



Clinical Strategy

2026-2031

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Executive summary

Cambridgeshire and Peterborough NHS Foundation Trust's Clinical Strategy sets out a bold vision for the next five years - aligned with our Trust vision: **“Together we will support our communities to lead healthier lives”**.

Shaped by the voices of service users, families, carers, and staff, and aligned with national and system priorities including the NHS Long-Term Plan, our strategy reflects a shared determination to improve lives through partnership, innovation, and clinical excellence.

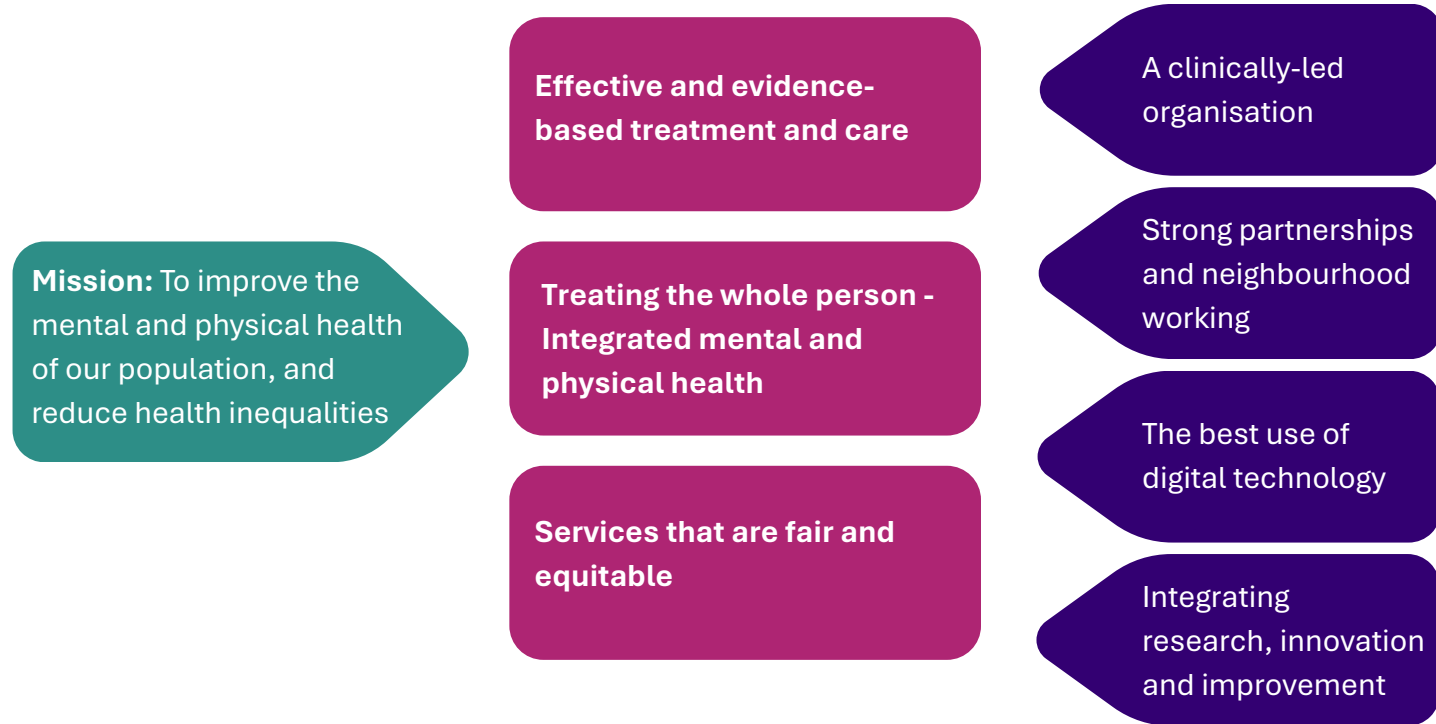
We are committed to care that treats the whole person, mind and body, grounded in evidence, guided by lived experience, and driven by our belief in equity of access, outcomes, and experience for all.

To achieve this, we will build on our strong foundations as a clinically led organisation - one that empowers our staff, embraces digital transformation, innovation and research, strengthens partnerships, and leads the way in delivering safe, high-quality, person-centred care across Cambridgeshire and Peterborough.

Our mission and priorities

Mission

Our mission and what we want to achieve...



Co-production, valuing our staff; population health approach

Professionalism, Respect, Innovation, Dignity, Empowerment

Introduction

We're proud to share our new Clinical Strategy for 2026-2031 – a practical and ambitious roadmap shaped by the voices of our patients, service users, carers, staff, and communities.

As a leading provider of community and mental health services, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) is at the forefront of challenges facing the NHS: an ageing population, rising demand for mental health support, and the need to deliver more with fewer resources. These challenges are significant - but they also bring real opportunities to work differently and achieve better outcomes.

Our patients, service users, carers and families have told us what matters most: timely access to care, personalised and effective treatment, support that feels joined-up, and services that work seamlessly together. This strategy is our commitment to deliver on those priorities.

We are proud to be a University Teaching Trust and a member of the University Hospitals Association. Through strong partnerships with the University of Cambridge, Anglia Ruskin University and Cambridge University Health Partners, we bring research, innovation and education into everyday practice - ensuring our patients benefit from the latest knowledge, treatments and expertise.

At the heart of this are our exceptional staff, whose commitment to learning, innovation and compassionate care drives real change for our patients and service users.

Looking ahead, we will lead the way in prevention, embracing neighbourhood-based models of care and promoting health and wellbeing before crises arise. Innovation is central to this ambition, from digital tools to artificial intelligence, helping us work smarter and deliver more personalised support.

The NHS is changing, and CPFT is ready to play a leading role in shaping its future. Our strategy sets a clear course for care that is joined-up, forward-looking, and truly centred on people's lives.

Dr Cathy Walsh

Chief Medical Officer and Consultant Psychiatrist



Dr Cathy Walsh

Foreword by Participation and Partnership Forum Chair



Margaret Reed Roberts

I am pleased to be able to endorse the Trust's Clinical Strategy, on behalf of the Participation and Partnership Forum, CPFT's service user forum.

The Clinical Strategy provides a road map for reshaping and innovating care to better identify and meet local needs, at a time of significant challenge and change.

Our involvement has shown that the amplifying of patient and carer voices and putting our lived experience through coproduction at the heart of decision-making, can enhance evidence, make care safer and more trusted and improve outcomes.

We are particularly pleased to see an emphasis on health equity in the strategy. Health equity matters because patients are not averages; when people are seen, heard and valued across language, culture and health need, care fits the person, not just the problem. Where a patient's or carer's understanding of their own or loved one's needs is recognised, this can be transformative.

The Strategy demonstrates a very real commitment to supporting patients and carers through shared decision making, and reflects an understanding of our needs in meaningful ways, that will enable more holistic perspectives and services.

As a group of patients and carers, we are thankful for the hard work, dedication and commitment of staff across the Trust. We look forward to continuing to work together, to develop further, the context and culture in which so much vital care is delivered in CPFT.

Margaret Reed Roberts

Chair, Participation and Partnership Forum

What we do

Our organisation: CPFT is a specialist community and mental health Trust with the expertise and reach to deliver truly holistic care across both physical and mental health, from home and community settings through to hospital care. This breadth is one of our greatest strengths, allowing us to provide whole-person support and enabling people to move between different levels of care as their needs change.

Community at the heart: The heart of our work is in the community, supported by specialist inpatient units for those who need more intensive care. We are committed to expanding and strengthening our community offer - helping people to stay well at home, recover sooner, and avoid unnecessary hospital admissions.

Expertise in serious mental illness: We are the system leaders in supporting people with the most complex and serious mental health needs. Several of our teams are award-winning and nationally recognised for their excellence in delivering compassionate, safe and evidence-based care that helps people achieve recovery and independence.

Prevention: Prevention is central to everything we do. Every service plays a part in preventing ill health and promoting wellbeing. By embedding prevention into everyday care, we aim to help people stay healthier for longer and reduce avoidable health inequalities.

Population health and system thinking: We are strengthening our role as a system partner, using population health data and insight to focus on where we can have the greatest impact. By working collaboratively and thinking beyond organisational boundaries, we aim to close health gaps, make the best use of shared resources, and improve outcomes for the communities we serve.



Community health:

- Children's community health (Peterborough)
- Adult community physical health and frail elderly
- Minor Injuries Units (MIUs)
- Joint Emergency Teams (JET)
- Rehabilitation and inpatient wards
- End-of-life care



Adult and older people's mental health:

- Primary care, crisis and community services
- Inpatient care
- Eating disorders
- Dementia services
- Learning disability
- Substance misuse
- Forensic psychiatry
- Perinatal psychiatry
- Psychological therapies
- Liaison psychiatry
- Personality Disorders



Child and Adolescent Mental Health (CAMH):

- YOUUnited
- CAMH community
- CAMH in-patient
- Neurodiversity services
- Eating disorders
- Paediatric liaison psychiatry

Education, research and innovation: CPFT doesn't just deliver care - we help shape what great care looks like. As a University Teaching Trust, we train the next generation of clinicians, and support our staff to keep learning. We're a hub for research and innovation, turning new ideas into better care. Working with world-class universities, we test new approaches and use evidence to make a real difference in people's lives. Our strength lies in combining frontline experience with academic excellence - creating a culture of curiosity, improvement and discovery to benefit patients.

