing and Availability**: Complaints about understaffing and staff being too busy were common, leading to delayed responses and support. Some users experienced inconsistent care due to staff shortages, particularly during night shifts. **Environmental and Maintenance Concerns**: Issues with cleanliness, maintenance, and the overall condition of the facilities were noted, such as blocked showers, noisy environments, and inadequate room conditions.

Users appreciated being listened to and having their concerns addressed promptly. **Quality of Care**: Many users were satisfied with the overall quality of care, describing it as excellent, attentive, and person-centered. Some mentioned the good organization and timely delivery of services. **Environment and Activities**: Users enjoyed the activities provided, finding them motivating and helpful for their rehabilitation. The clean and safe environment of the wards was noted as a positive aspect.	Noise, especially at night, was a recurring problem that disturbed patients' rest. **Food and Amenities**: The quality and variety of food were frequently criticized, with users asking for better options and more choices. Specific requests included healthier options, more snacks, and improvements to meal quality. **Individualized Care and Respect**: Some users felt that their individual needs were not adequately met, with a one-size-fits-all approach to care. There were concerns about lack of respect and feeling like just another case rather than a person with unique needs. **Activities and Engagement**: A need for more activities and better engagement was expressed, with some users feeling there weren't enough opportunities for meaningful activities. Requests for more outdoor activities and better adherence to activity schedules were noted.

Understanding Health Inequalities

Approximately a quarter of CWPT patient ethnicity data is unknown, not stated or blank, which impacts our understanding of our patient demographic. We are keen to support staff to feel informed, empowered and confident to request and accurately record ethnicity data. This will help the Trust address disproportionality in access and experience for our patients.

5. Delivering the Strategy

This document sets out our strategic intentions and what we aspire to achieve. This will be a three-year transformation programme, and in the first year, we will:

Quarter 1 2024/25	Quarter 2 2024/25	Quarter 3 2024/25	Quarter 4 2024/25
Finalise and publish 3-Year Plans to localise and realign inpatient care Establish a governance and	Implement 3-Year Plans Refine our data and analysis so that we have a better	Implement 3-Year Plans Continuous systemwide engagement and co-production with	Implement 3-Year Plans Continuous systemwide engagement and co-production with

partnership structure to oversee the programme Participate in Culture of Care Improvement Programme Support co-production of digital technologies principles aligned to Culture of Care Standards Embed Early Warning Signs in provider and system quality oversight arrangements, with a view to reduce data burden where collections do not clearly align Systemwide engagement and co-production with patients, our workforce, and stakeholders	understanding of our population Baseline our patient/carer/staff feedback and co-produce measures of success Continuous systemwide engagement and co-production with patients, our workforce, and stakeholders Participate in Culture of Care Improvement Programme Participate in cross-system learning for embedding Early Warning Signs and reducing data burden Support scoping of digital technologies principles aligned to Culture of Care Standards	patients, our workforce, and stakeholders Complete service and stakeholder mapping to identify assets in our system Work collaboratively with programme leads across the region to undertake a piece of demand and capacity modelling Participate in Culture of Care Improvement Programme Participate in cross-system learning for embedding Early Warning Signs and reducing data burden Begin embedding digital technologies principles aligned to Culture of Care Standards	patients, our workforce, and stakeholders Participate in Culture of Care Improvement Programme Participate in cross-system learning for embedding Early Warning Signs and reducing data burden Identify the ideal service and ward configuration and skill mix Co-design pathways with all system partners to reduce Length of Stay and reduce Out of Area Placements Advise on 2025/26 priorities

Aspects of our strategy against each of the national framework domains are described in more detail below.

Valuing

The transformation programme will be led by the people whom our organisation serves.

Phase one in our programme will involve the refining of data and analysis to ensure that we have all the relevant information available to understand who is currently accessing services, and who is not, and the diversity of our local population. We will use this to inform transformation that considers people's backgrounds, including strengths and differences, and this includes neurodiversity.

