Bath & North East Somerset Council		
MEETING:	Wellbeing Policy Development and Scrutiny Panel	
MEETING DATE:	September 2012	**AGENDA ITEM NUMBER**
TITLE:	**Specialist Mental Health Services update**	
WARD:	ALL	
AN OPEN PUBLIC ITEM		
List of attachments to this report: Appendix 1 - Working draft outline for the Care Home and Community Hospital Liaison Service Specification (developmental) Appendix 2 Primary Care Liaison Activity Information		

1 THE ISSUE

1.1 This paper gives an updated progress report on specialist mental health services provided by the Avon & Wiltshire Mental Health NHS Trust (AWPT) in the context of the modernisation programme for services described previous reports to the panel in October 2011 and January 2012 and a recent CQC Community Services inspection.

1.2 The report also sets out AWP's response to the findings of the recent NHS South SHA independent review report on governance and management arrangements. This report was received and accepted at the April 27th 2012 AWP Trust Board and was then published following the SHA July 26th 2012 Board meeting. The recommendations from the independent review form the basis of the objectives in an implementation plan, Fit for the Future (Appendix 1). This plan provides the focus for action in AWP.

2 RECOMMENDATION

The Wellbeing Policy Development and Scrutiny Panel is asked to note:

2.1 Progress in implementing the Care Home and Community Hospital Liaison service (as previously agreed).

2.2 The implementation of the Adult of Working Age community services redesign in line with local and national strategic intentions.

2.3 Progress to date on further environmental improvements to Hillview Lodge.

2.4 AWP response to recent CQC and Strategic Health Authority reviews and reports – Fit for the Future.

3 FINANCIAL IMPLICATIONS

There are no direct financial implications for the council from this update. Previous financial context from January 2012 report applies.

4 THE REPORT

4.1 AWP B&NES Service Redesign - progress

Since the previous reports that gained agreement for service redesign, commissioners and AWP have had the following aims:

- To maintain service continuity during redesign
- To ensure compliance with care management requirements (including electronic records)
- To manage safely all transitions of service users between clinicians, care coordinators and teams, and staff between services.
- To ensure that service users have named care coordinators at all times and that key service standards continue to be delivered.
- To supervise, via service manager caseload reviews, the transfer of clients from one care co-ordinator to another where there has been staff changes

4.2 Care Home Liaison Service

- The Care Home Liaison service now employs 2 x Band 6 Community Psychiatric Nurses and is managed by one of the Senior Practitioners within the Complex and Intervention Treatment Team (previously call the Older Adults Community Mental Health Team). The team has access to mental health workers, previously undertaking the Intensive Support Team role, as described in the update to panel in January 2012. The new workers started in their role on 16th July 2012.
- An outline shape of service is being used as a working draft to inform the development of the service specification between the commissioner and AWP. (Appendix 1)
- Since the service began in July there have been 38 referrals, with more coming from the Bath area than from North East Somerset and more from GPs and Care Homes than the community hospitals.
- Partnership working is at the heart of the services. An example is the team working with Dorothy House to deliver joint training to Sirona Care and Health Staff on End of Life Care and Dementia.

4.3 Primary Care Liaison Service (PCLS)

- As detailed within the previous panel papers in January, service redesign, by its nature, will change the planned care pathway for service users. The Primary Care Liaison Service (PCLS) is the 'in-hours' front door, with the Intensive service covering 'out of hours', taking referrals and carrying out assessments where required.
- The team has now been established. The current skill mix of the team is a combination of two disciplines of staff from older adult and adult of working age, meaning the team operate an ageless (18yrs +) primary point of access for mental health. Within B&NES the team composition is a dedicated consultant, team leader and a complement of 11 Community Psychiatric Nurses, and administrative support.
- The PCL service commenced its extended hours from 1st September 2012. This offers an 8am to 8pm service weekdays and 9am -1pm on Saturdays. Service users may transfer on to other services both within and external to the Trust.
- The first activity data is included as a full report in Appendix 2 (separate format). Key highlights are as follows[1]:
    - 423 out of 547 have been from GPs
    - The majority of clients are female

1 Data range is 1st April 12 to 19 August 12.

- The age profile between the following age bands is:
  - 181 referrals for the 18 yrs to 35 yrs group
  - 202 referrals for the 36yrs to 65 yrs group
  - 160 referrals for the over 66yrs group
- The model is predicated on producing a demonstrable reduction of referrals through to secondary care teams, namely the Complex Intervention and Treatment Team (later life specialism) and the Recovery Team (adult of working age specialism). Although it should be remembered that those teams can also still receive direct referrals as well, the liaison service has demonstrated a drop in referral rates into secondary care teams.
- The PCL service has established clear routes for conversations with Sirona Care and Health's re-ablement service. Feedback from both parties is that good foundations have been laid for partnership work.