About us

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) provides joined-up mental health, learning disability and community services across Cambridgeshire and Peterborough. Our Trust vision “Together we will support our communities to lead healthier lives” highlights our commitment to partnership working, and serving the physical and mental health needs of our population.

We cover the six districts of South Cambridgeshire, East Cambridgeshire, Huntingdonshire, Cambridge City, Fenland and Peterborough, as well as a small number of services in Norfolk and Hertfordshire.

We’re proud to have more than 5,000 staff working across more than 50 sites, with major hubs at Fulbourn Hospital in Cambridge and the Cavell Centre in Peterborough.

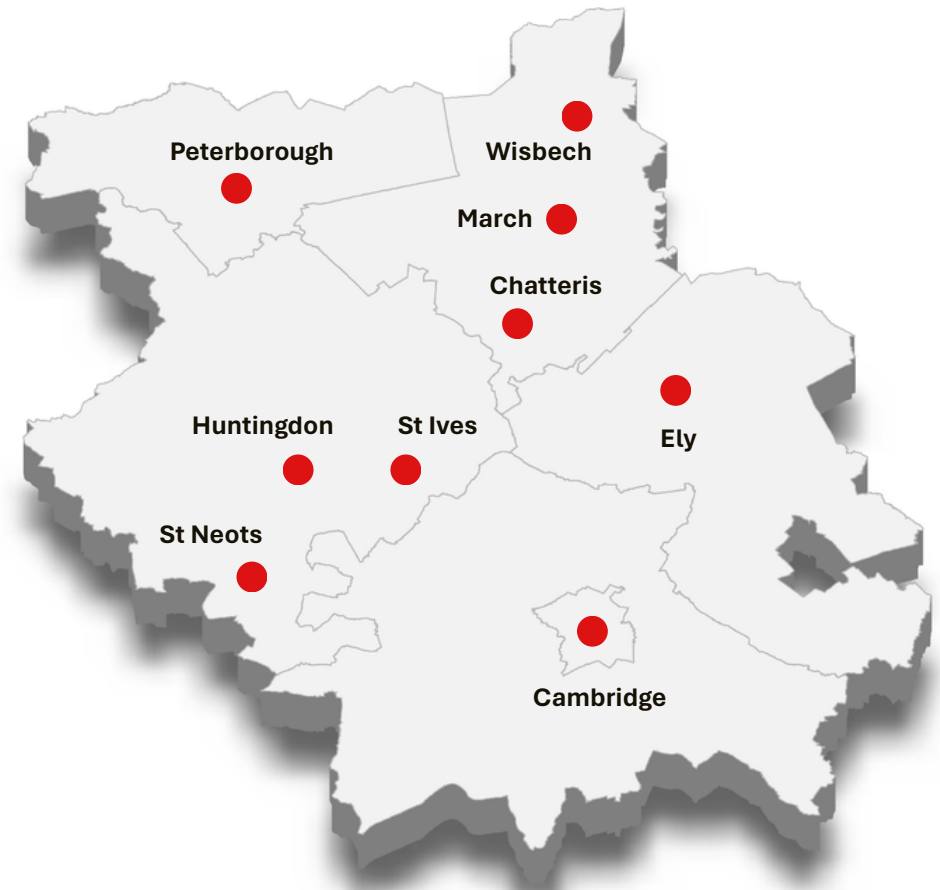
We have University Teaching Hospital status - currently one of only five community and mental Trusts in the country to achieve this - with the University of Cambridge. We also work closely with academic partners to lead research and innovation that improves care.

CPFT is the mental health partner for the new Cambridge Children’s Hospital, working together with Cambridge University Hospitals NHS Foundation Trust and the University of Cambridge.

We’re also part of the Integrated Care System, collaborating with GPs, hospitals, councils, schools, and voluntary organisations to make care more connected and responsive.

We work to deliver services in accordance with our PRIDE values of Professionalism, Respect, Innovation, Dignity and Empowerment

Cambridgeshire and Peterborough



Our population



CPFT supports nearly one million people across six districts, covering both urban and rural areas.



Our population is ethnically diverse, and becoming more so, especially in our cities. More than 80 languages other than English are spoken in Cambridgeshire and Peterborough. In Cambridge, 38% of people living there were born outside the UK, and 28% in Peterborough.



There are areas of high deprivation with more than 47,000 children in Cambridgeshire and Peterborough living in poverty, ranging from 17% of children in East Cambridgeshire to over 30% in Peterborough and Fenland.



Our population is growing and ageing — by 2031, the number of people aged 65+ will rise by 26%. The number of people living with dementia is expected to rise by 41% in Cambridgeshire and 47% in Peterborough by 2040.

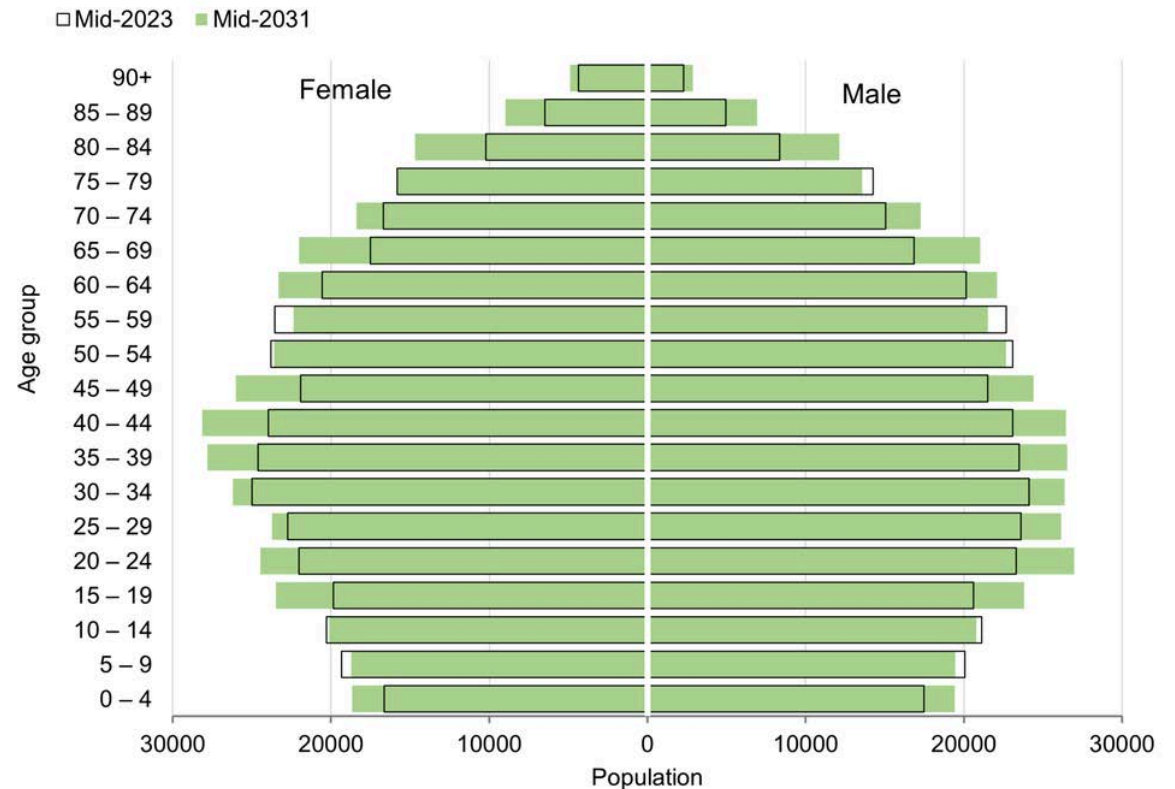


Long-term health conditions are increasing, with more people living with one or more long-term conditions such as diabetes and cardiovascular disease.



There are stark inequalities in our population's health with an eight-year gap between the lowest and highest life expectancy in our area.