Work has started in CWPT to improve further recording of diversity data and this will significantly support our initial plans to understand the population with which teams in the organisation are currently working.

CWPT have a specific project to address the disproportionate application of the Mental Health Act for Black males, as the limited data shows that Black men locally are approximately three times more likely to be subject to the Act. A working group has been set up to undertake further analysis

of service activity data, commissioning of a third party to learn and collate service user experiences to date, and thirdly, the group has sought workforce insights. This work is still ongoing, incorporating learning from National programmes as well as PCREF implementation.

Service users, carers, and staff across our system are integral to the success of this programme of work and will be involved in the following ways:

- Regular stakeholder engagement events including drop-ins which will continue over the 3-year period of the strategy.
- Development of an "involvement workshop" to ensure meaningful, sustainable, and effective service user and carer involvement - we are keen to involve a diverse range of Experts by Experience and are using internal structures and processes to support this
- Triangulation of all work with relevant users and carers including that in Community Mental Health and Urgent Care transformation and aligning activities to service and system plans
- Engaging advocacy services to support coproduction and ensure the voice of service users is central to informing and shaping the delivery plan
- Producing information in a range of formats, including easy read, to meet the needs of our population.
- Monthly talk transformation slots, comms bulletins, messages in key forums, and expectation for sharing in team meetings.

One of the anticipated outcomes of the transformation programme is the reduction in the usage of out of area placements because the appropriate therapeutic offer will be available and accessible within our own services. As part of our expert by experience involvement we will include those people who have recent lived experience of being in a placement out of area. We will do this by:

- Engaging with existing partners to seek people who had had recent experience of out of area placements, and who would be able to speak about their experience (with any support needed to make this as accessible as possible). This can include carers.
- Using our internal teams and systems to understand who has recently been repatriated from out of area if appropriate to do so (subject to usual governance and ethical considerations).

We plan to use strategies nationally and locally to inform the work undertaken, too, and we will review this as indicated (further described in the *Strategic Links* section below).

Accessible

We will carry out an in-depth analysis of our patient population and use of services to articulate and implement the optimal ward configuration and skill mix.

We will look at issues such as re-admissions, Length of Stay, and Delayed Transfers of Care to inform model development and identify people at risk of falling through gaps in community and inpatient services or who may be at risk of 'othering'. We will create reports and a dashboard to monitor this.

Regional modelling will be carried out utilising asset mapping of independent sector and NHS provision across the region with support from regional colleagues at NHS England and the Commissioning Support Unit. This will be done by working collaboratively with programme leads across the region to undertake a piece of demand and capacity modelling to support repatriation and reduction of OAPs and ensure commissioning in line with the new guidance and standards and support re-alignment and localisation of services.

OAPs are driven by flow issues across the whole system, including high demand and acuity, community capacity, high staffing vacancies and onward challenges with discharge back into

communities. We will ensure commissioning and transformation activities are aligned to the OAP and flow agenda by:

- Providing community and urgent care teams that prevent admissions and support discharge. Admission avoidance will be supported by NHS 111 mental health crisis option pathways and utilisation of community-based crisis alternatives.
- Identifying and engaging at the earliest opportunity with all relevant partners, including (where appropriate) the Care Quality Commission and the Ministry of Justice where there are restrictions relating to a person's care and discharge.
- Reviewing last 3 months admissions to identify where referrals came from, what interventions were in place and the purpose of admission to hospital and if admission could have been avoided.
- Further analysis of discharge destination and themes for any delayed patients medically fit for discharge / gaps in the market.
- Reviewing operational processes, effective communication and aligning workforce / capacity to meet our length of stay objectives.

Length of Stay will be monitored through the creation of a dashboard to support understanding of current performance and monitoring of progress.

To improve the accessibility of services, we have been working with staff teams to implement the national Reasonable Adjustment Digital Flag requirement. As part of this, there has been work around the operationalisation and integration of this into practice, and this will be continued.

