

Strategic Outcomes	Specific Outcomes	
<b>i) Improved health population outcome</b>	1) Tackle with our partners and service users the wider determinants of health	1. Work more closely with the Voluntary Sector 2. Improved access to housing – important for our service users; however, point was made that insufficient support for challenging behaviour in the community can lead to others, non-Service users, no longer feeling safe in their homes which in turn negatively affects their health. 3. Work more closely with the local authority
	2) Help people lead healthier lifestyles and improved prevention of ill health	4. Improve work in schools and universities; identify children and young people with mental health problems early. Also review services for pupils with Special Educational Needs/those with Education Health and Care Plans (Autism or Learning Disability services) 5. Strong general emphasis on early intervention, esp for CAMHS 6. Raise awareness of mental ill health and work to reduce stigma (focus on communities where there may be particular problems, either culturally or socially (eg lots of single East European men in Newham) 7. Address social isolation
	3) Reduce health inequalities	8. Provide (with partners) better information about access to support and benefits (upon discharge, but not just those who are inpatients). Also information on support with travel costs (Freedom Pass etc). 9. Services to be more aware of cultural and social difficulties in accessing healthcare (eg dietary requirements, cultural stigma, but also issues like large number of East European single men)
	4) Deliver more integrated health and social care service	10. Strong focus on improving the physical health of people with mental ill health (more physical health activities (need to be accessible and well publicised!), strong link with GPs, better information flow between GPs and ELFT) 11. Integration of services/single pathways for complex or multiple conditions/needs (Autistic Spectrum Disorders, substance misuse, chronic fatigue (?), hoarding)
<b>ii) Improved experience of care</b>	5) Improve access to services	1. Better, more innovative, less jargon~y ways to share information about Trust services (special focus on crisis line, crisis provision, recovery college, other activities eg social prescribing (Boxercise etc)). Feeling there is a lot of excellent work and support in the Trust which people are not aware of. 2. Quicker access to service – reduce waiting times 3. Lower thresholds for accessing CAMHS (short waiting times but high thresholds) [something here about accessibility re points 2-5] 4. Crisis services, day centres, out of hours services – to be improved and more of them (and information about them shared more widely!) 5. Reduce out of area provision
	6) Improve service user experience and the outcome of their care, addressing inequities	6. Improve work on transition between services, and discharge from services (e.g. from CAMHS to adult services). Ensure external support and housing/benefits are addressed before discharge. 7. Maximise continuity for care coordinators (especially L&B)
	7) Increase the numbers of people positively participating in their care and in service improvement	8. Carers. Support carers, identify carers, offer activities for carers. CAMHS should know which one of their service users also have carer responsibilities (also goes for Adult services, but special point raised in Hackney about surprising large number of child carers and the impact this may have on their mental health).

	8) Improve service user safety and reduce harm	1. Better, more informed prescribing of medication
	9) Support more service users to meet their recovery goals	2. Easy-read information on services, activities,

0 11 "v °° 1 v 1 ° 1#

- 
- 9. Stop team reorganisations before previous scheme has had time to become embedded (Improved staff experience)
  - 10. Minimise use of agency staff (Value for Money)