



Lancashire Teaching
Hospitals
NHS Foundation Trust



Mental Health Strategy:

Children, Young People and Adults 2021–2024

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Mental health problems are widespread, at times disabling, yet often hidden.

(The Five Year Forward View for Mental Health 2016)

Around half of people with a lifetime mental health problem experience their first symptoms by the age of 14 and 75% of people before their mid-twenties.

(No Health Without Mental Health 2011)



Having a mental health problem increases the risk of physical health. Mental health problems such as depression are also much more common in people with physical illness.

(No Health Without Mental Health 2011)

Around 1 in 4 women experience mental health problems in pregnancy and during the 24 months after giving birth.

(The NHS Long Term Plan 2019)

Strategy Overview

The purpose of this document is to set out a 3 year strategy to support patients who have a mental health difficulty throughout their journey of care through our Emergency Departments, Inpatient and Outpatient areas. This strategy covers all ages - children, young people and adults.

At Lancashire Teaching Hospitals Foundation Trust (LHTR) we are committed to providing outstanding, patient-centred collaborative care whilst meeting the needs of physical health alongside mental health. It is crucial that our patients feel safe, listened to and have confidence in the knowledge and skills of our staff. This mental health strategy builds on the work that has been completed over recent years. It provides a clear commitment for continuing this progress, and aims for future development in treating and supporting mental health alongside physical health, and promotes the positive experiences and outcomes for our patients, families and carers. This mental health strategy will be measurable and be governed through our established mental health meetings for children, young people and adults.

Although the mental health of our staff is as much of a priority, it is to be noted that this strategy does not include the 3 year vision in relation to employee's health and wellbeing. Our workforce health and wellbeing is focused upon separately through our 'Time to Change' employer pledge, Mental Health First Aid training and Workforce and Organisational Development strategy.

The Strategy in Context

Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential (No Health Without Mental Health 2011).

One-in-four adults and one-in-ten children experience a mental health difficulty of some kind each year in England (MIND 2021). During pregnancy and after the birth of a child, women are at higher risk of experiencing mental health problems ranging from low mood to psychosis. At this time a woman who has previously experienced mental health conditions may find they return or worsen.

A decline in our mental health can affect anyone of us at any time, and it is recognised that many people accessing care within the Emergency Departments, Inpatient and Outpatient areas may require support around their mental health. A clear link between mental health and physical health has been noted in national drivers, for example; people living with diabetes are two to three times more likely to have depression than the general population and it is estimated that 30% of people with a long term physical health condition (for example diabetes, arthritis and heart conditions) also have a mental health condition (Public Health England 2018).

The Department of Health has estimated that 50% of patients in a general hospital are older people and the number of people aged 75 years or over is expected to double in the next 30 years. On an average day in a 500 bed hospital, older people occupy 330 of the beds, and of these 220 will have a mental disorder of some kind with depression (being the most common illness), psychotic disorders, dementia and delirium. It is noted that depression in later life can be a major factor in suicide (Royal College of Psychiatrists 2018).

The Treat as One document (NCEPOD 2017) recognised the importance of bridging the gap between mental and physical health care in general hospitals. Likewise Mental Healthcare in Young People and Young Adults (NCEPOD 2019) recognises that Emergency Department attendance shows an increased presentation rate due to mental health conditions compared with other health conditions highlighting the need for focus on mental health.

The Kings Fund (2016) highlighted that all health and care professionals have a part to play in delivering closer integration to meet the needs of both physical and mental health. Research recognises the importance of professionals being willing and able to take a 'whole person' perspective, and having the necessary skills to do so.

Following the Coronavirus pandemic of 2020, mental health decline has been evident throughout our communities. Lancashire Teaching Hospitals is dedicated to understanding the needs of our population and will strive to treat mental health at the same time as physical health.



The National Drivers for Change

In order to achieve best outcomes, the strategy has been aligned to national drivers and aims to support all of our staff to have the right skills and knowledge to provide excellent compassionate care. This document has been designed to be responsive to the needs of our patients; and therefore this strategy is a living document that may evolve over time linking to national drivers.