4.3.1 Next Steps for PCLS

- Support and directly advise primary care professionals/GPs by establishing link workers with each practice.
- Increase the partnerships with key stakeholders and voluntary sector organisations, such as Sirona Care and Health. Examples for the future include invitation to training events and sharing expertise across practitioners to facilitate this, sending shared letters to Primary Care regarding an individuals treatment.
- Provide commissioning information on what services could be of use to clients being seen or provided with advice.
- Seek feedback in the form of a survey & questionnaire to be sent out in September and again in January to support how the team can grow and learn as it develops in to a model which supports primary care professionals.

4.4 Intensive Service

- The adult service redesign has now been completed and the new service model is operational. Some recruitment is still required within the Intensive service where the response to advertised vacancies has not been as successful as we may have wished. The team in the meanwhile is being supported by bank staff as required. The matter of staffing in the B&NES Intensive team was reflected in a recent CQC inspection report as a potential concern. The vulnerabilities of the rota have been openly discussed with the Operational management team and commissioner and all remedial steps that can be taken have been.
- The Intensive team is now operating as a 24 hour waking service and has been since October 2011.
- A recent review of activity demonstrated that work with the Emergency Department at night was a significant component of their face-to-face work. The service offered to the Emergency department by the Intensive team has been very positively received and reported on. Some work is still taking place to align targets between services and resolve any tensions that different targets can produce.
- Joint working with the PCLS is progressing well although there have been some lessons to be learned from early bedding-in problems.
- As anticipated the relationship between the Intensive Service and the longer term Recovery service has changed and work is being undertaken to clearly establish at what points a client would transfer from one to the other. There have been some good examples of joint working thus far in B&NES.
- The Intensive service is also enhancing its service to the inpatient facility in order that people are supported to receive care at home, can leave hospital early and be admitted when they are most seriously ill. The allocation of people on the ward currently is 52% of people with recurrent psychosis with high level of symptoms and disability and 15% with severe or very severe non psychotic depression. This is a good representation of the target group who one might expect needing acute inpatient care.

- The Intensive service and the Sirona re-ablement service have also established a good understanding of how the two services 'fit' together and consolidation of care pathways can be seen in practice.

4.5 Recovery Service

- The Recovery service now has a fully established workforce with a range of disciplines including integrated social care staff. The transition of work during redesign was significant although this has now almost been completed with clients being allocated to a care coordinator.
- The team is divided up so that it links in with one or two GP clusters.
- It is developing a new model of care – the Functional Assertive Community Treatment (FACT) model. This enables staff to respond to identified clients who need an increased level of support and treatment at any given time. The team manager reports that this is starting to develop well as currently 9% of clients are receiving this assertive approach - a 1% increase on the previous team. This trend is as we would have hoped and is a promising start to the journey.
- In recent months there has been special focus on ensuring appraising staff skills and learning objectives within the Recovery service. Interventions based on evidence and NICE guidelines is now the starting point for clients to enhance their Recovery potential. A good example of the use of NICE guidelines is the use of our CBT group which is now in its sixth cycle. Participation in this group has enabled 4 service users to start work.
- The Recovery pathway for clients is also being supported by the use of the Recovery Star and the specialist worker in the team is rolling this out across all clients. Targets for completing the star have now been set and progress is being made in meeting these targets.
- The Recovery service has well established working relationships with Sirona Care and Health's Floating Support services - with whom they are mainly aligned. Discharge planning from AWP could be strengthened in terms of ensuring floating support services have the confidence to continue working with the recovery care plan once the service user is transferred to their care.

4.6 Adult Acute Inpatient services & delivery of High Dependency In-Patient Services

- Following the permanent closure of the BANES High Dependency Unit (HDU), Adult Acute Inpatient services are now delivered as described in the proposed model of service provision in January 2012.
- This has been developed by replacing the existing HDU with the appropriate use of Psychiatric Intensive Care Unit (PICU) beds and improved in-patient care management which provides care to service users within a nationally determined governance framework.
- The business case for the full development of an Extra Care Area is pending final agreement in September 2012.
- The interim measures to make the seclusion room available for Sycamore ward has been split into two phases. Phase 1: the refurbishment has been completed. Phase 2: the organisation of the area to meet fire officer requirements - to be completed by week commencing 10 September.
- The change in practice has resulted in adult acute beds and PICU beds for BANES being used as follows:
    - There has been a slight rise in the number of admissions to Adult acute wards in AWP for B&NES service users for Quarter 1 2012/13 in comparison to the same period in 2011/12. However, the length of stay in inpatient services has reduced overall.
    - There has been an increase in admissions to PICU services for BANES service users for Quarter 1 2012/13 in comparison to the same period in 2011/12. There have been 10 admissions in comparison to 7 admissions

in the same quarter of the previous year. This rise in admission is not considered to be of significant concern as there was a similar increase in Quarter 3 in 2011/12. However, this will be closely monitored during the next months.