Cambridgeshire County Council's mid-2023 population estimates and 2023-based population forecasts for mid-2031 by sex and age group, Cambridgeshire

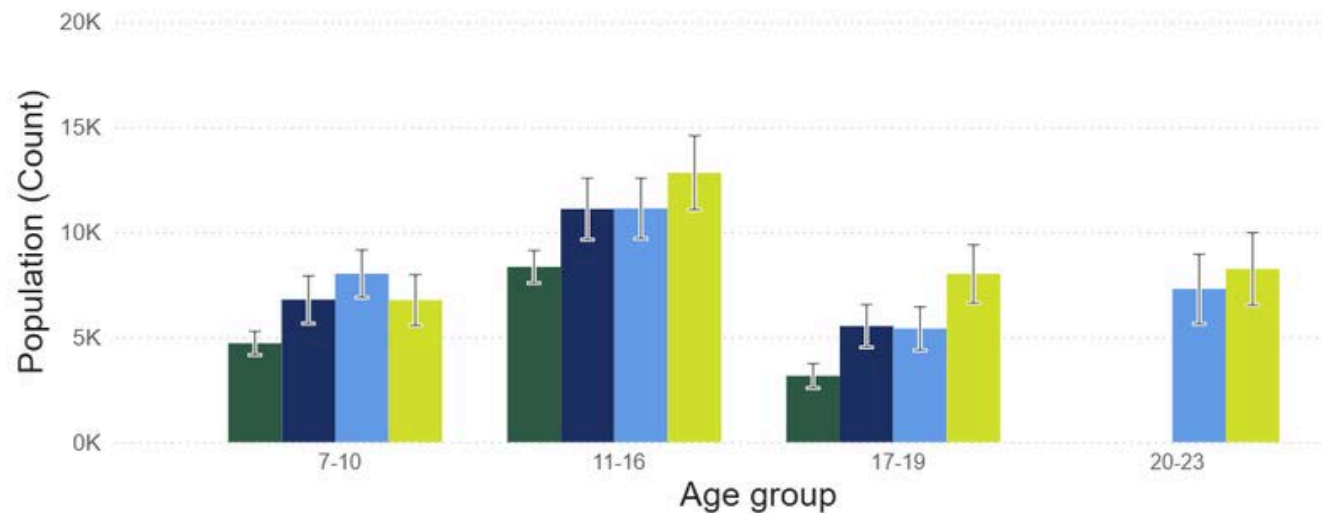


Source: [Cambridgeshire and Peterborough Insight](#)

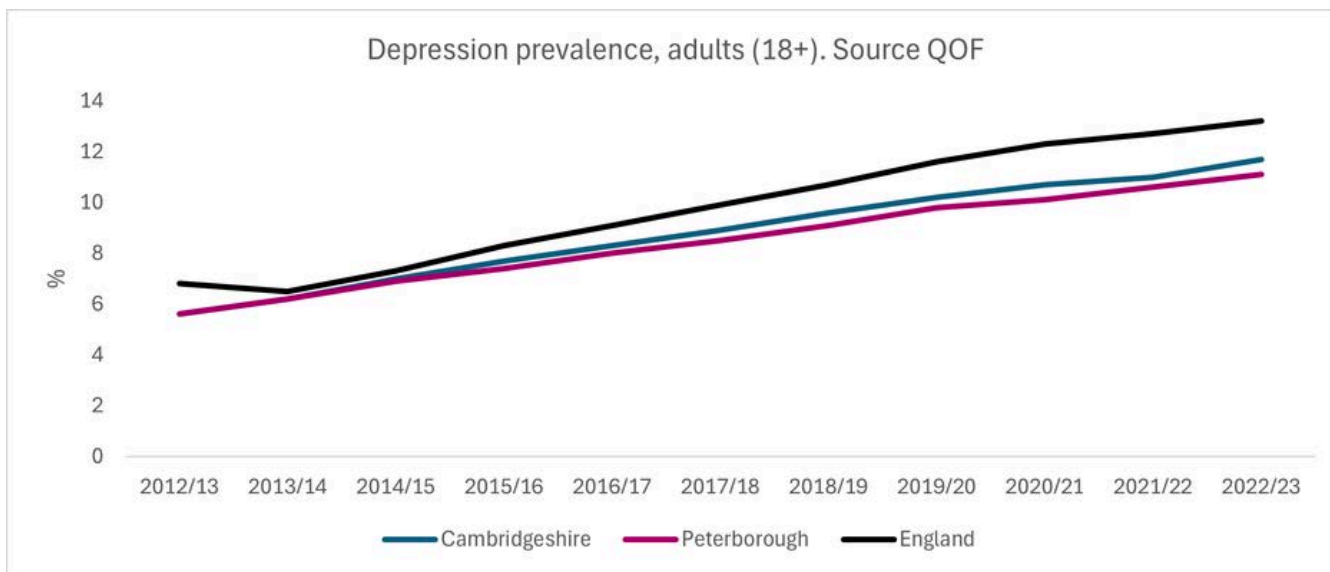
Our population

Probable disorder, All, Cambridgeshire and Peterborough

Year ● 2017 ● 2020 ● 2021 ● 2022



Source: Cambridgeshire and Peterborough Insight



Source: Fingertips



Rates of mental ill health in young people has increased since 2017. Around 39,000 children locally are estimated to have a mental health condition. 15,000 local children are estimated to have experienced four or more adverse childhood events, increasing their risk of poor physical and mental health.



Rates of depression and severe mental illness have also increased among working age adults.



There are significant inequalities in mental health across our population with:

- Young people in more deprived areas two to three times more likely to have a mental health condition
- Poorer recovery from mental ill health in racialised communities
- Black people are three times more likely to be detained under the Mental Health Act.

How this strategy was developed

Between April and September 2025, we worked closely with staff, patients, service users, carers and partners to shape our strategy together. We looked at information from:

Service users, families and carers

- Feedback from more than 1,500 patient surveys, complaints and engagement reports, including from Healthwatch, the Service User Network (SUN), Pinpoint and Family Voice.
- Meetings with our Participation and Partnership Forum and Youth Forum.

Staff across the organisation

- Engaged with more than 250 staff through an online survey and a series of engagement sessions and meeting attendance.
- Formed six working groups of more than 40 clinical leaders across different professions.
- Consulted with the CPFT Clinical Ethics Advisory Group.

Policy, CQC feedback and data

- Analysed national policy including the 10-Year Plan, National Planning guidance, ICB Commissioning strategy, ICB '4 Big Moves'.
- Aligned with the findings of our recent Care Quality Commission (CQC) reviews.
- Reviewed data from our Mental Health Needs Assessment and Joint Strategic Needs Assessment.

What do we mean by clinical?

We have defined clinical as all patient-facing activity. This includes activity by all clinical professional groups including medical, psychology, pharmacy, nursing, allied health professionals, social work and others.

The 'quintuple aim' of good healthcare



Our choice of priorities and actions has been guided by the quintuple aim of good healthcare ([Institute for Healthcare Improvement 2022](#)). We have prioritised actions which will have multiple benefits in terms of improving service user outcomes and experience, the wellbeing of our staff, making our services more equitable and improving value.

Key messages shaping our strategy

We listened carefully to feedback from our patients, service users, families, carers and staff about what matters most and where we can do better. There was strong alignment between their messages:

Care and treatment that is easier and quicker to access:

People told us that long waiting times for assessment and treatment can be distressing, and that care pathways are often difficult to navigate. Staff also highlighted inconsistent access to some evidence-based treatments across the system.

- *“Shorter wait times, clearer pathways, lower thresholds, easier to refer.”* (Service user feedback)
- *“Treatment provision split equally across the whole of Cambridgeshire and Peterborough.”* (Staff survey respondent)

Clearer information and better communication:

People want clearer information about what help is available, what to expect while waiting, and better communication throughout treatment.

- *“Having a clear idea of what’s happening and when. It can be so frustrating being kept out of the loop when accessing support.”* (Participant in children and young people’s mental health review)
- *“I would like for communication to be better with all patients and families... This might be as simple as an information pack being sent to them or being invited to a group talk or information evening.”* (Staff survey respondent)

“Please join the dots, and look at our whole selves with us - carers and patients.”

Participation and Partnership Forum member

Care that supports people’s whole health and wellbeing:

People told us they want care that recognises the connection between physical and mental health, and that responds to the complexity of their lives. Those with multiple or overlapping needs often feel they don’t fit neatly into one service, and that support can feel fragmented as a result.

- *“A more holistic offer of treatment and support, especially one that accounts for trauma.”* (Service user feedback)
- *“More time allocated to the delivery of care to allow for more holistic assessment.”* (Staff survey respondent)

Better support for families and carers:

Families and carers told us they want to be recognised as equal partners in care, with better communication and clearer information.

- *“We should recognise that carers are a huge resource...equal and expert partners in the triangle of care”* (Participation and Partnership Forum)

Smoother transitions:

People told us that moving between services, or leaving them, can feel confusing and disconnected. They want better coordination and reassurance that support continues after discharge.

- *“Not knowing what support is out there for when you have been discharged from a service – feeling like you have been dropped”* (Service User Network member)

Fair and equal treatment for everyone

People want to know that our services are fair, inclusive and accessible to all. Staff emphasised the importance of trauma-informed and culturally competent care, and ensuring services meet the needs of neurodiverse people.

- *“We need to be an anti-racist Trust, to be trauma informed, autism friendly and accessible to different literacy levels.”* (Staff survey respondent)

National and system-level policy

National and system-level policy direction

Our Clinical Strategy is shaped by both national and local system priorities, working towards a shared goal: a more joined-up, fair, and effective health and care system.