National drivers and Guidance used to develop this strategy include –

- Bringing together physical and mental health, a new frontier for integrated care (The Kings Fund 2016).
- The Five Year Forward View for Mental Health (NHS England 2016)
- The NHS Long Term Plan (2019)
- Relevant NICE guidelines and Clinical Guidelines (for example: Self-harm in over 8's- short-term management and prevention of recurrence. CG16)
- Saving Lives, Improving Mother's Care (MBRRACE-UK 2018)
- 2019 Surveillance of alcohol-use disorders, NICE guidelines PH 24 and G115 (National Institute for Health and Care Excellence UK 2019)
- Junior MARSIPAN : Management of Really Sick Patients under 18 with Anorexia Nervosa (Royal College of Psychiatrists 2012)
- Mental Health in General Hospitals: Treat as One (NCEPOD 2017)
- Mental Healthcare in Young People and Young Adults (NCEPOD 2019)

Where are we now?

Over recent years, Lancashire Teaching Hospitals has focused on mental health alongside physical health, driving service development and ensuring high quality care which is responsive to the needs of our patients.

Initiatives have included:-

- Joint working with our mental health providers- Mental Health Liaison Team (MHLT) and Child and Adolescent Mental Health Services (CAMHS) to drive forward parallel assessment and treatment (mental health alongside physical health).
- Educating our staff in relation to the requirement and benefits of parallel assessment (including assessment, treatment plan, early identification of pathways, care planning and risk management).
- The establishment of a new Mental Health Practitioner and Matron for mental health to lead service development, focus on patient experience, provide additional advice and support and work alongside our patients, Safeguarding team, mental health services and multi-agency partners (including Voluntary and Third Sector organisations).
- The establishment of multi-agency forums – (for example mental health operational groups for children and young people, Mental Health Interface and Emergency Department Frequent Attender meeting), with clear governance frameworks for reporting and monitoring progress.
- Progression within the Hospital Alcohol Liaison Service (HALS) - ensuring alcohol-use screening is part of an admission process; an alcohol screen adapted for use in pregnancy and embedded referral pathways.
- An established physical health psychology service, working into teams across the hospital where complex health needs require holistic treatment including psychological support to ensure appropriate engagement to manage long term health conditions (for example- pain management, major trauma and neurosciences).
- The development, pilot and implementation of an evidence based, all age Mental Health Risk Tool which promotes collaboration with children, young people and adults experiencing mental health difficulties. A tool which guides collaboration, discussion with families and carers (where involved) and enables us to provide individualised care in the Emergency Departments and on Inpatient wards.
- The development of a safe space/cubicle in the Emergency Departments for our young people and adults patients with a mental health difficulty and associated risk.
- The development of a calm safe space for children in the Emergency Department with a mental health difficulty.
- The development of an Adult Emergency Department Mental Health Grab Pack – ensuring an immediate assessment of risk and mental health is completed.
- MHLT access and record keeping onto LTHTR electronic patient notes – ensuring joint working and the ability to document assessment, risks and plan in relation to medication, pathways and support provided by the ward.
- The development of an Enhanced Levels of Care risk assessment (including the supporting of mental health patients) – guiding systematic practice into providing one-to-one, intermittent or general staff support and utilising therapeutic activities.
- A focus on least restrictive practice including review of policy, guidance on helpful strategies (engagement, activities, knowing the patient's likes and dislikes) to reduce the likelihood of restrictions (for example Enhanced Levels of Care) and ensuring these are in line with legal frameworks (Deprivation of Liberty Safeguards or Mental Health Act).
- Ensuring a culture of learning around mental health – reducing harm through organisational sharing of lessons learned, learning to improve bulletins, and policy development focusing on patient safety and positive patient experience and care that is responsive to individual needs.
- Close working with multi-agency partners in supporting our patients with a mental health difficulty, for example: the police, Lancashire & South Cumbria NHS Trust MHLT, Frequent Attender Team and the North West Ambulance Service.
- Perinatal Mental Health – routine screening ensured on the Whooley question for mental health at all contacts and pathways in place to refer to the Enhanced Support Midwifery Team.
- An established weekly clinic for our pregnant patients experiencing perinatal mental health difficulties.
- A newly established multi-agency group for substance misuse pathways.