There is a cross-Directorate steering group (Adult Mental Health and Learning Disability and Autism) whose remit is to work through the neurodiversity offer for adult mental health (and separately, there is also significant support from the Neurodevelopmental liaison team). Reasonable adjustments are also considered in pre-existing Reducing Restrictive Practice forums, Trauma Informed Care Steering Group, and the Inclusive Services Group which will ensure continuity of the approach. This includes reviewing the clinical estates, ensuring co-production (working with Autistic people), training of the workforce, and recording reasonable adjustments on patient records.

Plans are being implemented to open 4 additional female beds by early Quarter 2 24/25, made possible by enlarging an existing ward as part of the Estates programme.

Humane

We will focus on quality, safety and experience to enhance our understanding and practice and support our transformation. This will include the use of metrics and deliverables as part of our ICS Quality aims.

The quality of inpatient services is monitored by the ICB's local Quality Assurance Framework (QAF) which is underpinned by the National Guidance on Quality Risk Response and Escalation in Integrated Care Systems. This is the framework utilised to monitor and form escalations for all providers and services system wide. Intelligence is used to improve and develop services as part of a continuous learning culture. Local Authorities also perform deep dives or assurance visits and include ICB Quality Leads in if there is a pertinent issue or need.

There will continue to be oversight and monitoring arrangements for out-of-area placements. CWPT placing teams will hold responsibility for completing regular safe and well visits and assurance checks on patients placed out-of-area. Under the national host commissioning guidance it is the responsibility of the hosting commissioners and host ICB Quality teams to notify Coventry and Warwickshire ICB as placing commissioners of any assurance or quality issues being raised about a provider/independent provider.

We will continue to deliver on the commitments of the Learning from Lives and Deaths – people with a learning disability and autistic people (LeDeR) programme. The LeDeR Governance Group (LGG) is well established and meets monthly, with good attendance and representation from across the local system. The group leads on systemic actions in response to learning from LeDeR reviews, as well as monitoring organisation specific actions. Reviewers work closely with local providers when conducting their reviews to obtain all necessary information, as well as share any learning and best practice back to the provider.

We will continue to embed the approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. The national Patient Safety Incident Response Framework (PSIRF) was implemented in Coventry and Warwickshire ICS last year and each Trust has developed their own PSIRF implementation plan and policy.

There will be regular ICB-led system learning and sharing events with all providers engaged and onboard. PSIRF will be the new route for identifying themes and trends from patient safety incidents and these will be woven into provider quality improvement (QI) programmes with targeted pieces of work.

We will also build on our engagement and co-production to further understand how best to approach patient safety, quality of care, and culture of care and use data and patient experience information to guide our transformation programme.

Learning from these processes and approaches will be shared between Providers and the ICB to inform continuous improvement and a learning culture.

Equitable

During the initial phase of transformation, we plan to refine data collection and analysis, to identify those most at risk in our population. This includes those people who appear underrepresented in our services as well as those who appear overrepresented given what we understand about the population of Coventry and Warwickshire. We will utilise the national Health Equity Assessment Tool (HEAT)[6] to do this.

We are implementing the Patient and Carer Race Equality Framework (PCREF) in CWPT.

CWPT have a new purpose-built ward for Autistic men which has been designed with sensory friendly principles both in term so the physical environment but also the way people work, and we would be looking to incorporate those principles across all our inpatient wards, notwithstanding the estates challenge we have with some of our units.

Advocacy is central to ensuring we understand the needs of our service users and we will be working with local VCSE organisations that support people with a learning disability and autistic people to ensure the voice of people remains central to our plans and is informing our provision and the way we commission services and support.

In Warwickshire and Coventry, Voiceability provide Independent Mental Health Advocates (IMHAs) who can also support two extra groups of people: voluntary and informal mental health in-patients and people accessing local NHS community-based mental health services. IMHAs help with issues related to mental health care and treatment.

