

REPORT TO TRUST BOARD

Agenda Item 11.3
Enc 8

Date of Board Meeting:	26 January 2011		
Subject:	Development of new Trust Service Model - Progress		
Trust Board Lead:	Dr William Conlon, Medical Director		
Presented by:	Jacky O'Sullivan, Service Transformation Programme Director		
Aim of the report:			
To present a new Service Model to the Public Trust Board and update on next steps.			
Executive Summary/ Key points:			
<ul style="list-style-type: none"> • Overarching service model developed for the Trust • Further work required for dementia services and CAMHS • Increased focus on treatment, recovery and outcomes • Congruent with Care Clusters • Complies with Age Discrimination Act • Two points of entry into services i.e. primary care and secondary care 			
Recommendation for the Board:			
The Board is asked to receive this report for information.			
Board action required (please tick)			
Information <input checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance <input type="checkbox"/>			
Other (please state)			
Links to Trust's Strategic Objectives (please tick)			
High Quality Services	<input checked="" type="checkbox"/>	Leadership Culture	<input checked="" type="checkbox"/> Supporting Strategies <input checked="" type="checkbox"/>
Inclusive Partnerships	<input checked="" type="checkbox"/>	Responsible Workforce	<input checked="" type="checkbox"/> Effective & Efficient Resources <input checked="" type="checkbox"/>
Summary of Implications:			
Financial:	Details in the process of being developed – will need to deliver efficiencies and meet Cost Improvement Targets.		
HR/Personnel:	Changes for significant numbers of staff – detail in process of being developed.		
Community/user:	Improved pathways for service users to deliver outcome focused treatments in a more timely and accessible manner for all adult age groups.		
Equality & Diversity:	Develops services for all adult age group and complying with age discrimination act. All new services will have Equality Impact Assessment undertaken.		
Legality/Compliance:	No issues identified at this stage.		

1.0 Introduction

The Trust is committed to maintaining and improving high quality mental health services for the communities it serves. In the light of a range of emerging strategic drivers the Trust has developed a new overarching model for services. The aim of this paper is to:

- Outline some of the strategic drivers
- Briefly describe the proposals for the new service model
- Explain the approach which the Trust intends to take in managing this change

2.0 Drivers for change

Since its inception the Trust has undertaken a great deal of work to understand, review and evaluate the services it provides. Whilst many significant improvements have been made during this time, the Trust also recognised that quality improvements are required in a number of areas, for example: -

- Within the current service model, access to secondary mental health services can be complex and inconsistent.
- Once referred to secondary mental health services, individuals often experience a number of different assessments before they are able to access treatment.
- A recent regional audit implemented within the Trust (Time to Care) has demonstrated that many clinical staff spend less than half their time with services users, and that a lot of this contact time is spent undertaking assessments.
- A significant proportion of people referred to secondary mental health services do not require secondary mental health services and are signposted elsewhere which signifies people are not being seen in the right place by the right people at the right time and thus brings further inefficiencies into the system.
- The Trust has inherited a 'mixed bag' of estates across Dudley and Walsall. The focus will be on maximising the use of the Trust's own estates to ensure they support the delivery of clinical services and making efficiency savings by terminating leased properties.

At the same time, the financial context for healthcare services has changed dramatically, and over forthcoming years, the Trust will be required to make significant efficiency savings. In order to deliver the requirements of the NHS Operating Framework it is expected that efficiency requirements will be approximately £10.7 million over four years – a significant challenge for a small organisation. However, this figure does not include the Local Authority funding reductions which will impact both directly and indirectly on the Trust's ability to maintain service provision. The Trust believes that making piecemeal reductions within the current service model will make services vulnerable and may compromise patient safety.

It is anticipated that the new national strategy for mental health (due early this year) will see a shift from targets to outcomes and will afford the Trust greater flexibility in determining how local services should be provided and it is within the above context that the Trust has developed a new overarching Service Model.

3.0 The Service Model

The National Service Framework for mental health (1999) saw significant investment in mental health services over the last decade with the development of functional teams such as Early Intervention, Crisis Resolution/Home Treatment and Assertive Outreach. Unfortunately strict Policy Implementation Guides resulted in services being developed in isolation, bolted onto existing services, and as a consequence the relationship between services can often be complex with unclear pathways and difficult to navigate services.

Given the flexibility the new national mental health strategy is expected to bring, the Trust has developed and agreed with commissioners a new service model. The Trust is confident that this model will deliver the quality improvements and efficiency requirements which will be so crucial for the future. The model represents a fundamental change in the way that services are organised, essentially separating out the assessment and treatment of service users and ensuring highly skilled clinicians at the front end of the service. A diagrammatic representation of the model is shown at appendix 1. In summary the key features of the model are: -

- There would be just two access points into the service – one for primary care and one for secondary care.
- All individuals referred into secondary mental health services would be assessed by an Early Access Team. The primary focus of this highly skilled, multi-disciplinary team would be to assess individuals' needs and assign them to a care pathway. Individuals would then be treated by specialist mental health teams.
- In line with the concept of recovery, there would be more structured discharge arrangements, either back to the GP or on to other more appropriate services.
- This new model will apply to all individuals referred to secondary services except under 18s and people with organic illness.
- Service model congruent with Care Clusters and outcome focused

3.0 Next steps

The service model is in outline form only at this stage and has been approved by the Trust Board and the Mental Health Programme Board (interface meeting with commissioners) as a concept. A great deal of work is being undertaken not only to clarify the detailed implications of this approach, but also discuss these proposals with service users, carers, staff, commissioners, GPs and other partners and stakeholders, using their feedback and views to refine the proposals. The Trust is currently commencing a range of discussions with stakeholders and partners to enable the model to be more fully developed.

A number of work streams are now being established to oversee the strands of this work, each of which has involvement from service users, carers, clinical staff, professional leads and staff side.

Over the next three years all services provided by the Trust will be systematically reviewed in line with the overall service model. It is proposed that the Early Access Team and Community and Recovery Teams are early priorities.

As the service transformation progresses service by service, the scale and nature of change will vary depending on the service in question. Some changes will simply

involve the way that services are organised or managed. Other changes, whilst improving access to services overall, may involve a change of location. The Trust is committed to implementing change in an open and transparent way, with the views and experience of service users driving the improvements. The Trust is committed to engaging with service users in a timely and proportionate way, as the service transformation programme develops.

4.0 Recommendation

The Board is asked to receive this report for information.

Service Model
V1.1 8.11.2010