- A safeguarding process which identifies our young people (16 and 17 year olds) on adult wards and ensures safeguarding and mental health needs are prioritised and supported, and parent/carer and multi-agency working is established (education, local authority, third sector and LSCFT).
- An established Youth Forum who co-produce and advise the Children's Division (on all matters relating to improvement, experiences, service delivery).
- Joint working with the Frequent Attender team and Community Mental Health Teams to develop care plans which support Emergency Department attendances or inform how best to care for a patient when admitted with severe and enduring mental illness.
- A mental health event jointly organised with the Clinical Commissioning Group (CCG) to increase knowledge of mental health support services, pathways and initiatives. Presentations completed from NHS and Third Sector providers for staff and multi-agency partners.
- Training has been key throughout our journey so far, recognising that increasing the knowledge and skills of staff enables the delivery of high quality care. Training developed and delivered includes:
 - ◊ An e-learning module on the Mental Health Risk Tool – with a mock patient interview to increase confidence in talking about mental health and a focus on collaboration, triggers and protective factors.
 - ◊ An e-learning module on 'Supporting our patients with emotional distress in virtual consultations', which recognises the different ways of working during and following the pandemic, and how best to support patients.
 - ◊ An e-learning module developed by the Hospital Alcohol Liaison Service in meeting the needs of our patients with an alcohol-use disorder, including the use of the screening tool, delivering brief intervention and the management of alcohol withdrawal.
 - ◊ Monthly training delivered by CAMHS.
 - ◊ The paediatric teams being upskilled through external training, for example 'We Can Talk'.
 - ◊ Mandatory training for the midwifery teams in Perinatal Mental Health (PNMH), and the need for screening, detecting and referring into the Specialist Mental Health midwife/PNMH teams.
 - ◊ Mental Health Act (MHA) Training - face to face and e-learning in context of the Trust being CQC registered for the MHA.
 - ◊ Third Sector training delivered on self-harm and suicide.
 - ◊ Bespoke training sessions on mental health.

Consultation: Who we have listened to in developing this strategy:

Multi-agency working is identified in The NHS Long Term Plan as a priority area where the importance of the delivery of services through integration and collaboration between organisations is recognised. This multi-agency working has been key for the development of the strategy alongside experts by experience, families and carers.

Key people have included;

- Lancashire Teaching Hospitals Foundation Trust Patient Experience and Involvement Group.
- Experts by Experience
- Lancashire Teaching Hospitals Foundation Trust Patient Experience and PALS team
- Lancashire Teaching Hospitals Foundation Trust Governors
- Clinical Commissioning Groups (CCG)
- Lancashire & South Cumbria Integrated Care System (ICS)
- Families and Carers
- Lancashire Teaching Hospitals Foundation Trust Specialist Teams, Emergency Department, Inpatient and Outpatient multi-disciplinary staff.
- Lancashire & South Cumbria Foundation Trust - Child and Adolescent Mental Health Services, Eating Disorder services, Mental Health Liaison Team

Strategic alignment

Given that Dementia has shared pathways with mental health it is crucial that this strategy is aligned to the Dementia strategy. The Specialist Dementia Nurse role is embedded in the Mental Health, Learning Disability, and Autism Team. We will ensure that both strategies are closely aligned.