- One of the aims of the inpatient redesign is to develop services to enhance and develop a recovery focused, therapeutic environment that facilitates shorter hospital admissions. Close working links with the intensive service is a core part of enabling people to return to their community as soon as possible.
- Access to PICU is also monitored closely and the service works with PICU services to return individuals to their area as soon as possible.
- During this time of change Sycamore ward staff have undergone a review of training. All staff have had further training in safeguarding, dignity in care and physical intervention training.
- At the current time a review of the skill mix for inpatient services is underway which is looking to increase the number of registered practitioners in order to enhance the care on the unit.

5 Fit for the Future – implementation plan

The Fit for the Future implementation plan has been produced in order to respond to the SHA South report on governance and management arrangements in AWP. The findings of this report highlighted the exacting performance culture of AWP and the feedback that this has often been at the expense of true clinical engagement and sign up. The implementation plan outlines the need to achieve the following measurable outcomes including:

- An upward trend in patient survey indicators - particularly in connection with the Care Programme Approach
- Improved staff survey indicators - including appraisal, staff satisfaction, incident reporting and recommendation of the service to others
- Meeting the internally set and measured 85% staff appraisal target, and improved supervision rates
- Ongoing performance improvement in contractual and national metrics - particularly in relation to the Care Programme Approach (CPA) and carers
- Appointment of staff, Board engagement and strategy implementation
- Future commissioning intentions and commissioner convergence on our Integrated Business Plan (IBP)

This programme of work aims to:

- put service users and carers at the centre of everything we do – every team, ward and staff member and the Trust Board
- decentralise management and increase the local service authority
- develop and implement a clinical engagement strategy to underpin local and Trust wide decision making and improve staff morale

The Trust is restructuring to ensure locally responsive operational activity and ongoing quality and performance improvement. This is already underway with the recent appointment of Carol Bowes, Service Director for BANES who is responsible for:

- owning the delivery of all the local services
- having regular liaison and meetings with PCT/LA commissioner
- ensuring the different teams locally work well together to ensure continuity of care

The programme has been developed through an iterative process starting with the April and May 2012 Trust Board seminars. They provided a clear steer on direction of travel

and the Executive Management Team (EMT) who have further developed the plan in discussion with the senior management tier of the Trust (Extended Executive Management Team - XEMT). Feedback from NHS South SHA has been incorporated in the plan as it has developed. The programme breaks into two parts:

- Short Term – April to September 2012 to ensure the change process is pump primed
- Medium Term – October 2012 – October 2013 to ensure the embedding of change

The process of transformation is not confined to just these actions or timetable - rather it starts with them and will be ongoing.

6 RISK MANAGEMENT

6.1 Risks highlighted in the paper, such as vacancies in the Intensive team, the increased use of PICU and the work on the seclusion/de-escalation facility on Sycamore Ward are all being effectively managed.

7 EQUALITIES

Equality impact assessments have been reported previously. Not applicable to this update.

8 CONSULTATION

8.1 There has been a full staff consultation and recruitment process for re-design as previously reported.

8.2 AWP are working closely with all stakeholders and commissioners on the Fit for Future implementation plan.

8.3 No specific consultation has been undertaken on the contents of this report.

9 ISSUES TO CONSIDER IN REACHING THE DECISION

9.1 Social Inclusion; Customer Focus; Human Resources; Health & Safety; Impact on Staff

10 ADVICE SOUGHT

10.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have not had the opportunity to input to this report, which does not have any direct financial or legal implications and is presented for information only. The Strategic Director and Programme Director have had the opportunity to input to this report and have cleared it for publication.

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Background	*Equity & Excellence: Liberating the NHS (DH 2010)*, sets out ambitions to make primary care the nexus of health care planning, commissioning

papers	and delivery, with acute/secondary care services restricted for those with the most severe conditions. Care close to home is emphasised, as is a focus on clinical outcomes and the patient experience. *The Transforming Community Services (DH 2010)* program states that Community services are changing to provide better health outcomes for patients, families and communities and to become more efficient; by providing modern, personalised, and responsive care of a consistently high quality that is accessible to all. *No Health without Mental Health (Royal College of Psychiatrists & Academy of Medical Royal Colleges 2009)* The report recommends that Primary Care Practitioners become more skilled in the identification of symptoms, especially depression, anxiety and cognitive impairment in people with chronic physical illnesses; adding that Primary Care Developments need to include the timely availability of specialist mental health advice & support. *Age Consultation 2011 (Equality Act 2010:* Ending age discrimination in services, public functions and associations).This means that any age-based practices by the NHS and social care would need to be objectively justified, if challenged. *Bath and North East Somerset Joint Mental Health Commissioning Strategy 2008-2012*
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