Nationally, the NHS 10-Year Plan sets out three key shifts:

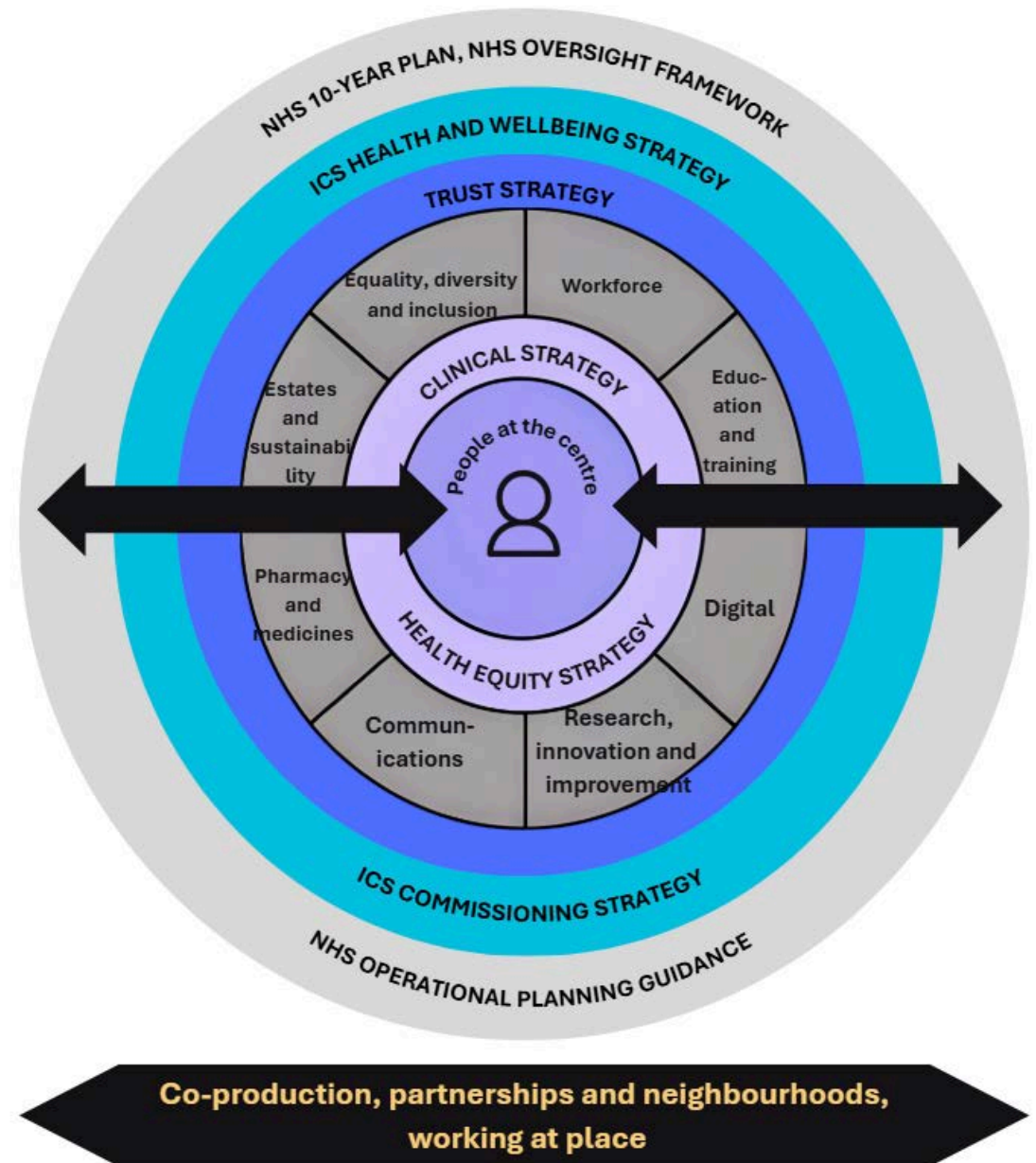
- Hospital to community - a move from hospital-based care to community-led neighbourhood models, supported by easier access to GP appointments, extended hours at neighbourhood health centres, and round-the-clock mental health support.
- Analogue to digital - unified patient records, AI-enhanced clinical support, and digital self-referral pathways
- Sickness to prevention - making healthier choices easier and reducing the burden of avoidable illness.

The 10-Year Plan also commits to greater personalisation of care and treatment, including through genomics. There will be increasing use of patient reported outcome measures as a way of measuring the quality of services.

The NHS Oversight Framework provides further clarity on the key areas against which Trusts need to demonstrate good performance, including key dimensions of quality, experience and access, as well as achieving financial stability.

Locally, the Cambridgeshire and Peterborough Integrated Care System is driving change through the Health and Wellbeing Strategy and ICS Commissioning Strategy. At its heart are Integrated Neighbourhood Teams, working to strengthen primary care, make better use of community resources, and improve outcomes.

Where our strategy fits in national, local and Trust activity



Key terms and what we mean by them

Co-production

Co-production means people coming together as equals to design and improve services that work for everyone. It always involves people with lived experience of care and support, including carers, working alongside staff and professionals. Co-production is built on the principle that those who use services are best placed to shape how they should work.

Evidence-based practice

An approach to clinical practice in which care and treatment decisions integrate evidence on what works, alongside patient values and clinical expertise.

Health equity

The removal of unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the treatment and care that is available to them.

Population health

An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and the wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities.

Prevention

Prevention is any action that keeps people healthy and prevents or avoids risk of health problems developing or getting worse.

How CPFT puts prevention into action

Primary prevention

- **What this means:** Stopping people getting ill in the first place.
- **Example of how CPFT does this in physical and mental health:** Supporting our service users to stop smoking and be physically active. Support for children and young people affected by familial drug and alcohol use. Services for carers of people with dementia. Falls prevention.

Secondary prevention

- **What this means:** Identifying problems as early as possible.
- **Examples of how CPFT does this in physical and mental health:** Physical health checks for our service users who have serious mental illness; GPs embedded in mental health inpatient and early intervention in psychosis services.

Tertiary prevention

- **What this means:** Stopping problems from getting worse.
- **Examples of how CPFT does this in physical and mental health:** Intensive and assertive mental health care in the community to prevent people going into hospital. Providing community care and physical rehabilitation to prevent hospital admission.

Overview of our mission and priorities

Our mission and priorities

Our mission

Our aim as an organisation is simple but ambitious: to work together to support our communities to lead healthier lives.

We will achieve this through excellent, person-centred treatment and support - agreed in partnership with patients, service users, their families and carers, provided close to home, and delivered in collaboration with our partners across the health and care system.

Through our engagement with patients, service users, carers and staff, and by reviewing key national and local policies, we have identified areas where we most need to focus over the next five years, including:

- **Access, timeliness and availability of services:** Ensuring people get the right help, first time.
- **Personalised care:** Working in partnership with people, families and carers to shape care that fits their needs and goals.
- **Integration and smoother transitions:** Creating joined-up pathways within CPFT and across the wider system.
- **Harnessing digital innovation:** Using technology to improve access, communication and quality of care.
- **Partnership and neighbourhood working:** Strengthening collaboration with local communities and system partners.
- **Fair and equitable treatment for everyone:** Tackling inequalities and ensuring our services are inclusive, accessible and make reasonable adjustments where needed.

Clinical principles

We have developed this strategy around a set of core clinical principles that guide everything we do. Our approach is:

- **Evidence-based, effective and safe**
- **Personalised and compassionate**
- **Fair and equitable**
- **Rooted in co-production**
- **Valuing and investing in our staff**
- **Taking a population health approach**

Good stewardship of public resources is central to our approach. Value for money and financial sustainability have been embedded throughout the development of this strategy, recognising that effective use of resources is essential to delivering our long-term goals.

Key outcomes

Implementing the the strategy will help us achieve:

- Better clinical outcomes
- Better experience for patients, service users, families and carers
- Timely, fair and equitable access
- Better value

Our mission and priorities

Mission

Our mission and what we want to achieve

Mission: To improve the mental and physical health of our population, and reduce health inequalities

Our care - clinical priorities

We will deliver this through

Effective and evidence-based treatment and care

Treating the whole person - integrated mental and physical health

Services that are accessible, fair and equitable

Enabling priorities

Our delivery will be supported by

A clinically led organisation

Strong partnerships and neighbourhood working

The best use of digital technology

Integrating research, innovation and improvement

Co-production, valuing our staff, population health approach



Professionalism, Respect, Innovation, Dignity, Empowerment

Our clinical priorities

Effective and evidence-based treatment and care

Why this matters

As a Trust, we are committed to providing treatment and support that is grounded in strong evidence and designed to help people recover and live as independently as possible. Delivering care based on the best available evidence not only maximises the chance of recovery but also ensures efficient use of resources and value for money.

Working in partnership with patients, service users, carers, and families is central to our approach. This collaboration helps ensure that care is personalised and achieves the outcomes that matter most to people and their loved ones.

We are committed to measuring outcomes and embedding feedback, so we can continually assess and improve the impact of the care we provide.



Where are we now?

CPFT is the lead provider of community physical health services for Cambridgeshire and Peterborough, and the sole provider of secondary and tertiary mental health services in the area. We have a strong track record not only of following evidence to provide the best care, but also of shaping the evidence base through our pioneering research and innovation.

Our teams are made up of passionate, skilled professionals from a wide range of clinical backgrounds. Peer supporters with lived experience also bring substantial value to our teams. Our staff bring not only deep expertise but also a strong commitment to working in partnership with patients, service users, families, and carers to ensure care is compassionate, personalised, and effective.

This strategy will build on our history of safe, high-quality treatment and care, to ensure greater access and effectiveness. Rising need and demand for our services means that not everyone currently has timely access. We aim to expand the range of evidence-based treatments we offer and ensure consistency across the region. We also want to be clearer about whether we are achieving the right outcomes and to engage effectively with the people who need our services most.

We will also do as much as we can to empower our services users to take charge of and manage their own health, including exploring the potential of digital technology to do this.

Effective and evidence-based treatment and care

Where do we want to get to?