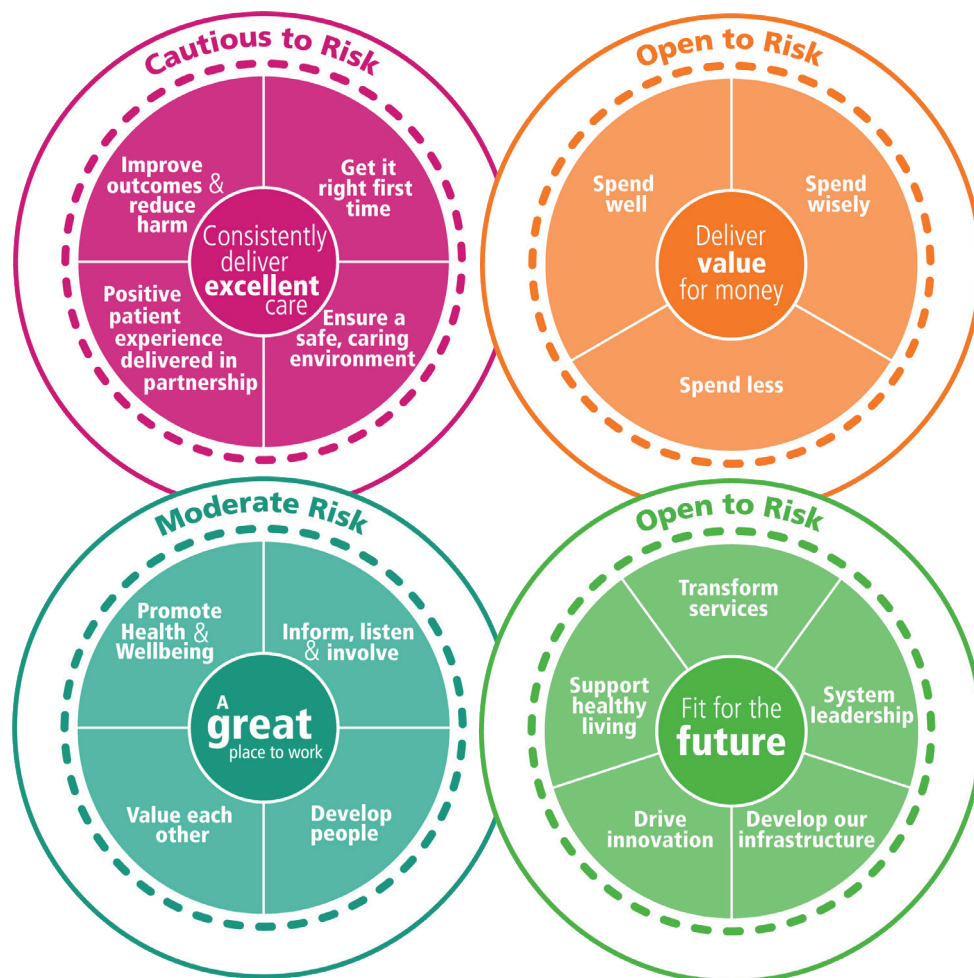
It has also been key to align this strategy with 'The Patient Experience and Involvement strategy,' the 'Nursing, Midwifery, Allied Health Professional & Care Givers strategy' and the 'Equality, Diversity and Inclusion strategy'. These strategies similarly provide a clear plan to improve patient experience at LTHTR through the Trust ambition to 'Consistently deliver excellent care'.

The aims of the Patient Experience and Involvement strategy are based upon the 4 aims of the trusts strategic ambition 'Consistently deliver excellent care'.

1. **Deliver a positive experience**
2. **Improve outcomes and reduce harm**
3. **Create a good care environment**
4. **Improve capacity and patient flow**

This Mental Health strategy aims to identify how we, across Lancashire Teaching Hospitals, can work as one team with our colleagues and multi-agency partners by ensuring the aims of this strategy are in complete alignment with the Trusts overarching strategic direction and ambitions. This strategy is for use in all departments (Emergency, Inpatient and Outpatient areas) and specialist teams (for example Nutrition, Discharge Facilitators/ Discharge Assessment Nurses, Trauma and Burns) recognising that every staff member is crucial in driving high quality standards of care and positive patient experience.

This strategy is aligned to our ambitions within the Big Plan; Our Commitments indicate which areas they fit. Our ambitions are:



Our Values

Lancashire Teaching Hospitals NHS Foundation Trust is one of the largest acute Trusts in the country, providing district general hospital services to 370,000 people in Preston, South Ribble and Chorley and specialist care to 1.5 million people across Lancashire and South Cumbria.

Our mission is to always provide excellent care with compassion which we do from three facilities:

- Chorley and South Ribble Hospital
- Royal Preston Hospital
- the Specialist Mobility and Rehabilitation Centre

We are a values driven organisation. Our values were designed by our staff and patients and are embedded in the way we work on a day to day basis:



Being caring and compassionate

Being caring and compassionate is at the heart of everything we do, we will understand what each person needs and strive to make a positive difference in whatever way we can.



Recognising individuality

We appreciate differences, making staff and patients feel respected and valued.



Seeking to involve

We will actively get involved and encourage others to contribute and share their ideas, information, knowledge and skills in order to provide a joined up service.



Building team spirit

We will work together as one team with shared goals doing what it takes to provide the best possible service.



Taking personal responsibility

We are each accountable for achieving improvements to obtain the highest standards of care in the most professional way, resulting in a service we can all be proud of.





Key strategy priorities

Commitment 1 – The Trust will work to involve patients, families and carers in the service developments around mental health, reaching a co-production model and improved patient experience.

