

**Health
Scrutiny and Performance Panel**

**Agenda
Item No.**

11 March 2014

7.

Title of the Report – Update on Service Transformation Plans for adult services –
Dudley and Walsall Mental Health Partnership NHS Trust

Ward(s) All

Portfolios: All

Executive Summary:

This report provides a progress update to the Panel on the Trust's Service Transformation for adult mental health services following its last report in December 2012. The focus of the report is an update on the 3 new services that were implemented in 2011/12, namely Early Access Service (EAS), Community Recovery Service (CRS) and Transfer and Transition Team (TTT) and their ongoing evaluation.

Reason for scrutiny:

The Trust is now in its fourth year of a wide-ranging and ambitious programme of change within mental health services which will both improve quality and deliver financial efficiencies.

The Service Transformation Programme is one of the most significant strategic priorities for the Trust with the changes to adult mental health services the major change to date.

Thus far, none of the developments that have been made are considered to be substantial variations in service and therefore the Trust has updated both Walsall and Dudley Scrutiny Panels at regular intervals. It has been agreed with Panel that regular reports will continue as a part of the Scrutiny Work Programme and an update has been specifically requested on the ongoing evaluation of the changes to adult mental health services.

Recommendations:

That:

1. This report is received for information and assurance.

Background papers:

None

Resource and legal considerations:

Plans have been developed and implemented in partnership with both Walsall and Dudley Borough Councils where appropriate.

Citizen impact:

Service Transformation plans have simplified referral pathways for service users and stakeholders such as GPs. Whilst services are delivered by a fewer number of teams and some teams have now relocated to enable teams to be based together, services continue to be delivered flexibly to ensure service users can access services in a variety of locations across the borough including their own homes.

Environmental impact:

Potential for reduced carbon footprint as staff travelling reduced and estates developing more energy efficient accommodation.

Performance management:

No negative impact on performance identified as a result of the changes implemented. Delivering services within new model of recovery oriented services should assist in delivering the personalisation agenda.

Equality Implications:

Has an Equality Impact Assessment been carried out? Yes

If yes, summarise the key findings here.


No negative impact identified.

Consultation:

During the development of the model for adult services the Trust held an ongoing engagement programme with its stakeholders in relation to its service transformation programme. Engagement events for adult mental health services have included staff, service users, carers, GPs, commissioners and the public. Events included roadshows, engagement events, workshops, as well as regular updates at the Mental Health Programme Board (joint commissioner and provider forum with the Trust, Councils, and CCGs). A number of developments are progressed in partnership with the Council and commissioners. Formal consultation has not been required for the service changes implemented at this stage although may be required for plans at a later stage.

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1. Report

Adult secondary care services in Walsall were delivered predominantly by 4 Community Mental Health Teams (5 in the Dudley borough), an Assertive Outreach Team, Medical Out Patients and Psychology. As well as multiple referral routes into the service, there were gaps, duplications, and varying standards. Patients and GPs found the pathways complex and difficult to navigate and patients could be subject to multiple assessments before commencing treatment. In order to simplify pathways as well as the referral and discharge process, improve patient experience and improve quality, a new model for the delivery of adult mental health services was introduced in 2011/12 in the form of the following new services: -

1.1 Early Access Service (EAS)

- Providing a single point of entry into secondary care mental health services i.e. if a service user has a moderate to severe mental disorder. Takes urgent and routine referrals for mental health assessment.
- Operating hours are Monday to Friday 9-5.
- There has been no change to the out of hours service for urgent/crisis referrals which are still seen by the Crisis Resolution/Home Treatment team.
- Where indicated comprehensive assessment is offered by 'paired' professionals who includes psychiatrists, social workers and nurses.
- If treatment within secondary care services is indicated then EAS facilitate entry into the Community Recovery Service or acute services if in-patient admission is indicated.
- Service has recently relocated from Glebe Street to Dorothy Pattison Hospital.
- The gate keeping function is working extremely well with the service able to offer robust assessment, advice, sign posting, onward referral or discharge back to primary care.

1.2 Community Recovery Service

- Two teams established, one based at Mossley in Bloxwich and one team based at Anchor Meadow in Aldridge.
- Take referrals for adults from Early Access Service, Crisis Resolution/Home Treatment Team and in-patients at Dorothy Pattison Hospital.
- Provide evidence based treatment and interventions for a range of mental health disorders usually considered to be severe and enduring.
- Works in a recovery model.
- The teams are now fully integrated with a range of disciplines. Issues about capacity and caseloads and currently being reviewed with the teams.

1.3 Transfer and Transition Team

- Time limited service established to provide step down for patients who have been in the service for some time and require a more enhanced discharge back to primary care.
- Plans for mainstreaming this function back into the CRS teams in 2014/15 continue to be progressed so TTT will not exist as a separate function. A full review of the TTT function has recently been undertaken and majority of discharges are already taking place via outpatients and CRS teams.

2.0 Monitoring and evaluation

Whilst the Trust continues to monitor the progress of the new services and make changes when required, a number of areas were specifically reviewed both pre and post ST in relation to incidents, complaints and informal issues. Earlier reviews also included patient experience and Hear and Now Quality Reviews which have been reported to the Panel on previous occasions.

The review period covers 15 months from January 2011 to June 2013.

It can be seen that complaints, issues and incidents that are ST related continue to decrease which is positive and helps to demonstrate that the model is the right way forward. Ongoing reviews have identified some issues with process and pathways which continue to be tweaked and evaluated. These issues have affected waiting times, DNAs and cancellations. A number of ST metrics have also been developed for routine monitoring of these services.

- **Incidents**

Overall the number of reported incidents continues to remain fairly constant for community services. Any incidents specifically relating to service transformation were small numbers and were addressed through the ongoing reviews. They mainly related to communication issues and process issues. There were no ST related incidents in the last quarter.

- **Formal complaints and informal issues**

A small number of complaints and informal concerns were received in the last quarter which related to waiting times and delays. These were addressed as a part of the ongoing reviews and changes, particularly for the Early Access Service.

- **Key Performance Indicators (KPI)**

Panel is aware that the Trust has developed a new set of indicators for the new teams. These have taken considerable time to develop as baseline data was needed before thresholds could be set. The data set is now as follows: -

EAS

- Proportion of assessments that go on to enter secondary mental health.
- Routine referrals seen within 15 working days.
- Urgent referrals seen within 24 hours.
- Urgent referrals seen within 5 days.
- % of DNAs
- % of cancellations
- % of cancellations – cancelled by Trust
- % of cancellations – cancelled by patient

CRS

- First appointment 15 days of transition from EAS
- Outcome based care plan within 10 days of first CRS contact.
- Outcome focused review every 6 months.
- Effective and sustained recovery.

3.0 Summary

The transformation of adult mental health services have been the biggest change the Trust has made to date through its service transformation programme. Ongoing review has, and continues to be, an essential part of its monitoring process as services continue to embed. Complaints, issues and incidents that are ST related continue to decrease which is a positive indicator that any emerging issues are being addressed appropriately and the Trust is confident that the new model continues to be fit for purpose.