To achieve this, we will:

- 1. Champion evidence-based practice and promote parity of esteem:** Champion and influence system-wide adoption of evidence-based treatments to ensure consistency and availability for all. Reduce treatment gaps and promote true parity of esteem, particularly improving treatment provision for those with severe mental illness.
- 2. Drive research and innovation:** Generate and apply new evidence through research and innovation to continually enhance our clinical practice.
- 3. Strengthen partnerships with people and carers:** Recognise and embed the expertise of people with lived experience and carers as equal partners in care, service design, and improvement. Grow the role of peer support workers.
- 4. Measure outcomes:** Expand and embed the use of patient-reported clinical outcome and experience measures to drive continuous improvements in care.
- 5. Improve end-to-end care pathways** from assessment through to discharge, in collaboration with system partners to deliver smoother, more effective care.
- 6. Harness digital innovation:** Leverage digital tools and technologies to enhance care and self-care, improve patient engagement, and support data-driven decision-making.

Treating the whole person: integrated mental and physical health

Why this matters

We know that physical and mental health are inextricably linked. Around three in ten people living with a long-term physical condition experience mental health challenges, highlighting the need for care that addresses both aspects of health.

People living with severe mental illness die, on average, 15 to 20 years earlier than those without a mental health condition. This disparity is driven by multiple, interrelated factors including: social determinants of health such as poverty, unstable housing, and social isolation; health-harming behaviours including higher rates of smoking, poor diet, and substance use; suicide and accidental death; and crucially, gaps in access to timely, co-ordinated healthcare that addresses both physical and mental health needs.



By recognising these connections, embedding integrated care approaches, and addressing the social, clinical, and systemic barriers, we can help people live longer, healthier, and more fulfilling lives.

Where are we now?

As a community and mental health provider, CPFT is in a strong position to support both people's physical and mental health. Many of our teams already take a joined-up, preventative approach and we are trialling innovative ways of bringing multiple disciplines and skills into our services to enable a 'no wrong door' experience for our service users.

Collaboration with other organisations across health, social care, housing, education and others is key to making this work.

However, there is more we can do to make the most of our full range of services and the expertise across teams and partners. Building awareness and relationships, as well as implementing formal structures, will enable more seamless, co-ordinated care within our organisation and externally.

Our staff are committed to delivering holistic care, but they need the time, tools, and support to do this well.

This strategy will make that possible - using digital solutions to reduce administrative burden, embedding prevention into everyday practice, and ensuring our workforce can focus on what matters most: supporting people to live healthier, fuller lives.

Treating the whole person: integrated physical and mental health

Where do we want to get to?



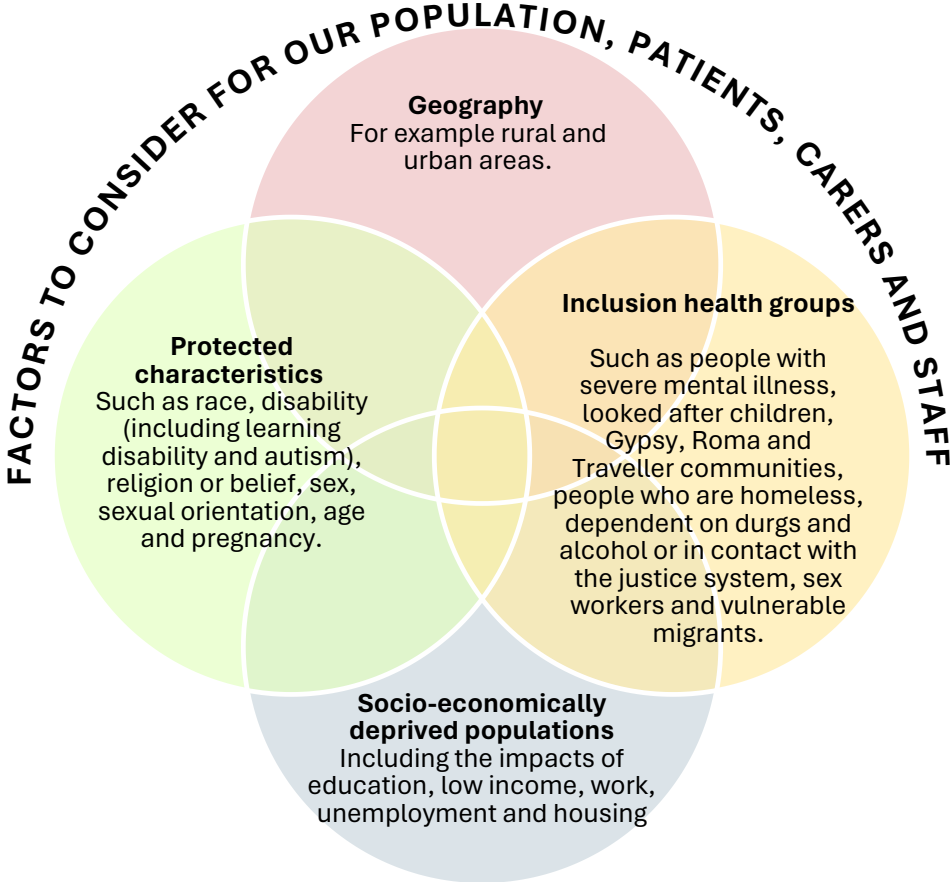
To achieve this, we will:

- 1. Lead integrated care:** Drive forward our pioneering model of truly integrated physical and mental health care in the new Cambridge Children's Hospital, setting new standards for integrated care within CPFT and beyond.
- 2. Strengthen collaborative working:** Enhance awareness, communication, and multi-disciplinary case reviews with external partners
- 3. Build stronger community connections:** Expand links with the voluntary sector and social prescribing, connecting patients and service users more effectively to informal sources of support for physical, mental health, and overall wellbeing.
- 4. Develop a skilled and confident workforce:** Strengthen the skills of our workforce across both physical and mental health, including expanding the role and capacity of non-medical prescribers
- 5. Embed a whole-person approach:** Strengthen connections between physical and mental health services, embedding physical health expertise within mental health settings and extending mental health support into physical healthcare environments
- 6. Harness digital and data-driven insight:** Use digital tools and data to better identify and manage health risks.
- 7. Prioritise prevention and early intervention:** Embed prevention into everyday practice, tackling lifestyle and social factors that contribute to poor physical and mental health outcomes.

Services that are accessible, fair and equitable

Why this matters

There can be big differences in whether people receive healthcare, and the experience they have. This is unfair and avoidable. This is affected by a wide range of factors that can interact with each other. As a Trust, we have been looking particularly at how race can affect experiences of care, using the Patient and Carer Race Equality Framework.



Where are we now?

We are proud of the progress we have made with patients and carers to reduce health inequalities. For example, our frontline teams are driving equity by delivering personalised and holistic care in communities, including through our urgent and home treatment services.

We are helping those who need us the most by bringing together multiple professionals into single services, making sure there is ‘no wrong door’. We are laying the foundations for doing more through dashboards that help us identify inequalities in our services.

People from the global majority often access care later and when they’re more unwell. In 2024-2025, Black and Asian people made up fewer of our service users than you would expect based on our population. Poverty also plays a major role — nearly 47,000 children in our area are growing up in hardship, and emergency admissions are much higher in deprived communities.

People with learning disabilities face avoidable deaths, and many adults struggle to understand health information. Patients, service users, families and carers are asking for reasonable adjustments based on individual needs. They want services to recognise and respond to barriers faced by neurodivergent and disabled people, and emphasised the need for culturally sensitive care.

We’re committed to change to address equity as a core component of clinical services, as well as for the Trust in our Equity Strategy.

Services that are accessible, fair and equitable

Where do we want to get to?



To achieve this, we will:

- 1. Tackle racial inequality:** Prioritise the Patient and Carer Race Equality Framework (PCREF), focusing on racial inequalities, access, mental health detentions and restrictive practices. Improve ethnicity coding.
- 2. Embed equity in improvement:** Embed a Quality Improvement (QI) culture, with an equity lens, celebrating and sharing success and learning, with co-production at its heart.
- 3. Augment reasonable adjustments:** Strengthen the implementation of reasonable adjustments taking a whole-person approach, considering mental capacity, dementia, learning disability, learning difficulties, autism, ADHD, social factors.
- 4. Ensure communication is accessible:** Take a co-produced, accessible health literacy approach for all public-facing materials and patient communications. Ensure our translation and advocacy services are fit for purpose.
- 5. Improve access and engagement:** Increase attendance from at-risk groups by understanding and addressing barriers through co-production.
- 6. Maximise opportunities for prevention:** Bringing co-located services closer to people and optimising every opportunity for intervention, particularly for smoking cessation and weight management, embedding ‘Making Every Contact Count’ and partnership working.
- 7. Support our workforce:** Increase use of staff data to target support where most needed, working closely with staff networks to ensure inclusion and equity.

Our enabling priorities

A clinically led organisation

Why this matters

Strong clinical leadership is essential to achieving our vision of safe, high-quality, and compassionate care. As demand grows and the health and care system becomes more complex, leadership that is grounded in clinical insight ensures decisions remain connected to the needs of patients, service users, carers, and staff. Clinical leaders help bridge the gap between strategic priorities and frontline delivery, driving improvement, innovation, and a culture of shared responsibility.