We will:

- Improve the learning around compliments, complaints and Family and Friends Test specific to mental health and care, with the LTHTR mental health matron/practitioner working closely with the Patient Experience and PALS team. Continue to thematically analyse the results of the 'you said, we did' in relation to mental health.
- Increase opportunity to receive patient feedback from those attending the Emergency Departments and link in with our mental health providers to receive feedback even when the patient's journey stops at the Emergency Department, and their journey has progressed into LSCFT.
- Ensure families and carers are aware of the Carers Charter, Carers Forums and their experience of mental health care in LTHTR is heard.
- Explore opportunities for the development and delivery of training to involve our experts by experience and include their lived experience to improve the care around mental health.
- Ensure patient feedback and learning from incidents are communicated through to our mental health groups for improvements.
- The Trust will use the 'Triangle of Care' self-assessment framework to inform improvements for people caring for a person with a mental health difficulty.
- Stage engagement events throughout the year to give patients a voice, with progress updates on the strategy ensuring that the document is 'live'.

Commitment 2- LTHTR staff will have the knowledge and skills to provide high quality and compassionate care to best support our patients with their mental health.

We will:

- Develop the role of Mental Health Champions to deliver key messages and increase confidence within teams. Mental Health Champions will complement the role of the Dementia Champions, Learning Disability Champions and Safeguarding Champions.
- Develop training packages in Mental Health conditions, with a key focus on collaborating individualised care, understanding the challenges that mental health experiences may bring, different types of mental disorder and vulnerabilities, factors affecting mental health (for example: trauma, physical health, social isolation, substance abuse), the impact on physical health, the promotion of understanding the patient's strengths, triggers and helpful intervention to reduce distress. Training packages to include e-learning and face to face.
- Divisional management teams to complete training needs analysis for their clinical teams, to ensure they have access to training and compliance is monitored.
- Consider Induction training and how best to capture our new staff for training within mental health.
- Increase the workforce's knowledge into potential risk behaviours associated with a decline in mental health (for example psychosis and depression resulting in risk to self). Staff will have completed the Mental Health Risk Tool training and feel confident in collaborating on risk management plans.
- Increase the skills and ability of staff in relation to self-harm, including use of Self-harm safe kits, knowledge and ability to access external training (for example; Healthier Lancashire and South Cumbria ICS commissioned training), and use of the Mental Health Interactive Map.
- Paediatric staff will continue to access the available CAMHS training to increase their confidence, knowledge and skills in understanding children's mental health and supporting children and young people within LTHTR.
- Continue to increase staff knowledge base around the Mental Health Act (MHA), patient rights, process of appealing, and least restrictive practice. Promote the continued uptake of the Mental Health Act (MHA) e-learning module and re-commence the face to face training on the MHA post pandemic.
- Monitor compliance with the alcohol e-learning package and audit the quality of care received by patients dependant on alcohol – focusing additional training and support from HALS.
- Work with Blended Learning to develop the ability to monitor uptake of external training packages – for example MindEd and We Can Talk.
- Include patient stories and involve experts by experience in training developed (and delivered once networks established as per Commitment 5).
- A mental health resource toolkit which includes activities to reduce boredom, relax and engage patients.
- Learning from good practice and also incidents and improvement methodology will be fed back into education and training as part of our Always Safety First strategy.
- Ensure continued progress in the Supervision strategy – ensuring supervision, exploring specific needs for staff support, reflective practice and wellbeing based on job roles understanding that staff's ability influences patient care.
- Continue to work with the Named Nurses for Safeguarding – Child and Adult to ensure the overlap of mental health, mental capacity and Gillick competencies are considered and embedded into training programmes.



Commitment 3 - Our Children and Young People will have a positive patient experience and pathways for mental health which will ensure care is timely and individualised to need.