[6] Health Equity Assessment Tool (HEAT) - GOV.UK (www.gov.uk)

We also recognise that physical healthcare is a concern as was borne out by the Safe and Wellbeing reviews. We are in the process of recruiting a physical health nurse for Learning Disability and Autism and a cross-directorate appointment of a catering dietitian to support our inpatient areas.

Therapeutic

The transformation will include a mix of practice-based evidence, and evidence-based practice, the latter of which includes: NICE guidance, NHS England guidelines and standards, GIRFT reports, research, as well as local and national strategies.

Locally, this includes the development of a trauma-informed care strategy and work is already in train to baseline services in relation to trauma-informed care. There are plans to include profession specific guidance to reflect a multi-professional team which is needed and ensure resources and infrastructure supports recruitment and retention.

This includes current work in Learning Disability and Autism to complete organisational baselines with regards to trauma informed care. These will identify gaps in provision and determine the priorities that we need to address including staff wellbeing as this is a focus of this work too.

Workforce plans (capacity and capability) to enable delivery of strategies and service plans will be developed. We will identify the skill mix for the transformation programme by September 2024.

Collaborative

Continued collaboration with ICS partners at Place, system and regional level will be required to deliver the transformation programme and improve patient flow and experience.

We will continue our ongoing developmental work with the local provider market to expand the options that are available to enable people to transition from hospital to a home of their own, including further developing options for suitable accommodation/housing in the local area. We will continue to commission provision on an integrated basis and in partnership with Place-based colleague to ensure that the breadth of needs of people with learning disability and Autistic people are met.

Coventry and Warwickshire ICS is signed up to the Prevention Concordat for Better Mental Health. It commits signatories to partnership working, across organisational boundaries, to address mental health challenges and signatories include local authorities, health and wellbeing boards, ICSs, and other health partnerships. Working together across these organisations allows the health and care system to address the wider determinants of health and wellbeing - a range of social, economic, and environmental factors that influence people's health such as housing, employment and green spaces - which both tackles existing issues and reduces the likelihood of poor mental health developing.

Focusing on prevention and early intervention not only improves the mental health and wellbeing of local people and communities, but it also reduces demand for services and has benefits for employers, education providers and emergency services. The local action plan includes intervening at key points during people's lives where differences can be made in promoting or improving health and wellbeing.

We will work to understand our delayed transfers of care (DTOCs) and recent admissions to identify gaps and inform wider market development. Advocacy is available for all patients and there are close working relationships with families.

Citizenship

One of our initial phases of work in the transformation programme is ensuring appropriate mapping of stakeholders and resources in the local area. Our stakeholders include staff, VCSE partners, social care partners, and service users and carers and they are all engaged in the transformation strategy with planned engagement activities throughout the whole duration of the strategy – and beyond.

Continued engagement of all stakeholders will ensure that we are continually held to account in achieving our aims of an equitable and responsive service.

We will use local data in the context of known national benchmarks and will utilise model hospital data to do this. There are Admission avoidance (including DSR processes) processes in each Directorate and these will also help to inform this aim. We will link with VCSE partners, and learn from the Community transformation, such that there is a collaborative approach to developing clear intervention pathways. We have robust and multifaceted governance agreed and believe that this will ensure we have the right people in the right place to ensure best outcomes.

Continuous focus on quality assurance of the services that people access remains key to our local approach - we will continue to embed our quality assurance SOP for specialist provision and use mechanisms such as our CeTR Oversight Panel and regular oversight visits, to monitor and drive improvements. We will review our approach to the Expert by Experience representation on CeTRs, to ensure we have a high quality and sustainable model for lived experience involvement in the process. In addition to this, we are committed to understanding the characteristics and needs of our inpatient population and people at risk of admission through an intersectionality lens as part of meeting the ICB's commitment to its health inequalities duties and will continue to progress a range of initiatives to support this agenda.