Clinicians from all professional backgrounds – allied health professions, nursing, psychology, psychiatry, medicine, pharmacy, social work and others – bring significant value to organisational leadership including knowledge of patients/service users, populations and what supports excellent clinical practice.

The literature on safety and human factors stresses the importance of this frontline experience in delivering safe and responsive services.



Where are we now?

CPFT has good foundations of clinical leadership with clinicians embedded in Trust governance structures, senior leadership roles representing many of the main clinical disciplines, and professional forums providing a voice for key clinical specialisms.

We now want to go further - becoming a truly clinically led organisation where clinical principles and priorities consistently shape how we make decisions, design services, and allocate resources.

To achieve this we will broaden and diversify who takes up leadership roles across the Trust. We will develop clearer career pathways, especially for those who want to continue hands-on patient care while progressing. This is even more important in professional groups where leadership routes are less visible.

We also recognise the importance of increasing diversity in senior and Board-level roles. By creating more inclusive and flexible leadership opportunities, we can build a stronger, more representative organisation that reflects the communities we serve.

As part of a complex, multi-agency system, we will also strengthen our capacity for leadership across organisational boundaries. Clinicians will be supported to develop the skills, confidence, and relationships needed to lead not only within CPFT but across the wider health and care system.

A clinically led organisation

Where do we want to get to?



To achieve this, we will:

- 1. Embed clinical perspectives in strategic decision making** - ensure our organisational structures and culture consistently embed clinical perspectives in decision-making, with strong clinical representation and influence at Board and senior leadership levels, supported by robust succession planning.
- 2. Develop and support our clinical leaders** - establish clear pathways and development programmes to nurture emerging clinical leaders across all professional groups and career stages, with protected time for leadership, educational and research roles, and with improved access to mentoring and training.
- 3. Make education and training drivers of clinical excellence** – review and strengthen our approach to education, training, and continuing professional development so that all staff have the knowledge, skills, curiosity and confidence to deliver safe, high-quality, and innovative care, and to deliver the transformation required by this and other strategies.
- 4. Promote patient-centred leadership and decision-making** – establish frameworks that ensure patient and carer perspectives inform leadership decisions at every level, embedding patient-centred thinking into all aspects of our clinical and organisational leadership.

Strong partnership and neighbourhood working

Why this matters

The physical and mental health needs of our population can only be met through genuine system working. CPFT is part of a strong network and it is vital that we continue to work in close partnership with others including local authorities, primary care, secondary health providers, drug and alcohol providers, schools and education, social care, criminal justice, housing and the voluntary and community sector.

The NHS 10-year plan sets out a clear vision for integrated care, bringing together community, acute and mental health care to meet the needs of people where they live. Locally, the ICS Strategic Commissioning Plan is driving this change through the development of Managed Care Centres and Integrated Neighbourhood Teams, creating new opportunities for collaboration, prevention, and population health improvement.



By playing an active leadership role within the system, CPFT will help shape and deliver new models of care that are truly joined up. This will enable us to provide more seamless, person-centred care and to reduce inequalities in access, experience, and outcomes across Cambridgeshire and Peterborough.

Where are we now?

We have strong relationships with a wide range of partners in our system, both at a strategic level and at a service level. CPFT leads on collaborative work to integrate mental health and learning disability through the Mental Health, Learning Disability and Autism Partnership. Many of our services already work at neighbourhood level to tailor services to the needs of local communities.

However, there is more we can do to actively nurture and support partnership working. This includes ensuring that our internal processes and infrastructure make collaboration as easy and effective as possible. Implementing the 10-Year Plan and ICS Strategic Plan will also require us to more closely align to integrated neighbourhoods.

CPFT is well placed to play a lead role in this transformation, bringing our expertise in community, physical and mental health services to support integration across the system.

We also know that, for some patients and service users, their experience of care is not as smooth or connected as it could be when they need support from different services. Working in partnership with other organisations, we will focus on simplifying care pathways, reducing duplication, and ensuring that every patient experiences joined-up, person-centred care that meets their needs holistically.

We will also explore the use of digital and AI tools to support these goals, including enhancing communication across partners, streamlining care co-ordination, and identifying opportunities to personalise care pathways.

Strong partnerships and neighbourhood working

Where do we want to get to?



To achieve this, we will:

1. **Prioritise partnership working** with public sector, and system partners to develop and deliver neighbourhood health models that respond to local needs.
2. **Work closely with primary care** to strengthen relationships, improve communication, and develop shared ways of working.
3. **Align our services more closely with Integrated Neighbourhood Teams**, working in co-production with local communities to design care around what matters most to them, and ensuring our staff are fully connected and active contributors to multidisciplinary, place-based care.
4. **Collaborate with local authorities** on prevention, early intervention, and the wider determinants of health, addressing the root causes of ill health.
5. **Improve the accessibility and visibility of our services**, making external-facing information clearer and streamlining referral routes so people can access the right support more easily.
6. **Strengthen advice and support for partner organisations**, ensuring consistent and timely input from CPFT professionals across the system.
7. **Work with partners to improve efficiency and reduce duplication**, including shared digital solutions, ensuring patients and service users experience smoother, more co-ordinated care across organisational boundaries.

The best use of digital technology

Why this matters

Digital tools are changing how people manage their health, and making better use of digital technology is a key component of the NHS 10-Year Plan.

Technology can give people more control over managing and arranging their care. It can also become an intrinsic part of how care is delivered, using technology such as apps to help deliver care and support people to manage their own conditions. This can be particularly important while people are waiting for assessment or between appointments.

For staff, digital solutions can free up time for clinical work and improve productivity. This is vital as we face growing demand and need to make every moment of care count.



Where are we now?

We have started putting in place the building blocks for our organisation to make better use of digital technology. To realise its full potential, we must continue to strengthen the basics - ensuring that our equipment, connectivity, and governance structures are robust. This will provide the platform we need to take our use of digital to the next level and embed it as a core part of care delivery.

Staff across our organisation are enthusiastic about the potential of digital technology to enhance treatment and care. We will build on this momentum by integrating proven, trusted digital tools, apps, and AI-driven solutions into everyday clinical practice, supporting more personalised and effective care for our patients and service users.

We recognise that staff skills and confidence are key to using digital well – and these vary across our staff at the moment. Ensuring that training, support, and education are embedded in this strategy - as well as aligned with our workforce and education strategies - will be crucial to delivering this priority.

Equally, we are committed to addressing digital exclusion. Our Digital Inclusion Strategy ensures that technology is used in a fair and accessible way, so that all patients and service users, regardless of circumstances, can benefit from digital innovations in care.

The best use of digital technology

Where do we want to get to?



To achieve this, we will:

- 1. Enhance patient experience and access:** Develop a patient portal for digital appointment booking, access to records, guided self-help, and 'waiting well' tools. Integrate proven digital platforms and apps into care pathways for physical and mental health. Continuously improve user experience and optimise effectiveness of existing digital platforms.
- 2. Strengthen workforce capability:** Implement ongoing training for staff to support optimal use of digital products. Build digital confidence across all staff to maximise impact on patient care and efficiency.
- 3. Digitise and automate clinical processes:** Implement ambient voice technology to support documentation and workflows. Implement the Electronic Prescription Service. Improve automation of pathology requests and results.
- 4. Harness data-driven improvement and innovation:** Use digital platforms to capture, analyse, and safely share data to improve clinical decision-making and population health planning. Adopt a research and quality improvement approach, ensuring interventions are evidence-based, evaluated, and scalable. Collaborate with external partners to explore and implement innovative digital solutions.
- 5. Ensure robust foundations:** Strengthen IT infrastructure, connectivity, and governance frameworks.

Integrating research, innovation and improvement

Why this matters

We want our services for patients and service users to be at the cutting edge of care. Creating the evidence and knowledge that will shape future healthcare depends on innovating and researching new approaches today.

To achieve maximum impact, research and innovation needs to be rooted in the Trust's most pressing clinical and operational challenges.

We believe the people closest to day-to-day practice problems are closest to the solution. Quality improvement methods provide a clear framework for enabling staff and patients/service users to generate, test and refine new ways of working.

By fostering curiosity, experimentation, and a culture of continuous learning, we can ensure that innovation is embedded into everyday practice and drives tangible improvements in care.



Where are we now?

CPFT is committed to harnessing research, innovation, and digital technology to improve care, enhance patient experience, and support clinical excellence. We have a strong track record of pioneering research, working closely with leading academic institutions such as the University of Cambridge and Anglia Ruskin University.

As hosts of the NIHR Applied Research Collaboration (ARC) for the East of England, we ensure research is aligned to real-world clinical and operational needs, rapidly translating findings into practice improvements.

But we know we can go further. By linking research more closely to frontline challenges, we can make a bigger impact on care and population health. There is also more we can do to make sure that there are opportunities for diverse groups of staff and patients/service users across the whole of our geography to get involved in our innovative research projects.

By having closer links between research, innovation and quality improvement we can ensure that new approaches complete the full cycle of ideas - from generation and testing to implementation and evaluation.

We are committed to learning from a wide range of information sources - routinely collected data, patient feedback, service evaluations, and economic evidence - to continuously test, improve, and demonstrate the value of our services.