We will:

- Develop our care in line with Commitment 5 and NCEPOD Treat as One and Mental Healthcare for Young People and Young Adults.
- Ensure children and young people are asked for feedback on their care introducing the locally developed business card with QR function to the Family and Friends Test for 'Children's emotional wellbeing and mental health'.
- Ensure that the feedback received from the children and young people family and friends test is used to guide service development and governance monitors 'you said, we did'.
- Consult with our Youth Forum in any service developments relating to mental health – building on a co-production model around mental health. This includes planning, co-producing and piloting materials and tools, and reviewing service-development based on patient feedback.
- Develop (in conjunction with the Patient Experience and PALS Team) a Complaints and Concerns Policy for C&YP, along with Easy Read information to support this.
- Build on the integration of CAMHS with LTHTR – CAMHS working within LTHTR premises so that referral response and joint working is further improved.
- Develop the ability for CAMHS having the function of documenting in LTHTR electronic record of their assessment and risk management plan rather than current paper notes.
- Develop a template for CAMHS practitioners to use for documentation – ensuring that all relevant clinical information is shared including -assessment, triggers, protective factors and risk management plans specific to the ward are shared.
- Work to improve the pathways/joint working with the Eating Disorder services for Children to ensure timely assessment and multi-agency support and care planning for children on the ward.
- The Junior MARSIPAN guidelines for our young people with Anorexia will be embedded in LTHTR – both in policy and training.
- LTHTR will be involved in any development of Junior MARSIPAN pathways alongside our multi-agency partners and Eating Disorder service.
- Work with our multi-agency partners (CAMHS and LSCFT Frequent Attender team) to develop care plans for any children and young people who are frequent attenders to the Emergency Department. Enabling consistency of care and to ensure that all LTHTR staff are aware of the child/young person's strengths, helpful strategies and needs. Care Plans will be collaborated with the child/young person and their families and/or carers.
- Strengthen the Children and Young Person Mental Health Operational Group – ensuring recommendations for the NCEPOD 2019 are actioned, drive care and Key Performance Indicators evidence the journey.
- LTHTR will be guided in a plan of care by CAMHS/MHLT for young people at transition age to ensure the referral process is known and to ensure that different wards can respond in a way that is most helpful for the young adult. This will be accessible on LTHTR notes or communicated by mental health services at the point of referral.
- Staff will demonstrate consideration and use of the 'All About Me' or other resources, such as the Hospital Passport for learning disability and autism, which directs the patient's likes, dislikes, strengths and challenges which may impact on emotional health, and indicate the need for reasonable adjustments in the departments and ward.

Commitment 4 – Early identification and support for Perinatal Mental Health will remain a priority

We will:

- Continue to represent the Trust at the North West Coast Strategic Clinical Network.
- Ensure that we are closely aligned to the work being completed for the review of the pathway and guidelines for Antenatal and Postnatal perinatal mental health. This will incorporate the new Maternal Mental Health Service (MMHS) pathway including tocophobia, trauma and loss and link with the Parent Infant relationship pathway.
- Develop training on the pathway and guidelines – including this into the mandatory training already delivered.
- Embed the new pathway and guidelines for providing advice to parents on completing the New-born Infant Physical Examination (NIPE) in relation to medication withdrawal and support contact numbers.
- Support any future service development following the pilot of the new Maternal Mental Health Service across Lancashire and Cumbria, in collaboration with the Lancashire and South Cumbria New Born Alliance - Better Births Transformation Programme. This service will support women with a history of loss, birth trauma and tocophobia.
- Continue to audit and drive forward the compliance of asking the Whooley mental health questions at the booking and every antenatal contact.
- Monitor the effectiveness of the weekly PNMH clinics with health partners (PNMH Teams), considering referrals, joint working from the Enhanced Support Midwifery Team (ESMT) and high quality of care to our perinatal patients.



Commitment 5 - LTHTR will continue to work with our key partners to ensure seamless care that meets the needs of our patients with a mental health concern (in line with the NCEPOD Treat as One, Mental Healthcare for Young People and Young Adults and Royal College of Emergency Medicine Mental health Toolkit).

We will:

- Audit the Emergency Departments in line with the 'Royal College of Emergency Medicine (RCEM) mental health audit standards for the Emergency Department'.
- Ensure the guidance and recommendations of the RCEM mental health toolkit are systematically reviewed, audit of current position completed and action plans/progress evidenced for the Emergency Departments.
- Continue to drive the completion of the Mental Health Risk Identification and Management Tool by LTHTR staff, whilst awaiting MHLT assessment.
- Work alongside LSCFT and jointly audit the quality of mental health assessments and risk management plans.
- Ensure discharge planning for patients with a mental health condition involves the wider agency Multi-disciplinary Teams including MHLT and various mental health teams (for example; Community Mental Health Teams, private providers) where indicated or already involved.
- Work closely with the patient, mental health providers, families, carers and the CCG where delays for a mental health bed are experienced. Ensuring that the documentation from mental health (MHLT or CAMHS) has ongoing review, risk management and plan of care. The patients mental health needs will be supported at all times, when needed – either by 1:1 support from mental health, or as a plan of Enhanced Levels of Care by LTHTR.
- Ensure our clinical teams have worked closely with patients, carers and external care providers to understand and make Reasonable Adjustments in accessing health care at LTHTR.
- Work to embed the Samaritans Helpline on bedside telephones.
- Progress the substance misuse work with the CCG and substance misuse services – developing a referral form which is securely received and timely assessment completed (in line with the NCEPOD Treat as One recommendations).
- Educate our workforce into the local substance misuse services enabling the ability to signpost.
- Develop a policy on the early recognition of withdrawal and prescribing for withdrawal of substances.
- HALS will conduct a monthly audit of the quality of care received by patients who are dependent on alcohol, this will include the quality of the initial screening, the alcohol history taken by the medical staff, the identification of any red flags for severe alcohol withdrawal and the appropriateness of any subsequent prescribing.
- Continue to work on Continuous Improvement Projects, such as the Safety Surveillance Whiteboards which will include Enhanced Levels of Care in line with our Always Safety First strategy.
- Continue to develop the staff's abilities for signposting to mental health and voluntary services using a number of resources (for example- Intranet web site).

Key strategy priorities

- In order for Lancashire Teaching Hospitals NHS Foundation Trust to demonstrate the delivery of high quality mental health care and support for adults, children and young people indicators of success are an essential part of our strategy.
- Progress into the NCEPOD Mental Healthcare for Young People and Young Adults (2019) will be driven by the Children and Young People Mental Health Operational Group.
- Progress into the NCEPOD Treat as One (2017) will be driven by the Mental Health Interface meeting. All actions will be inputted onto AMAT for governance/monitoring.
- Positive patient, family and carer experience will be evidenced through feedback – Family and Friends Test, Youth Forum, newly developed patient feedback with mental health, compliments, concerns and complaints.
- The strategy will remain live and fluid in its development, in line with the Integrated Care System and Integrated Care Partnership, improvements will be made in line with the footprint.

- Samaritans will be available through our bedside telephones.
- Substance misuse referrals, pathways and prescribing policies will be embedded in practice.
- Audit of mental health notes, Mental Health Risk Tool and Enhanced Levels of Care risk assessment will evidence compliance with the NCEPOD recommendations of integrated care records, shared risk management plans and local policy compliance.
- The culture of parallel assessment will be fully embedded.
- Staff will have the knowledge and skills in mental health and feel confident in supporting our patients.
- There will be increased evidence of multi-agency care plans in supporting our children, young people and adults with a mental health support need.
- Experts by Experience, their families and carers will be co-producing the journey for mental health in LTHTR.

Next steps and conclusion

This Mental Health strategy for Adults, Children and Young People sets the direction of travel for Lancashire Teaching Hospitals NHS Foundation Trust for the period of 2021 - 2024.

The progress of this strategy will be driven and monitored through our mental health operational groups, patient experience group and involvement group, and safeguarding board. Due to the work already completed, guided by the NCEPOD documents and through the Mental Health Interface and Children/Young People Mental Health Operational Group, a first year implementation plan has not been included in this strategy. An annual update will be provided to the CCG and Safeguarding Board.

Our strategy is aligned to NICE guidance and is specifically guided by the NCEPOD documents, Treat as One and Mental Healthcare in Young People and Young Adults, given the documents' focus on mental health care with Acute General Hospitals.

Lancashire Teaching Hospitals NHS Foundation Trust is committed to ensuring that as an organisation we make this reality through our own value system, strong leadership, the development of our workforce and seeking to involve experts by experience, families, carers and multi-agency partners in everything we do.

Abbreviations

CAMHS	Children and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
HALS	Hospital Alcohol Liaison Service
LSCFT	Lancashire and South Cumbria NHS Foundation Trust
LTHTR	Lancashire Teaching Hospitals NHS Foundation Trust
MHLT	Mental Health Liaison Team
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NIPE	New-born Infant Physical Examination
PNMH	Perinatal Mental Health
RCEM	The Royal College of Emergency of Emergency Department
UK	United Kingdom



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