Our Community Learning Disability Teams (CLDT) and Intensive Support Teams (IST) whose primary work focuses on admission avoidance are also working with inpatient services to promote discharge. To support this, there is detailed work around Market Development with aim of developing the current provider market to best meet the needs of our population.

Full mobilisation of commissioned community and residential admission avoidance service offers will be prioritised to provide a safe space for support, and an appropriate alternative to hospital admission. We will also have a fully mobilised all age IST in place to ensure that the needs of autistic people age 25+ can be met by the service, complementing the existing forensic offer for autistic adults.

Strategic Links

We will align with strategies and plans which directly underpin delivery of our vision as follows:

CWPT	Coventry and Warwickshire System	National
•People at Our Heart •Clinical Strategy •Quality Improvement Strategy •Patient and Carer Involvement Strategy •Restrictive Practice Strategy	•Integrated Health and Care System Strategy •Health Inequalities Strategic Plan •All-Age Autism Strategy •Suicide Prevention Strategy •Preventing Homelessness in Warwickshire: a multi-agency approach •Coventry Housing and Homelessness Strategy	• DHSC Major conditions strategy • Suicide prevention in England: 5-year cross-sector strategy •Mental Health, Learning Disability and Autism Inpatient Quality Transformation programme •The national strategy for autistic children, young people and adults: 2021 to 2026 •Building the right support

6. How will we know it is working?

Improving experience and outcomes for patient and staff are at the heart of our transformation. Our ambitions are therefore focussed on achieving the following:

Ambition
Improved patient experience
Improving the therapeutic environment within inpatient services
Upgrading physical settings
Providing trauma-informed care local to home
Supporting our workforce
Addressing Health Inequalities
Minimising Length of Stay
Working to eliminate inappropriate Out of Area Placements
Reducing rehabilitation placements aligned with the plans to develop Rehabilitation inpatient stay models consistent / in line with the Tier 1 and Tier 2 Rehabilitation Commissioning Guidance
Reducing the number of people in hospital Learning Disability and Autistic people
Improving the quality of care

We will co-produce tangible outcomes and use data to establish baselines to track improvement over the three years.

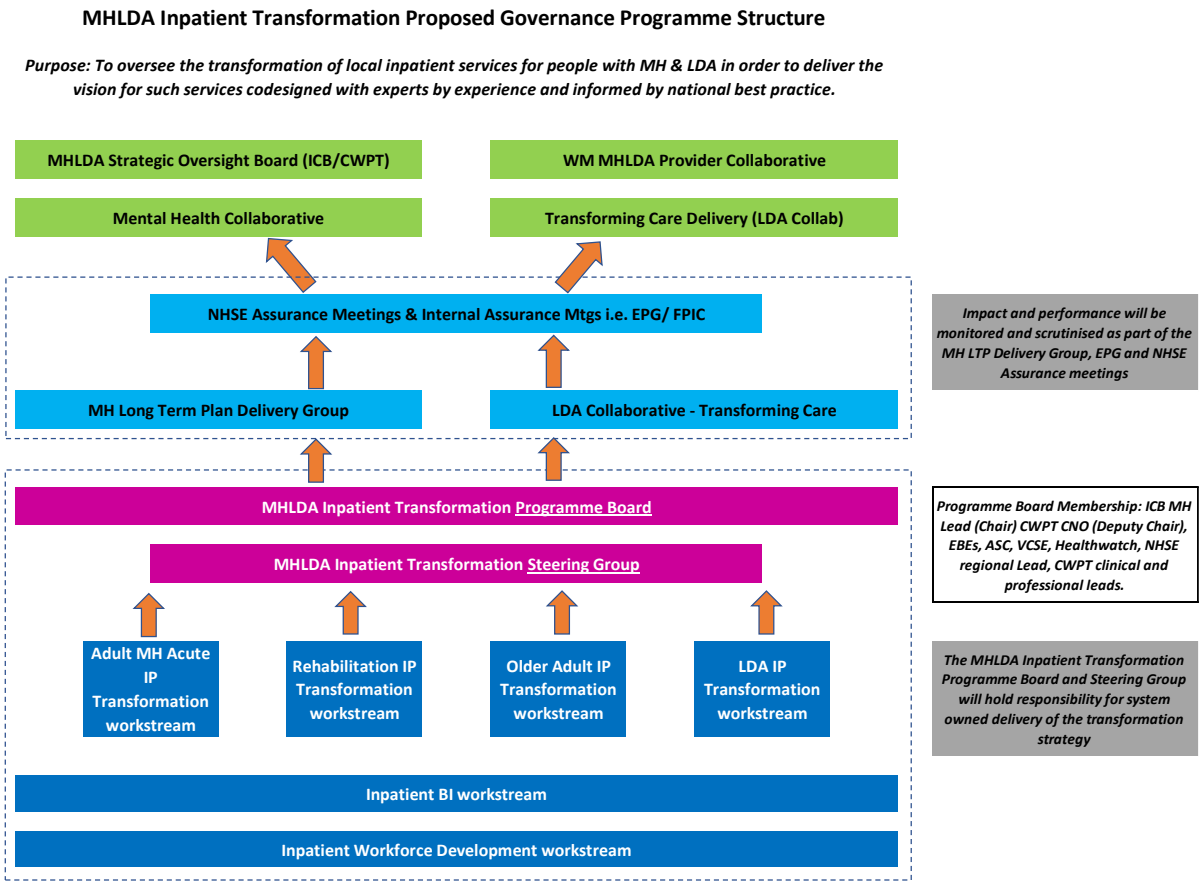
The delivery plan will be managed and overseen to ensure that the transformation programme is delivered on time (see section 8: Governance and Oversight)