This approach will embed a culture of curiosity, learning, and evidence-driven improvement across the Trust.

Integrating research, innovation and improvement

Where do we want to get to?



To achieve this, we will:

- 1. Identify and prioritise opportunities:** Develop a systematic process for identifying key clinical and operational challenges and translating them into research, innovation, and QI priorities.
- 2. Strengthen partnerships and collaboration:** Enhance strategic collaboration with partner universities and research organisations to access expertise, infrastructure, and innovation opportunities. Foster multi-disciplinary partnerships internally and externally to accelerate the translation of research into practice.
- 3. Integrate functions internally:** Align research, innovation, and QI functions to maximise impact, reduce duplication, and improve coordination. Develop clear pathways for translating findings into service improvements and policy development.
- 4. Embed research and QI into roles and culture:** Ensure job descriptions and job plans include research, innovation, and QI activities. Provide protected time, mentorship, and resources to support staff engagement. Ensure equitable access and opportunities for all clinicians, supporting diversity and inclusion in research leadership.
- 5. Evaluate and share impact:** Measure outcomes, ensuring insights are shared across teams, services, and the wider system. Promote a culture of learning, innovation, and continuous improvement embedded across the organisation.

Wider impact of the strategy

Achieving value

How we will improve value

We are committed to using our resources in the best possible way. This strategy improves value focusing on:

- **Who needs us most**
- **How we provide treatment and care**
- **How we work in our system.**

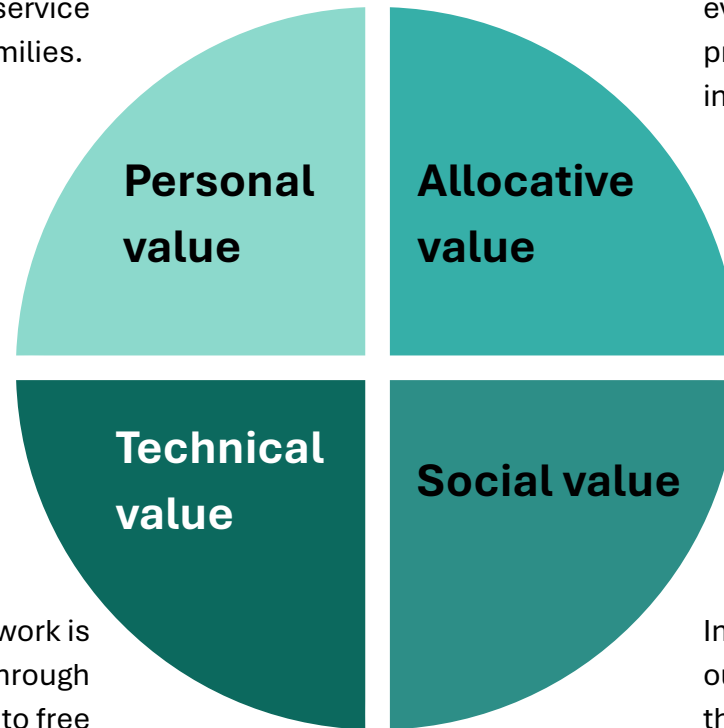
We recognise that value is not just about how much things cost, but whether we are providing the right care, at the right time for those who need us most.

Ensuring the care we provide is effective, and meets what service users need and want. For example, through shared decision making with patients, service users, carers and families.

Making sure our work is efficient. For example, through using digital technology to free up more of clinicians' time for direct work with our service users; by reducing waste and by integrating physical and mental health care wherever possible.

Ensuring resources are distributed according to greatest need, not highest demand. For example, we will use our resources well by focusing on proven evidence-based treatments, embedding prevention and addressing health inequalities

Improving the health and wellbeing of our wider population, including through our role as a large employer and purchaser (Anchor, social value, Marmot). This will be implemented alongside our Health Equity strategy.



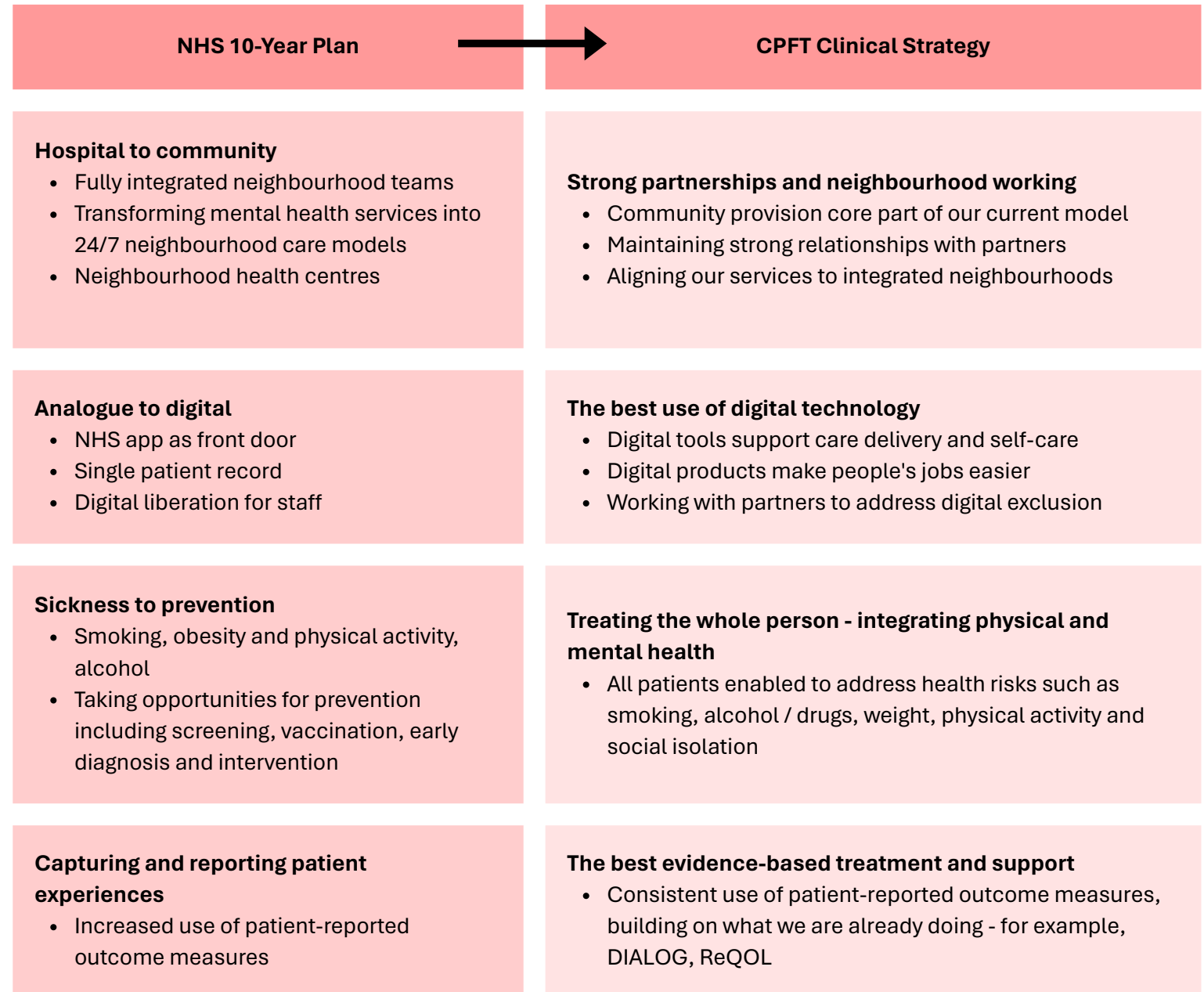
Adapted from Gray M and Rae M (2022) Population health management

Translating the NHS 10-Year plan

The transformational change set out in the NHS 10-Year plan has formed a core part of our thinking in developing this strategy.

The Clinical Strategy will enable our Trust to implement these ambitions through strengthening how we work at the neighbourhood level, significantly expanding our use of digital technology and maintaining a focus on prevention and early intervention.

We are also strongly focused on better capturing and using patient reported outcome measures to understand the effectiveness of the care we provide.



Making population healthcare a reality

Our ambition for population healthcare

A key priority for this strategy has been how we can embed a population health approach in our work and in how we contribute to the system. We see our approach to population healthcare as having the following components.

System perspective on mental and physical health needs

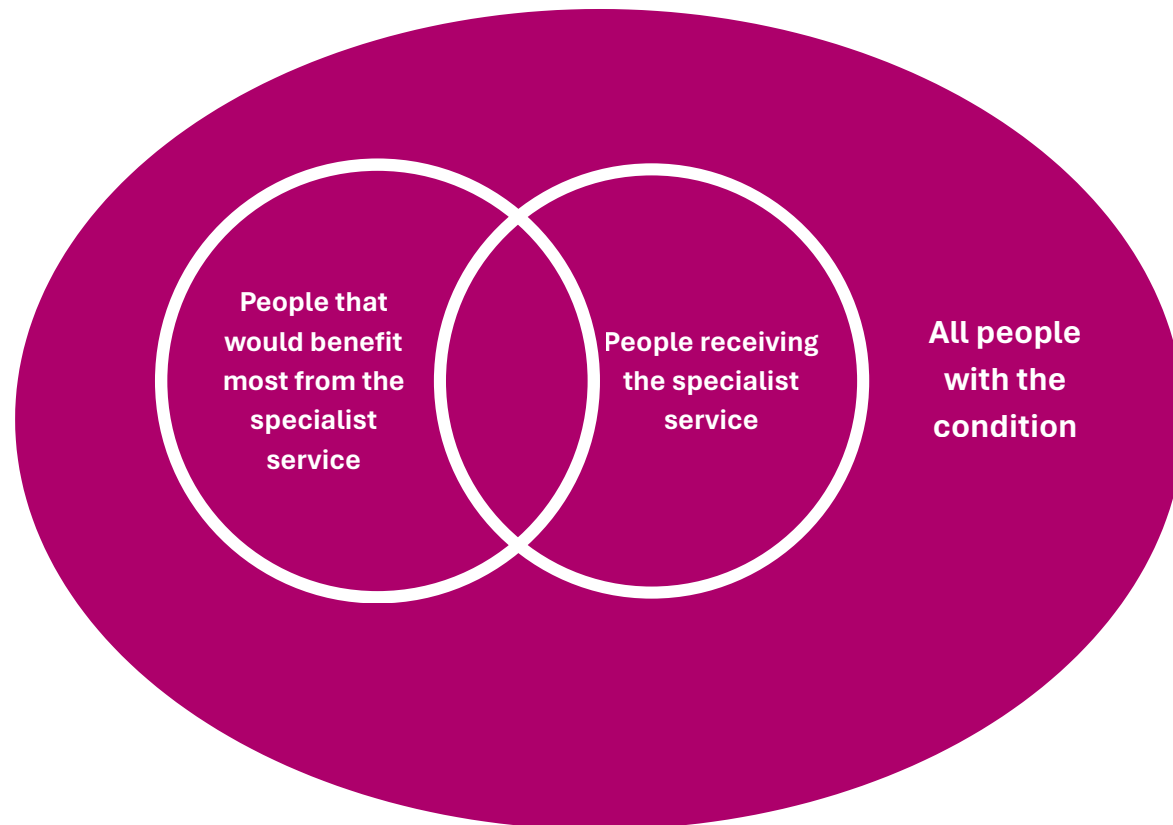
This means looking at pathways of care for the population of need in terms of:

- Primary prevention
- Secondary prevention
- Early intervention
- Treatment
- Tertiary prevention

We work collaboratively with system partners to determine who is best placed to deliver each element of the pathway.

Risk factors

We understand that wider determinants and risk factors that mean some parts of the population are likely to have greater need, find it more difficult to access services and have worse outcomes. We actively identify and respond to address these inequalities and design our services with the aim of providing maximum value for those who need us most.



*Figure adapted from Gray M and Rae M (2022) Population health management
Relationship between need and access to specialist care*

We work hard to ensure that those who receive services are those who need them most

Population health perspective

We are clear about the CPFT contribution, what we can provide and what we are not placed or commissioned to provide. Taking a population need perspective means we work with system partners to identify unmet need in our population and work together to close that gap. This includes not just clinical need, but also social factors which may require greater outreach and support to access.

Making it happen

How will we implement the Clinical Strategy?

This Clinical Strategy sets out our ambitions for delivering outstanding care to improve the physical and mental health of the communities we serve. It forms an integral part of our overarching Trust Strategy, and complements our Health Equity Strategy, ensuring that care is accessible, effective, and responsive to the needs of all populations.

The strategy will be operationalised by:

- **Enabling strategies** - shaping and implemented alongside, a range of enabling strategies and plans, including People and Workforce, Digital, Education, Research and others
- **Operational plans** - shaping the development of our next five one-year organisational operational plans, cascading into directorate operational plans and quarterly action plans, thereby ensuring clear accountability and tangible outcomes.
- **Governance and monitoring** - progress in implementation of the strategy will be reviewed by the relevant sub-committees of the Board, with overall oversight and accountability maintained by the Trust Board. Performance will be tracked against key metrics to ensure we remain on course to achieve our ambitions.



How will outcomes be measured and monitored?

As part of implementation of the Clinical Strategy, we are developing a set of outcome measures to help us determine:

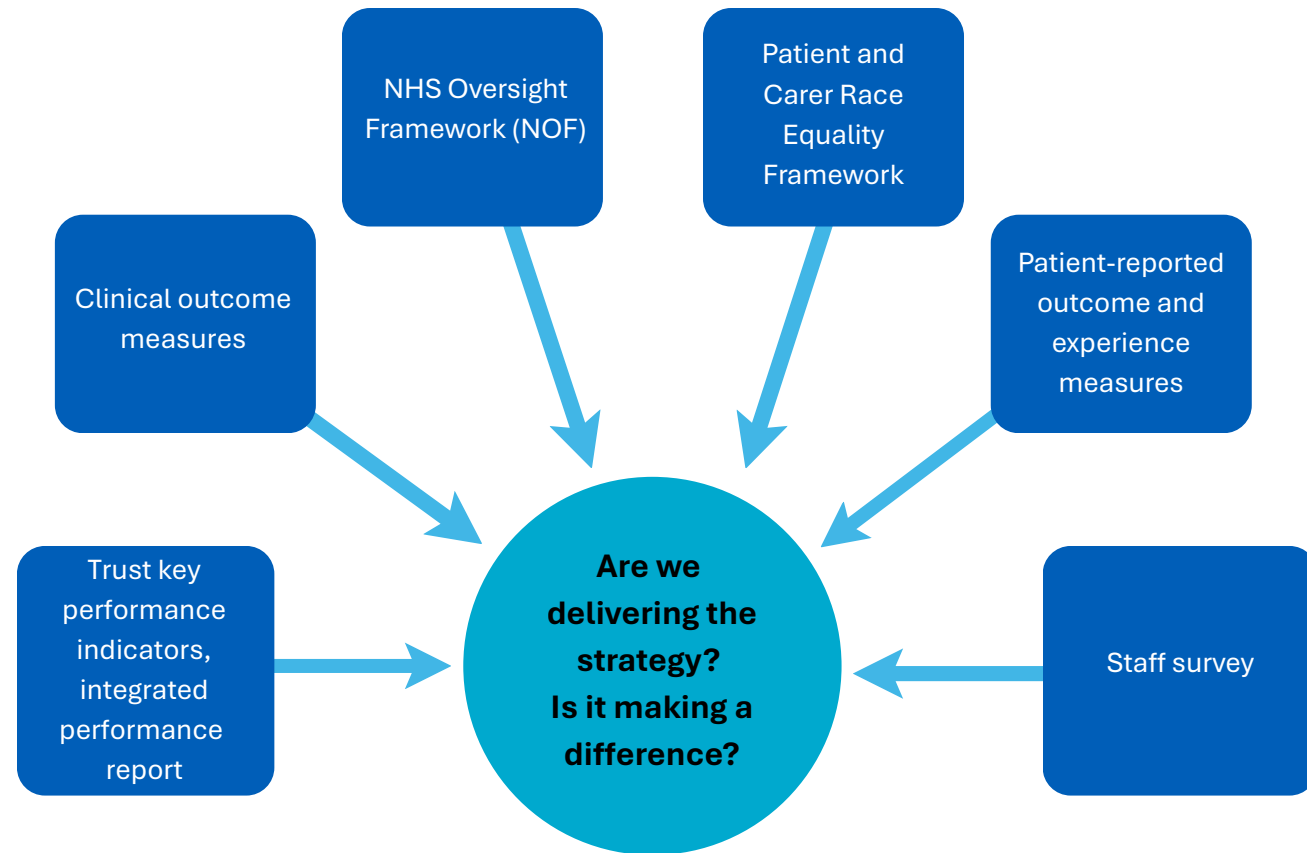
1. **Progress in strategy implementation** – determining whether the strategy is being effectively applied.
2. **Impact on service users** – evaluating whether the strategy is leading to improved outcomes.

Where possible, we will triangulate indicators already measured within the Trust to access historical trend data and observe changes over time. We will also seek areas of synergy with the NHS Oversight Framework, national benchmarking data, and Trust Key Performance Indicators (KPIs).

Outcome measures will focus on:

- **Clinical outcomes of treatment and care** - including patient-reported outcome measures (PROMs).
- **Patient experience** - capturing what service users tell us about their experience of care, including patient-reported experience measures (PREMs).
- **Access** - assessing who is receiving care and how quickly.
- **Inequalities** - identifying any systematic differences in outcomes for particular groups.
- **Efficiency and value** – assessing effective use of resources to deliver high-quality care, including timeliness, cost-effectiveness, and alignment with best practice.

Measuring what matters



Conclusion

This strategy sets out our vision for delivering high-quality, integrated, and innovative care that improves the physical and mental health of the people we serve. It reflects our commitment to a truly clinically led organisation, to research and innovation, to digital transformation, and to equity of access and outcomes.

By working together - across professions, teams, services, and with our partners and communities - we will continue to build a culture of curiosity, learning, and continuous improvement. This will ensure that our care is not only safe and effective today, but also adaptive and forward-looking, creating the evidence, knowledge, and models of care that will shape the future of health and wellbeing in our region and beyond.

Together, we are building a Trust that is ambitious, inclusive, and relentless in its pursuit of excellence for every patient, every day.



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