To monitor our progress over the 3-year programme, we will repeat the self-assessment each year:

	Acute Adult Inpatient	Rehabilitation	Older Adult and Dementia	Learning Disability and Autism
Year 1 Score	**19**	**25**	**27**	**28**
Year 2 Score				
Year 3 Score				

7. Governance and Oversight

The Mental Health and Learning Disability and Autism Collaboratives in Coventry and Warwickshire held responsibility for establishing four speciality transformation groups (Adult Acute, Rehabilitation, Older Adult and Dementia, and LD&A) with representation from a broad range of stakeholders to gather views, undertake the self-assessment, develop the future vision, and plan and deliver the actions needed to move forward against that vision. These will be the delivery mechanism. The structure is shown in the figure below.



The Programme Board will be co-Chaired by the programme Senior Responsible Officers:

- Chief Nursing Officer, CWPT
- Director of Joint Commissioning, ICB

To support system integrated working, transformation leads from the Mental Health and Learning Disability and Autism Inpatient Transformation Programme Board will link with Place-based Medical meetings, Ward Matron meetings, Professional leads and Adult Social Care forums, so key stakeholders are informed and able to co-design solutions.

The work related to Autistic people and other Neurodevelopmental Conditions will sit within multiple forums and there are several clinical and operational groups in each CWPT Directorate. Overall governance and steer will be provided by the Trust Inclusive Services Group, and we are committed to delivery of the All-age Autism Strategy for Coventry and Warwickshire. Furthermore, we have strong links with the NHS England Regional Clinical Director for Autism and will continue to link with regional colleagues to ensure always sharing of best practice.

Interdependencies include community mental health, personalisation, urgent care, patient flow and neurodiversity. The transformation programme will also strongly interface with Safety and Quality governance. These will be managed through the governance framework with oversight from the Collaboratives and the Long Term Plan Delivery Board.

The Safety and Quality governance framework will have the oversight and quality monitoring processes described in the *Humane* section regarding all placements, decision-making, and reviewing arrangements for rehabilitation and PICU placements.

In the first year of the programme, the reporting arrangements and documentation to inform the governance framework will be considered further. We will also react dynamically and apply a quality improvement approach where there are opportunities for improving the approach.